

AMENDMENT II TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment II, is made and entered into this 12th day of June, 2018, by and between **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.**, a California non-profit Corporation, whose business address is 4545 N. West Avenue, Fresno, CA 93705, hereinafter referred to as "**CONTRACTOR**" (collectively the "parties").

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 13-311, effective June 4, 2013, and COUNTY Amendment No. 13-311-1, effective July 11, 2017, herein collectively referred to as COUNTY Agreement 13-311, whereby, CONTRACTOR agreed to provide a Mental Health Services Act (MHSA) funded Functional Family Therapy (FFT) Program to deliver Prevention and Early Intervention (PEI) mental health and community services to underserved or unserved high risk youth ages primarily 11-18 with Serious Emotional Disturbance (SED), who although not incarcerated, are involved with the juvenile justice system; and

WHEREAS, the parties desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows:

1. That the existing COUNTY Agreement No. 13-311, Section Two (2) "TERM", shall be revised by adding the following at Page Two (2), Line Twenty-Seven (27) after the word "2018":

"This Agreement shall be extended for an additional six (6) month period beginning July 1, 2018 through December 31, 2018."

2. That the existing COUNTY Agreement No. 13-311, beginning on Page Three (3), Line Twenty-Three (23) with the word "The" and ending on Page Three (3), Line Twenty-Six (26) with the word "Term" be deleted and the following inserted in its place:

"The maximum amounts to be paid to CONTRACTOR identified in this Agreement are stated in Revised Exhibit A-1, attached hereto and incorporated herein to this Agreement. For the period July 1, 2013 through June 30, 2014, the maximum amount of compensation for services

1 rendered under this Agreement shall not exceed One Million, Five Hundred Seventy-One Thousand,
2 Three Hundred Fifty-Three and No/100 Dollars (\$1,571,353.00).

3 The maximum compensation under this Agreement for the period of July 1, 2014
4 through June 30, 2015, shall not exceed One Million, Five Hundred Seventy-One Thousand, Three
5 Hundred Fifty-Three and No/100 Dollars (\$1,571,353.00).

6 The maximum compensation under this Agreement for the period of July 1, 2015
7 through June 30, 2016 shall not exceed One Million, Five Hundred Seventy-One Thousand, Three
8 Hundred Fifty-Three and No/100 Dollars (\$1,571,353.00).

9 The maximum compensation under this Agreement for the period of July 1,
10 2016 through June 30, 2017 shall not exceed One Million, Five Hundred Seventy-One Thousand,
11 Three Hundred Fifty-Three and No/100 Dollars (\$1,571,353.00).

12 The maximum compensation under this Agreement for the period of July 1,
13 2017 through June 30, 2018 shall not exceed One Million, Nine Hundred Seventy-Four Thousand, Nine
14 Hundred Seventeen and No/100 Dollars (\$1,974,917.00).

15 The maximum compensation under this Agreement for the period of July 1,
16 2018 through December 31, 2018 shall not exceed Nine Hundred, Eighty-Seven Thousand, Four
17 Hundred Fifty-Eight and No/100 Dollars (\$987,458.00).

18 The total maximum compensation to be paid by COUNTY to CONTRACTOR upon
19 execution through December 31, 2018 should not exceed Nine Million, Two Hundred Forty-Seven
20 Thousand, Seven Hundred Eighty-Seven and No/100 Dollars (\$9,247,787.00)."

21 3. That, effective July 1, 2018, all references in existing COUNTY Agreement No. 13-311
22 to "Exhibit A," shall be changed to read "Revised Exhibit A-1," attached hereto and incorporated herein
23 by reference.

24 4. That, effective July 1, 2018, all references in existing COUNTY Agreement No. 13-311 to
25 "Exhibit B," shall be changed to read "Revised Exhibit B-1," attached hereto and incorporated herein by
26 reference.

27 5. COUNTY and CONTRACTOR agree that this Amendment II is sufficient
28 to amend the Agreement; and that upon execution of this Amendment II, the Agreement, Amendment I

1 and Amendment II together shall be considered the Agreement.

2 The Agreement, as hereby amended, is ratified and continued. All provisions, terms,
3 covenants, conditions and promises contained in the Agreement and not amended herein shall remain in
4 full force and effect. This Amendment II shall become effective upon execution by all parties.

5 ///

6 ///

7 ///

8 ///

9 ///

10 ///

11 ///

12 ///

13 ///

14 ///

15 ///

16 ///

17 ///

18 ///

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

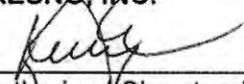
28 ///

1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment II to Agreement
2 No. 13-311 as of the day and year first hereinabove written.

3
4 **CONTRACTOR:**

COUNTY OF FRESNO

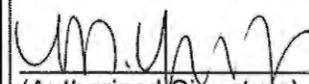
5 **COMPREHENSIVE YOUTH SERVICES OF**
6 **FRESNO, INC.**

7 
8 _____
(Authorized Signature)

9 Kevin Brazian

10 Board Member, Past President

11 Title (Chairman of Board, or President, or
12 CEO)

13 
14 _____
(Authorized Signature)

15 Maisie Young

16 Print Name

17 Secretary

18 Title (Secretary of Corporation, or Chief
19 Financial Officer/Treasurer, or any
20 Assistant Secretary or Treasurer)

21 MAILING ADDRESS:

22 4545 N. West Avenue

23 Fresno, CA 93705

24 (559) 229-3561

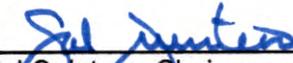
25 Becky Kramer, Executive Director

26 FOR ACCOUNTING USE ONLY:

27 Organization: 56304321

28 Fund/Subclass: 0001/10000

Account/Program: 7295/0



Sal Quintero, Chairperson of the Board of
Supervisors of the County of Fresno

ATTEST:

Bernice E. Seidel

Clerk of the Board of Supervisors

County of Fresno, State of California

By: 

Deputy

**MHSA Functional Family Therapy Services to Children/Youth
Scope of Work**

ORGANIZATION: Comprehensive Youth Services of Fresno, Inc.
4545 N. West Ave.
Fresno, CA 93705

SERVICES: **Functional Family Therapy (FFT) Services to Children & Families**

CONTRACT PERIOD: July 1, 2013 – December 31, 2018

CONTRACT AMOUNT: July 1, 2013 – June 30, 2014 (\$1,571,353)
July 1, 2014 – June 30, 2015 (\$1,571,353)
July 1, 2015 – June 30, 2016 (\$1,571,353)
July 1, 2016 – June 30, 2017 (\$1,571,353)
July 1, 2017 – June 30, 2018 (\$1,974,917)
July 1, 2018 – December 31, 2018 (\$987,458)
Maximum Compensation: \$9,247,787

I. SCHEDULE OF SERVICES:

CONTRACTOR's staff shall be available to provide services to consumers 12 hours per day (8:00 am to 8:00 pm), five (5) days per week (Monday – Friday).

II. TARGET POPULATION:

CONTRACTOR shall provide Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI), services (mental health and client support services) to youth, ages 11 – 18, with serious emotional disturbance (SED) and their families as stated in COUNTY's RFP #952-5105 and CONTRACTOR's response to RFP #952-5105. The target population shall include youth who are at-risk of involvement, or are currently involved in the juvenile justice system, and have significant family conflict. Additionally, services shall be provided to clients/families in rural/metro areas; clients/families that have no or limited means of payment for services; clients/families who have traditionally been reluctant to seek services from traditional mental health settings; and clients/families who are in danger of homelessness, hospitalizations, out of home placements, emergency room visits.

A minimum caseload consisting of 350 consumers shall be enrolled in this program throughout each twelve (12) month period of this Agreement.

III. PROJECT DESCRIPTION:

FFT is a short-term, high quality intervention program with an average of 15 sessions, once a week for 15 weeks, employing three phases of intervention: 1) engagement and motivation; 2) behavior change; and 3) generalizations. Services are conducted in both clinic and home settings, and can also be provided in a variety of settings including schools, child welfare facilities, probation and parole offices/aftercare systems, and mental health facilities.

FFT is a strength-based evidence-based mental health PEI model. At its core is a focus and assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid both intrafamilial and extrafamilial factors, and how they present within and influence the therapeutic process.

The determination of which services and supports are to be provided to each client/family shall be made on the basis of the individual services and supports plan, or plan of care, which is created by the client/family and the Community Mental Health Specialists (CMHS).

An individual services and supports plan is a plan developed with the CMHS, to identify the client's goals and describe the array of services and supports necessary to advance these goals based on the client's needs and preferences and, when appropriate, the needs and preferences of the client's family.

The concepts of wellness and recovery shall be embedded in this program through all interventions that will focus on the strengths of the family and work toward the goal of enhancing those strengths and self-sufficiency.

CONTRACTOR shall provide services that will encourage clients and families to achieve wellness and recovery. As clients and families advance in the program they will be able to reach a level of wellness and recovery that should allow them to successfully discharge from the program or move to a lower level of service. CONTRACTOR shall make appropriate decisions that allow it to efficiently serve enrolled clients and families and those that are on a waiting list for services.

IV. CONTRACTOR RESPONSIBILITIES:

A. CONTRACTOR shall provide the following staffing components:

1. CONTRACTOR shall employ one Clinical Director to provide overall responsibility for the FFT program.
2. CONTRACTORS shall employ ten (14) full time equivalent (FTE) CMHS who possess a Master's degree.
3. CONTRACTORS shall employ three (4) FTE Parent Partners/Care Managers who possess a Bachelor's degree (preferably in psychology, counseling, etc). Care Managers shall assist in service coordination and ensuring that families receive peer support, education, and advocacy services as needed. Parent Partners shall work with staff and families to assist in the planning and provision of treatment to youth and families.

B. Provide the following specific services as it relates to the FFT evidence-based PEI model:

1. CONTRACTOR shall carefully adhere to the principles of FFT evidence-based practice model and procedures, as well as the competent delivery of the model.
2. CONTRACTOR shall participate in continuing training and technical assistance with a certified agency that can provide clinical oversight of the delivery of the FFT model.

C. Provide the following as it relates to cultural competence:

1. CONTRACTOR shall recruit and hire staff that have demonstrated experience working with the Latino, African American, Southeast Asian, Native American, and other minority populations and have knowledge about the culture of these targeted groups as well as other diverse communities.
2. CONTRACTOR's staff shall attend annual trainings on cultural competency, awareness, and diversity as provided by selected bidder(s), or online via the COUNTY's eLearning

system. CONTRACTOR's staff shall be appropriately trained in providing services in a culturally sensitive manner.

3. CONTRACTOR's staff shall attend civil rights training as provided by CONTRACTOR, or online via the COUNTY's eLearning system.
4. CONTRACTOR shall hire bilingual staff. At a minimum, CONTRACTOR shall hire staff competent in Spanish and Hmong as these are the identified threshold languages in Fresno County.
5. CONTRACTOR shall secure the services of trained translators/interpreters as may be necessary. Translators/interpreters may prove invaluable for languages such as Cambodian, Russian, Arabic, Armenian, Punjabi, and others. Translators/interpreters shall be appropriately trained in providing services in a culturally sensitive manner.
6. CONTRACTOR shall provide services by placing importance on traditional values, beliefs and family histories. Cultural values and traditions offer special strengths in treating clients and this should help guide health care messages and wellness and recovery plans.
7. CONTRACTOR shall provide services within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the target population.
8. CONTRACTOR shall develop plans to continually engage targeted populations.
9. CONTRACTOR shall recruit and hire client/family members as a significant portion of their staffing. Regarding the recruitment of client/family members, the CONTRACTOR will be able to consult with the COUNTY DBH.
10. CONTRACTOR shall have demonstrated knowledge and experience in working with Latino, Southeast Asian, African American, and Native American communities, as well as other diverse communities.
11. CONTRACTOR shall develop and expand partnerships with the following unserved and underserved populations by engaging leaders and community members: Latino (migrant workers, immigrants, etc), African-American (specific targeted zip codes), South East Asian (refugees, etc.), Native American (specific targeted tribes) to identify and document their specific needs. Engagement to include visiting rancheros, reservations, and other targeted population areas.
12. CONTRACTOR shall ensure a streamlined approach to accessing appropriate services which are available at times convenient for the targeted populations.
13. CONTRACTOR shall distribute literature/informational brochures in appropriate languages and request feedback as to how access to care could be improved for these culturally diverse communities.
14. CONTRACTOR shall conduct an annual cultural competency self-assessment and provide the results of said self-assessment to the COUNTY. The annual cultural competency self-assessment instruments shall be reviewed by the COUNTY and revised as necessary to meet the approval of the COUNTY. The CONTRACTOR can create their own cultural competency self-assessment tools or utilize instruments to be provided by COUNTY.
15. CONTRACTOR shall provide services throughout Fresno County in the community as opposed to services being performed at traditional mental health department offices to

- increase the frequency of clients obtaining needed services as some children/families are reluctant to seek services from traditional mental health settings.
16. CONTRACTOR shall promote system of care accountability for performance outcomes which enable children and their families to live independently, work, maintain community supports, stay in good health, and avoid substance abuse and incarceration.
 17. CONTRACTOR shall develop individual services and supports plans which are flexible and open to meet the unique needs of the targeted populations.
 18. CONTRACTOR shall collaborate with agencies that are recognized and accepted by the targeted populations.
 19. CONTRACTOR shall provide family support and the creation of family partnerships utilizing peer support for families and parenting support.
 20. CONTRACTOR shall establish culturally specific multidisciplinary treatment teams responsible for assuring and providing needed services.
 21. CONTRACTOR shall provide supportive housing vouchers and referrals for safe, adequate, and affordable housing.
 22. CONTRACTOR shall provide parenting groups that are conducted in the preferred language of the participant client/families.
 23. CONTRACTOR shall give consideration to gender sensitivity and the differing psychologies and needs of boys and girls when providing services. Items such as who is the primary care giver, domestic violence, and women's health issues shall also be considered in the provision of services.
 24. CONTRACTOR's staff will be trained to keep an open mind and maintain non-judgmental interaction with clients/families.
 25. CONTRACTOR, when developing program services and service delivery approaches, shall seek to hire and train staff and community stakeholders (i.e., consumers, family members, etc.) that are providing services to consumers and families on appropriate methods and approaches to delivering gender and age specific services.
 26. CONTRACTOR's hiring and contracting practices shall be based on local data and reflect the needs of the population to be served.
 27. CONTRACTOR shall attend the COUNTY's Cultural Diversity Committee monthly meetings, maintain its own cultural competence oversight committee, and develop a cultural competency plan to address and evaluate cultural competency issues.
 28. COUNTY shall provide technical assistance and demographic data to CONTRACTOR in relation to cultural competency planning.
 29. CONTRACTOR shall train staff on best practice for utilizing interpreters to ensure effective communication with monolingual consumers and families to assist in the delivery of culturally/linguistically appropriate services.

V. COUNTY RESPONSIBILITIES:

A. COUNTY shall:

1. Provide oversight, through its MHSA Coordinator, or designee, and collaborate with CONTACTOR and other COUNTY Departments and community agencies to help achieve State program goals and outcomes. In addition to contract monitoring of program(s), oversight includes, but not limited to, coordination with the State Department of Health Care Services in regard to program administration and outcomes.
2. Assist the CONTRACTOR in making linkages with the total mental health system. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
3. Participate in evaluating the progress of the overall program and the efficiency of collaboration with CONTRACTOR's staff and will be available to the CONTRACTOR for ongoing consultation.
4. Gather outcome information from target client groups and CONTRACTOR throughout each term of this Agreement. COUNTY MHSA staff shall notify the CONTRACTOR when its participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining required information.
5. Assist the CONTRACTOR's efforts towards cultural and linguistic competency by providing the following to CONTRACTOR:
 - a. Technical assistance and training regarding cultural competency requirements at no cost to CONTRACTOR.
 - b. Mandatory cultural competency training for CONTRACTOR personnel, at minimum once per year.
 - c. Technical assistance for translating information into COUNTY's threshold languages (Spanish and Hmong). Translation services and costs associated will be the responsibility of the CONTRACTOR.

VI. PERFORMANCE MEASUREMENT:

A. Data Collection

1. Data collection and evaluation methods may include, but are not limited to, staff, participant, and family interviews; and case file reviews.
2. CONTRACTOR shall also conduct consumer satisfaction surveys to see if there is a strong correlation of the efficacy of the evidence-based program with specific ethnicities and languages as well as to identify gaps in meeting cultural needs of clients/families, if any.
3. CONTRACTOR shall ensure all program clients/families participate in the semi-annual State Performance Outcomes Quality Improvement (POQI) survey. POQI surveys will be distributed to all active clients/families to fill out and return to CONTRACTOR.
4. CONTRACTOR shall collect data regarding the ethnicity and language of each client/family receiving services as well as directing staff to follow-up with the culturally diverse clients/families for suggestions on how to improve the programs and also how to help make the programs more culturally relevant.

5. CONTRACTOR shall maintain all client data in permanent electronic case records. CONTRACTOR shall have established policies and procedures for data collection and client confidentiality.

B. Performance Outcomes

CONTRACTOR's performance will also be evaluated by COUNTY DBH utilizing the following performance outcomes:

<u>Goal/Objective 1:</u>	Increase the delivery of mental health treatment services to unserved and underserved clients and families with limited or no means of payment.
<u>Outcome 1A:</u>	FFT PEI program services shall be provided to clients and families with limited or no means of payment.
<u>Outcome Indicator 1A:</u>	More than 50% of clients/families receiving FFT PEI program services shall have limited or no means of payment for mental health services as indicated by the payer sources identified for the clients on monthly client rosters and program reports.
<u>Outcome 1B:</u>	FFT PEI program services shall be provided to clients/families in rural Fresno County areas.
<u>Outcome Indicator 1B:</u>	More than 50% of the clients/families receiving FFT PEI program services shall reside in rural Fresno County areas as indicated by the zip codes identified for clients on monthly client rosters and program reports (client rosters should include client demographic data, e.g., age, gender, residence, etc.; and client utilization data, e.g., quantity/quality of services delivered).
<u>Goal/Objective 2:</u>	Identify and build upon individual and family strengths and assets to help parents and children develop new skills to enhance family cohesion.
<u>Outcome 2:</u>	Clients will gain skills to reduce family conflict and the ability to identify familial strengths.
<u>Outcome Indicator 2:</u>	75% of clients/families completing the FFT program will report an increase in family cohesion as measured by Client Outcome Measurement tools and Outcome Questionnaires.
<u>Goal/Objective 3:</u>	Improve functioning of clients completing the FFT PEI program.
<u>Outcome 3:</u>	Clients will gain self confidence, increased ability to handle anger and manage difficult situations, and experience improved individual functioning.
<u>Outcome Indicator 3A:</u>	85% of the clients that participate in the FFT PEI program will report functional improvement measured by CANS (Child/Adolescent Needs and Strengths) scores.

<u>Outcome Indicator 3B:</u>	50% of the clients that complete the FFT PEI program will report a decrease in school problems between start of program and end of program.
<u>Outcome Indicator 3C:</u>	50% of the clients that complete the FFT PEI program will report a decrease in inpatient mental health crisis visits between start of program and end of program.
<u>Outcome Indicator 3D:</u>	50% of the clients that complete the FFT PEI program will report a decrease in recidivism into the Juvenile Justice System between start of program and end of program.
<u>Outcome Indicator 3E:</u>	85% of the clients participating in the FFT PEI program that are diagnosed with mental health disorders, e.g., conduct disorder, oppositional defiant disorder, disruptive behavior disorder, etc., when they begin the FFT PEI program will report improvement after successfully completing the program.
<u>Goal/Objective 4:</u>	Ensure clients/families are actively engaged in the FFT PEI program.
<u>Outcome 4:</u>	Clients/families will indicate satisfaction with FFT PEI program services they receive.
<u>Outcome Indicator 4:</u>	At a minimum, 80% percent of clients/families will report their satisfaction with program services on the CONTRACTOR's consumer satisfaction surveys, and the semi-annual State POQI survey.

C. Reports

1. CONTRACTOR shall prepare an evaluation report annually and submit to the COUNTY's DBH, and make said reports available to partnering and interested local agencies and organizations such as the project collaborators, other community agencies and mental health treatment providers. Each annual evaluation report will include the following information: demographics of the target population served, services provided to each participant, number of hospitalization, enrollment in school, results of data analysis compared to planned process, output and outcome measures, barriers to program implementation and measures taken to overcome those barriers, accomplishments of program participants, lessons learned, and the final result of any and all satisfactory survey(s).
2. CONTRACTOR shall be expected to comply with all contract monitoring and compliance protocols, procedures, data collection methods, and reporting requirements conducted by the COUNTY.
3. Additional reports/outcomes may also be requested by the COUNTY, based on among other things, identification of client/family specific needs as well as State required reports/outcomes as needed.

MHSA CHILDREN FUNCTIONAL FAMILY THERAPY
COMPREHENSIVE YOUTH SERVICES
Six Month Extension Budget: July 2018 - December 2018

Budget Categories - Line Item Description (Must be itemized)	FTE %	Total Proposed Budget		
		Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Program Manager	1.65		\$ 69,020.00	\$ 69,020.00
0002 Clinical Director	0.25		\$ 17,569.00	\$ 17,569.00
0003 Peer Review/Lead Therapist/Clinical Supervisor	1.12		\$ 47,453.00	\$ 47,453.00
0004 Community Mental Health Specialists	14.00		\$ 324,389.00	\$ 324,389.00
0005 Care Managers/Parent Partner	4.00		\$ 76,262.00	\$ 76,262.00
0006 Executive Dir/Finance Director/Accounting/Clerical	Varies	\$ 28,361.50	\$ 28,361.50	\$ 56,723.00
SALARY TOTAL	21.02	\$ 28,361.50	\$ 563,054.50	\$ 591,416.00
PAYROLL TAXES:				
0030 OASDI				\$ -
0031 FICA/MEDICARE		\$ 4,339.00	\$ 40,903.00	\$ 45,242.00
0032 SUI		\$ 252.00	\$ 2,943.00	\$ 3,195.00
PAYROLL TAX TOTAL		\$ 4,591.00	\$ 43,846.00	\$ 48,437.00
EMPLOYEE BENEFITS:				
0040 Retirement		\$ 2,272.00	\$ 21,397.00	\$ 23,669.00
0041 Workers Compensation		\$ 575.00	\$ 6,636.00	\$ 7,211.00
0042 Health Insurance (medical, vision, life, dental)		\$ 6,403.00	\$ 80,694.00	\$ 87,097.00
EMPLOYEE BENEFITS TOTAL		\$ 9,250.00	\$ 108,727.00	\$ 117,977.00
SALARY & BENEFITS GRAND TOTAL				\$ 757,830.00
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$ 61,264.00
1011 Rent/Lease Equipment				\$ 13,209.00
1012 Utilities				\$ 15,449.00
1013 Building Maintenance				\$ 7,967.00
1014 Equipment purchase				\$ -
FACILITY/EQUIPMENT TOTAL				\$ 97,889.00

OPERATING EXPENSES:

1060	Telephone	\$	18,361.00
1061	Answering Service	\$	-
1062	Postage	\$	-
1063	Printing/Reproduction	\$	-
1064	Publications	\$	-
1065	Informational Publications	\$	400.00
1066	Office Supplies & Equipment	\$	8,954.00
1067	Household Supplies	\$	-
1068	Food	\$	700.00
1069	Program Supplies - Therapeutic	\$	3,100.00
1070	Program Supplies - Medical	\$	-
1071	Transportation of Clients	\$	-
1072	Staff Mileage/vehicle maintenance	\$	18,993.00
1073	Staff Travel (Out of County)	\$	8,850.00
1074	Staff Training/Registration	\$	14,208.00
1075	Lodging	\$	13,500.00
1076	Other - (Identify)	\$	-
1077	Other - (Identify)	\$	-
OPERATING EXPENSES TOTAL		\$	87,066.00

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$	-
1081	External Audit	\$	6,265.00
1082	Liability Insurance	\$	-
1083	Administrative Overhead	\$	3,252.00
1084	Payroll Services	\$	2,151.00
1085	Professional Liability Insurance	\$	9,072.00
FINANCIAL SERVICES TOTAL		\$	20,740.00

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$	9,833.00
1091	Translation Services	\$	500.00
1092	Medication Supports	\$	300.00
SPECIAL EXPENSES TOTAL		\$	10,633.00

FIXED ASSETS:

1190	Computers & Software	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other - Leased Automobile	\$	3,300.00
1193	Other - (Identify)	\$	-
FIXED ASSETS TOTAL		\$	3,300.00

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$	-
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2002.1	Clothing, Food & Hygiene (SFC 72)	\$	7,000.00
2002.2	Client Transportation & Support (SFC 72)	\$	2,000.00
2002.3	Education Support (SFC 72)	\$	625.00
2002.4	Employment Support (SFC 72)	\$	375.00
2002.5	Respite Care (SFC 72)	\$	-
2002.6	Household Items	\$	-
2002.7	Utility Vouchers (SFC 72)	\$	-
2002.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$	10,000.00
TOTAL PROGRAM EXPENSES		\$	987,458.00

MEDI-CAL REVENUE:

	Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	164,513.00	\$ 2.61 \$ 429,379.00
3100	Case Management	34,104.00	\$ 2.02 \$ 68,890.00
3200	Crisis Services	580.00	\$ 3.88 \$ 2,250.00
3300	Medication Support	-	\$ 4.82 \$ -
3400	Collateral	6,886.00	\$ 2.61 \$ 17,972.00
3500	Plan Development	2,116.00	\$ 2.61 \$ 5,523.00
3600	Assessment	45,586.00	\$ 2.61 \$ 118,979.00
3700	Rehabilitation	3,051.00	\$ 2.61 \$ 7,963.00
Estimated Medi-Cal Billing Totals		256,836.00	\$ 650,956.00
Estimated % of Federal Financial Participation Reimbursement		\$ 0.50	
Estimated % of State EPSDT Reimbursement		\$ 0.50	
MEDI-CAL REVENUE TOTAL			\$ 650,956.00

OTHER REVENUE:

4000	Other - (Identify)	\$	-
4100	Other - (Identify)	\$	-
4200	Other - (Identify)	\$	-
4300	Other - (Identify)	\$	-
OTHER REVENUE TOTAL		\$	-

MHSA FUNDS:

5000	Prevention & Early Intervention Funds	\$	336,502.00
5100	Community Services & Supports Funds	\$	-
5200	Innovation Funds	\$	-
5300	Workforce Education & Training Funds	\$	-
MHSA FUNDS TOTAL		\$	336,502.00
TOTAL PROGRAM REVENUE		\$	987,458.00