

AMENDMENT III TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment III, is made and entered into this 12th day of June, 2018, by and between the **COUNTY OF FRESNO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and **MENTAL HEALTH SYSTEMS, INC.**, whose address is 9465 Farnham Street, San Diego, California, 92123, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 13-395, effective July 1, 2013, as amended by Amendment I, identified as County Agreement No. 13-395-1 effective September 16, 2014, as amended by Amendment II, identified as County Agreement No. 13-395-2 effective May 24, 2016, hereafter referred to collectively as the Agreement whereby CONTRACTOR agreed to provide substance use disorder treatment services and mental health services to adolescents incarcerated at County's Juvenile Justice Campus (JJC) and provide intensive outpatient services to adolescents upon release from JJC and to adolescents referred to outpatient treatment by Juvenile Drug Court; and

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

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is acknowledged, the parties agree as follows:

1. That existing COUNTY Agreement No. 13-395, Paragraph Two (2) "TERM", shall be revised by adding the following at Page Three (3), Line Ten (10) after the word "term":

"This Agreement shall be extended for an additional four (4) month period beginning July 1, 2018 through October 31, 2018."

2. That the existing County Agreement No. 13-395, Paragraph Four (4), "COMPENSATION", shall be revised by adding the following at Page Four (4), Line Eleven (11) after the word "herein":

"For claims submitted for services rendered under this Agreement, COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive compensation for Intensive Outpatient Adolescent Drug Court Services, Post Release Outpatient Services and Substance Use Disorder and Mental Health Services for Incarcerated Youth at the JJC Substance Abuse Unit (SAU) based on CONTRACTOR's

1 actual cost for a maximum of Two Hundred Thirty Six Thousand Six Hundred Sixty-Eight and No/100
2 Dollars (\$236,668.00) for the four (4) month period beginning July 1, 2018 and ending October 31, 2018,
3 as set forth in the four (4) month budgets attached hereto as Exhibit C-3a and Exhibit C-3b and by this
4 reference incorporated herein.”

5 3. That the existing County Agreement No. 13-395, Paragraph Four (4), “COMPENSATION”,
6 shall be revised by adding the following at Page Four (4), Line Seventeen (17) after the word “herein”:

7 “For claims submitted for services rendered under this Agreement, COUNTY agrees to pay
8 CONTRACTOR and CONTRACTOR agrees to receive compensation for Intensive Substance Use
9 Disorder and Mental Health Services for Incarcerated Youth at the JJC “New Horizons Program” based
10 on CONTRACTOR’s actual cost for a maximum of One Hundred Thousand and No/100 Dollars
11 (\$100,000.00) for the four (4) month period beginning July 1, 2018 and ending October 31, 2018, as set
12 forth in Exhibit C-4 attached hereto and incorporated herein by reference.

13 In no event shall the total compensation for actual services performed under this
14 Agreement be in excess of Five Million, Three Hundred Eighty-Six Thousand, Six Hundred Sixty-Eight
15 and No/100 Dollars (\$5,386,668.00).”

16 4. That, effective July 1, 2018, all references in existing COUNTY Agreement No. 13-395 to
17 “Exhibit C-1 and Exhibit C-2,” shall be changed to read “Exhibit C-1, Exhibit C-2, Exhibit C-3a, Exhibit C-
18 3b, and Exhibit C-4”.

19 5. COUNTY and CONTRACTOR agree that this Amendment III is sufficient to amend the
20 Agreement, and that upon execution of this Amendment III, the Agreement, Amendment I, Amendment II
21 and Amendment III together shall be considered the Agreement.

22 The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants,
23 considerations and promises contained in the Agreement and not amended herein remain in full force and
24 effect. This Amendment III shall become effective upon execution by all parties.

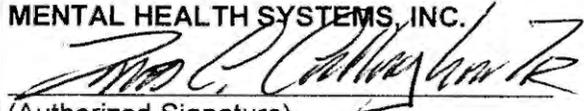
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26 ///
27 ///
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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment III to Agreement
2 No. 13-395 as of the day and year first hereinabove written.

3
4 **CONTRACTOR**

COUNTY OF FRESNO

5 **MENTAL HEALTH SYSTEMS, INC.**

6 
7 (Authorized Signature)

8 James C. Callaghan, Jr.

9 Print Name

President & CEO

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

12 
13 (Authorized Signature)

14 Stacy Maxa
15 Print Name

Chief Financial Officer

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

19
20 MAILING ADDRESS:
21 9465 Farnham Street
22 San Diego, CA 92123

23
24 **FOR ACCOUNTING USE ONLY:**

25 Organization: 56302081
26 Fund/Subclass: 0001/10000
27 Account/Program: 7295/0
28

6 
7 Sal Quintero
8 Chairperson of the Board of
9 Supervisors of the County of Fresno

ATTEST:

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

By: Susan Bishop
Deputy

Substance Abuse Unit - Substance Use Disorder Services

Projected Budget - Fiscal Year 2018-19

Provider Name:	<u>Mental Health Systems, Inc.</u>	Mailing Address: <u>92123</u>
Program Name:	<u>Fresno Juvenile Treatment (FF-SAU)</u>	
Approved by:	<u>Dominic Held, Finance Manager</u>	Street Address: <u>3333 E American Avenue, Fresno CA</u>
No. of Budgeted FTEs - Admin:	<u>0.89</u>	Phone Number: <u>(858) 573-2600</u>
No. of Budgeted FTEs - Direct:	<u>6.20</u>	Fax Number: <u>(858) 573-2914</u>
		E-mail Address: <u>dheld@mhsinc.org</u>

Budget Categories- Line Item Description (Must be Itemized)	One Fourth of Annual Salary	% of FTE dedicated to this program	% Time dedicated to services		Proposed Program Budget			
			Admin.	Direct	Admin.	Direct	Total Proposed Budget	
PERSONNEL/SALARIES								
0101 Susan Murdock, Program Manager	\$ 22,360	20%	100%	0%	\$ 4,472.00	\$ -	\$ 4,472.00	
0102 Josefina Ceja, Clinical Supervisor - LCSW (FF-SAU)	25,695	20%	100%	0%	5,139.00	-	5,139.00	
0103 Candida Rojas, Administrative Assistant	11,093	35%	100%	0%	3,883.00	-	3,883.00	
0104 Kathryn Wilbur, Vice President	34,667	7%	100%	0%	2,427.00	-	2,427.00	
0105 Agustin Ochoa, Program Analyst	21,667	7%	100%	0%	1,517.00	-	1,517.00	
0106 Vidal Bejarano, Lead AOD Certified Counselor - Boys	13,867	100%	0%	100%	-	13,867.00	13,867.00	
0107 Kimberlynn Silva & Marina Herrera, AOD Counselors	11,093	200%	0%	100%	-	22,187.00	22,187.00	
0108 Cynthia Williams, Family Support Partner	9,707	50%	0%	100%	-	4,853.00	4,853.00	
0109 Marty Castanon, AOD Certified Counselor	13,173	100%	0%	100%	-	13,173.00	13,173.00	
0110 TBD, Program Supervisor / Lead AOD Certified Counselor	14,560	50%	0%	100%	-	7,280.00	7,280.00	
0111 Ciera Nelson, AOD Certified Counselor	12,133	100%	0%	100%	-	12,133.00	12,133.00	
0112 Alisha Lamp, AOD Certified Counselor	10,573	20%	0%	100%	-	2,115.00	2,115.00	
SALARIES TOTAL	\$ 200,588.27				\$ 17,438	\$ 75,608	\$ 93,046	
PAYROLL TAXES					Rate	18.74%	81.26%	100.00%
0151 F.I.C.A. Social Security and Medicare		SS 6.2 % rate applied to \$127.2k of gross earnings per employee			7.650%	\$ 1,334	\$ 5,784	\$ 7,118
0152 Federal Unemployment (FUTA)		Rate applied to only first \$7k of gross earnings per employee			0.000%	\$ -	\$ -	\$ -
0153 State Employment Training Tax (ETT)		Rate applied to only first \$7k of gross earnings per employee			0.000%	\$ -	\$ -	\$ -
0154 State Unemployment Insurance (UI)		Rate applied to only first \$7k of gross earnings per employee			0.700%	\$ 122	\$ 529	\$ 651
PAYROLL TAXES TOTAL						\$ 1,456	\$ 6,313	\$ 7,769
EMPLOYEE BENEFITS					Rate	18.74%	81.26%	100.00%
0201 Health Insurance					8.98%	\$ 1,565	\$ 6,786	\$ 8,351
0202 Life Insurance						\$ -	\$ -	\$ -
0203 Retirement					8.00%	\$ 1,395	\$ 6,049	\$ 7,444
0204 Workers' Compensation Insurance						\$ 174	\$ 756	\$ 930
0205 Benefits Other - Specify						\$ -	\$ -	\$ -
EMPLOYEE BENEFITS TOTAL						\$ 3,134	\$ 13,591	\$ 16,725

TAXES & BENEFITS TOTAL	0.000%	\$ 24,494
TOTAL DIRECT (ADMIN) SALARIES, PAYROLL TAXES, AND EMPLOYEE BENEFITS		\$ 117,540
TOTAL PERCENT OF BENEFITS TO SALARIES		26.3%

Services and Supplies

INSURANCE		
0252 Liability Insurance		\$ 957
0253 Insurance Other-Specify		\$ -
INSURANCE TOTAL		\$ 957
COMMUNICATIONS		
0301 Telecommunications/data lines		\$ 3,990
0302 Answering Service		\$ -
COMMUNICATIONS TOTAL		\$ 3,990
OFFICE EXPENSE		
0351 Office Supplies		\$ 1,001
0352 Soc Rec., Workbooks		\$ -
0353 Printing/Reproduction		\$ 33
0354 Publications		\$ -
0355 Legal Notices/Advertising		\$ -
OFFICE EXPENSE TOTAL		\$ 1,034
EQUIPMENT		
0401 Purchase of Equipment (Computers/Furniture/VOIP Phone)		\$ 128
0402 Equipment Rent/Lease (Copy Machines)		\$ 2,088
0403 Equipment Maintenance		\$ 902
EQUIPMENT TOTAL		\$ 3,118
FACILITIES		
0451 Rent/Lease Building		\$ 4,600
0452 Facilities Maintenance		\$ 1,623
0453 Utilities		\$ 600
FACILITIES TOTAL		\$ 6,823
TRAVEL COSTS		
0501 Staff Mileage		\$ 235
0502 Staff Travel (Out of County)		\$ 262
0503 Staff Training/Registration		\$ 847
0504 Transportation		\$ 543
TRAVEL COSTS TOTAL		\$ 1,886
PROGRAM SUPPLIES		
0551 Program Supplies-Client Incentives		\$ -

0552	Program Supplies-Curriculum		\$	80
0553	Program Supplies-Food		\$	700
PROGRAM SUPPLIES TOTAL			\$	780
CONSULTANCY				
0601	Consultant Services (Interpretive Services)		\$	-
0602	Contracted Services (Recruitment)		\$	2,200
CONSULTANCY TOTAL			\$	2,200
FISCAL AND AUDITS				
0651	Accounting/Bookkeeping (IT Support)		\$	-
0652	External Audit		\$	-
FISCAL AND AUDITS TOTAL			\$	-
OTHER COSTS				
0701	Indirect Costs		\$	20,684
0702	Licenses/Taxes		\$	3,473
0703	County Administration Fee		\$	-
0749	Other Business Services		\$	848
OTHER COSTS TOTAL			\$	25,006
ONE TIME ADVANCE - Start Up Costs			\$	-
TOTAL PROGRAM EXPENDITURES			\$	163,334
REVENUE/MATCH				
3120	Drug Medi-Cal		\$	23,333
3130	State Grant		\$	3,333
3140	Private Donations		\$	-
3150	Client Fees		\$	-
3160	Insurance		\$	-
REVENUE/MATCH TOTAL			\$	26,667
NET PROGRAM BUDGET			\$	136,668

TYPE OF SERVICE

Projected Budget - Fiscal Year 2018-19 Narrative

Provider Name: Mental Health Systems, Inc.

PERSONNEL / SALARIES		
Annual Salary and FTE equivalence as in budget.		
Budget Categories-Line Item Description	One Fourth of Annual Salary	% of FTE dedicated to this program
Susan Murdock, Program Manager	\$ 4,472	20%
Josefina Ceja, Clinical Supervisor - LCSW (FF-SAU)	5,139	20%
Candida Rojas, Administrative Assistant	3,883	35%
Kathryn Wilbur, Vice President	2,427	7%
Agustin Ochoa, Program Analyst	1,517	7%
Vidal Bejarano, Lead AOD Certified Counselor - Boys	13,867	100%
Kimberlynn Silva & Marina Herrera, AOD Counselors	22,187	200%
Cynthia Williams, Family Support Partner	4,853	50%
Marty Castanon, AOD Certified Counselor	13,173	100%
TBD, Program Supervisor / Lead AOD Certified Counselor	7,280	50%
Ciera Nelson, AOD Certified Counselor	12,133	100%
Alisha Lamp, AOD Certified Counselor	2,115	20%
	\$ 93,046	

Position descriptions submitted with proposal.

List Amount

PAYROLL TAXES	\$ 7,769
EMPLOYEE BENEFITS	
TOTAL	\$ 16,725
INSURANCE	<p>List the following insurance categories:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0251 - Workers Compensation Insurance \$ 930 <input type="checkbox"/> 0252 - Liability Insurance- Professional Liability and Malpractice Insurances \$ 957 <input type="checkbox"/> 0253 - Insurance Other - N/A \$ -
COMMUNICATIONS	<ul style="list-style-type: none"> <input type="checkbox"/> 0301 - Telecommunications/data lines - Costs projected to include a portion of \$ 3,990 <input type="checkbox"/> 0302 - Answering Service - N/A \$ -
OFFICE EXPENSE	<ul style="list-style-type: none"> <input type="checkbox"/> 0351-Office Supplies: Includes Items necessary to carry out the daily activities \$ 1,001 <input type="checkbox"/> 0352 - Social/Rec, Workbooks.- N/A \$ - <input type="checkbox"/> 0353-Printing/Reproduction includes items such as the printing of business \$ 33 <input type="checkbox"/> 0354 - Publications - N/A \$ - <input type="checkbox"/> 0355 - Legal Notices/Advertising - N/A \$ -
EQUIPMENT	<p>List the following equipment categories and provide a brief description for each</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0401 - Purchase of Equipment - One-time costs for certain needs, i.e., \$ 128 <input type="checkbox"/> 0402 - Equipment Rent/Lease- Cost for lease of copy machine. \$ 2,088 <input type="checkbox"/> 0403-Equipment Maintenance: minor equipment repair for copier and vehicle \$ 902
FACILITIES	<p>List the following facilities categories and provide a brief description for each</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0451 - Rent/Lease Building - Costs projected include a portion of the building \$ 4,600 <input type="checkbox"/> 0452 - Facilities Maintenance - Cost for a portion of the custodial/janitorial \$ 1,623 <input type="checkbox"/> 0453 - Utilities - Costs projected include a portion of the utilities cost to \$ 600

TRAVEL	List the following travel categories and provide a brief description for each category: <input type="checkbox"/> 0501 - Staff Mileage - Cost for mileage reimbursement for staff who may <input type="checkbox"/> 0502 - Staff Travel (Out of County) - Cost for mileage reimbursement for staff <input type="checkbox"/> 0503 - Staff Training/Registration - Cost for staff to attend trainings relevant <input type="checkbox"/> 0504 - Transportation - To purchase bus passes and tokens to allow	\$ 235 \$ 262 \$ 847 \$ 543
PROGRAM SUPPLIES	List the following program supplies categories and provide a brief description for <input type="checkbox"/> 0551 - Program Supplies - Client Incentives: To provide incentives for <input type="checkbox"/> 0552 - Program Supplies - Curriculum: N/A <input type="checkbox"/> 0553 - Program Supplies - Food: N/A	\$ - \$ 80 \$ 700
CONSULTANCY	List the following consulting categories and provide a brief description for each <input type="checkbox"/> 0601 - Consultant Services: Allows program staff to reach an interpreter to <input type="checkbox"/> 0602 - Contracted Services: Costs related to recruiting of staff and verification	\$ - \$ 2,200
FISCAL AND AUDITS	List the following fiscal and audits categories and provide a brief description for <input type="checkbox"/> 0651 - Accounting/Bookkeeping - N/A <input type="checkbox"/> 0652 - External Audit - Independent CPA Audit - Cost for annual audit to	\$ - \$ -
OTHER COSTS	List the following categories and provide a brief description for each category: <input type="checkbox"/> 0701 - Indirect Costs - 14.5% of total Salary and Benefits cost to allow for <input type="checkbox"/> 0702 - Licenses/Taxes -N/A <input type="checkbox"/> 0703 - County Administration Fee -N/A <input type="checkbox"/> 0749-Other Costs - Other business services such as applicant TB tests, drug	\$ 20,684 \$ 3,473 \$ - \$ 848
REVENUE/MATCH	Please identify all anticipated funding sources and distinguish whether the revenue <input type="checkbox"/> 3120 - Drug Medi-Cal, Contract no. 16-360 <input type="checkbox"/> 3130 - State Grant - Youth Treatment, contract no. 13-574 <input type="checkbox"/> 3140 - Private Donations - <input type="checkbox"/> 3150 - Client Fees - <input type="checkbox"/> 3160 - Insurance -	\$ 23,333 \$ 3,333 \$ - \$ - \$ -
ONE TIME ADVANCE	Used for startup costs and is available upon request with a detailed justification. The amount cannot exceed 1/12th of the total cost proposal for this section.	\$ -

Substance Abuse Unit - Mental Health Services

Projected Budget - Fiscal Year 2018-19

Provider Name:	<u>Mental Health Systems, Inc.</u>	Mailing Address: <u>92123</u>
Program Name:	<u>SAMHSA MHBG</u>	
Approved by:	<u>Dominic Held, Finance Manager</u>	Street Address: <u>3333 E American Avenue, Fresno CA</u>
No. of Budgeted FTEs - Admin:	<u>1.14</u>	Phone Number: <u>(858) 573-2600</u>
No. of Budgeted FTEs - Direct:	<u>3.00</u>	Fax Number: <u>(858) 573-2914</u>
		E-mail Address: <u>dheld@mhsinc.org</u>

Budget Categories- Line Item Description (Must be Itemized)	One Fourth of Annual Salary	% of FTE dedicated to this program	% Time dedicated to services		Proposed Program Budget			
			Admin.	Direct	Admin.	Direct	Total Proposed Budget	
PERSONNEL/SALARIES								
0101 Susan Murdock, Program Manager	\$ 20,973	40%	100%	0%	\$ 8,389.00	\$ -	\$ 8,389.00	
0102 Josefina Ceja, Clinical Supervisor - LCSW	25,695	40%	100%	0%	10,278.00	-	10,278.00	
0103 Candida Rojas, Administrative Assistant	10,400	20%	100%	0%	2,080.00	-	2,080.00	
0104 Kathryn Wilbur, Vice President	34,667	7%	100%	0%	2,427.00	-	2,427.00	
0105 Agustin Ochoa, Program Analyst	21,667	7%	100%	0%	1,517.00	-	1,517.00	
0106					-	-	-	
0107 Tammie Makely, Unlicensed Mental Health Clinician- Girls	13,867	100%	0%	100%	-	13,867.00	13,867.00	
0108 Sandra Rentfrow, Unlicensed Mental Health Clinician- Boys	14,560	100%	0%	100%	-	14,560.00	14,560.00	
0109 Lindsay Fisher, Unlicensed Mental Health Clinician- Boys	13,173	100%	0%	100%	-	13,173.00	13,173.00	
0110					-	-	-	
0111					-	-	-	
0112					-	-	-	
SALARIES TOTAL	\$155,002				\$ 24,691	\$ 41,600	\$ 66,291	
PAYROLL TAXES					Rate	37.25%	62.75%	100.00%
0151 F.I.C.A. Social Security and Medicare		SS 6.2 % rate applied to \$127.2k of gross earnings per employee			7.650%	\$ 1,889	\$ 3,182	\$ 5,071
0152 Federal Unemployment (FUTA)		Rate applied to only first \$7k of gross earnings per employee			0.000%	\$ -	\$ -	\$ -
0153 State Employment Training Tax (ETT)		Rate applied to only first \$7k of gross earnings per employee			0.000%	\$ -	\$ -	\$ -
0154 State Unemployment Insurance (UI)		Rate applied to only first \$7k of gross earnings per employee			0.400%	\$ 99	\$ 166	\$ 265
PAYROLL TAXES TOTAL						\$ 1,988	\$ 3,348	\$ 5,336
EMPLOYEE BENEFITS					Rate	37.25%	62.75%	100.00%
0201 Health Insurance					6.27%	\$ 1,547	\$ 2,607	\$ 4,154
0202 Life Insurance						\$ -	\$ -	\$ -
0203 Retirement					8.00%	\$ 1,975	\$ 3,328	\$ 5,303
0204 Workers' Compensation Insurance						\$ 247	\$ 416	\$ 663
0205 Benefits Other - Specify						\$ -	\$ -	\$ -
EMPLOYEE BENEFITS TOTAL						\$ 3,769	\$ 6,351	\$ 10,120

TAXES & BENEFITS TOTAL	0.000%	\$ 15,457
TOTAL DIRECT (ADMIN) SALARIES, PAYROLL TAXES, AND EMPLOYEE BENEFITS		\$ 81,748
TOTAL PERCENT OF BENEFITS TO SALARIES		23.3%

Services and Supplies

INSURANCE		
0252 Liability Insurance		\$ 390
0253 Insurance Other-Specify		\$ -
INSURANCE TOTAL		\$ 390
COMMUNICATIONS		
0301 Telecommunications/data lines		\$ 48
0302 Answering Service		\$ -
COMMUNICATIONS TOTAL		\$ 48
OFFICE EXPENSE		
0351 Office Supplies		\$ 513
0352 Soc Rec., Workbooks		\$ -
0353 Printing/Reproduction		\$ 17
0354 Publications		\$ -
0355 Legal Notices/Advertising		\$ -
OFFICE EXPENSE TOTAL		\$ 530
EQUIPMENT		
0401 Purchase of Equipment (Computers/Furniture/VOIP Phone)		\$ 60
0402 Equipment Rent/Lease (Copy Machines)		\$ -
0403 Equipment Maintenance		\$ 200
EQUIPMENT TOTAL		\$ 260
FACILITIES		
0451 Rent/Lease Building		\$ -
0452 Facilities Maintenance		\$ -
0453 Utilities		\$ -
FACILITIES TOTAL		\$ -
TRAVEL COSTS		
0501 Staff Mileage		\$ 214
0502 Staff Travel (Out of County)		\$ -
0503 Staff Training/Registration		\$ 287
0504 Transportation		\$ -
TRAVEL COSTS TOTAL		\$ 501
PROGRAM SUPPLIES		
0551 Program Supplies-Client Incentives		\$ -

0552	Program Supplies-Curriculum		\$	200
0553	Program Supplies-Food		\$	250
PROGRAM SUPPLIES TOTAL			\$	450
CONSULTANCY				
0601	Consultant Services (Interpretive Services)		\$	1,200
0602	Contracted Services (Recruitment)		\$	-
CONSULTANCY TOTAL			\$	1,200
FISCAL AND AUDITS				
0651	Accounting/Bookkeeping (IT Support)		\$	-
0652	External Audit		\$	-
FISCAL AND AUDITS TOTAL			\$	-
OTHER COSTS				
0701	Indirect Costs		\$	12,664
0702	Licenses/Taxes		\$	1,776
0703	County Administration Fee		\$	-
0749	Other Business Services		\$	434
OTHER COSTS TOTAL			\$	14,874
ONE TIME ADVANCE - Start Up Costs			\$	-
TOTAL PROGRAM EXPENDITURES			\$	100,000
REVENUE/MATCH				
3120	Drug Medi-Cal		\$	-
3130	State Grant		\$	-
3140	Private Donations		\$	-
3150	Client Fees		\$	-
3160	Insurance		\$	-
REVENUE/MATCH TOTAL			\$	-
NET PROGRAM BUDGET			\$	100,000

TYPE OF SERVICE

Projected Budget - Fiscal Year 2018-19 Narrative

Provider Name: Mental Health Systems, Inc.

PERSONNEL / SALARIES		
Annual Salary and FTE equivalence as in budget.		
Budget Categories-Line Item Description	One Fourth of Annual Salary	% of FTE dedicated to this program
Susan Murdock, Program Manager	\$ 8,389	40%
Josefina Ceja, Clinical Supervisor - LCSW	10,278.0	40%
Candida Rojas, Administrative Assistant	2,080.0	20%
Kathryn Wilbur, Vice President	2,427.0	7%
Agustin Ochoa, Program Analyst	1,517.0	7%
Tammie Makely, Unlicensed Mental Health Clinician- Girls	13,867.0	100%
Sandra Rentfrow, Unlicensed Mental Health Clinician- Boys	14,560.0	100%
Lindsay Fisher, Unlicensed Mental Health Clinician- Boys	13,173.0	100%
Total	\$ 66,291.00	

Position descriptions submitted with proposal.

List Amount

PAYROLL TAXES	\$ 5,336
EMPLOYEE BENEFITS TOTAL	\$ 10,120
INSURANCE	<p>List the following insurance categories:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0251 - Workers Compensation Insurance \$ 663 <input type="checkbox"/> 0252 - Liability Insurance- Professional Liability and Malpractice Insurances \$ 390 <input type="checkbox"/> 0253 - Insurance Other - N/A \$ -
COMMUNICATIONS	<ul style="list-style-type: none"> <input type="checkbox"/> 0301 - Telecommunications/data lines - Costs projected to include a portion of \$ 48 <input type="checkbox"/> 0302 - Answering Service - N/A \$ -
OFFICE EXPENSE	<ul style="list-style-type: none"> <input type="checkbox"/> 0351-Office Supplies: Includes Items necessary to carry out the daily activities \$ 513 <input type="checkbox"/> 0352 - Social/Rec, Workbooks.- N/A \$ - <input type="checkbox"/> 0353-Printing/Reproduction includes items such as the printing of business \$ 17 <input type="checkbox"/> 0354 - Publications - N/A \$ - <input type="checkbox"/> 0355 - Legal Notices/Advertising - N/A \$ -
EQUIPMENT	<p>List the following equipment categories and provide a brief description for each</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0401 - Purchase of Equipment - One-time costs for certain needs, i.e., \$ 60 <input type="checkbox"/> 0402 - Equipment Rent/Lease- Cost for lease of copy machine. \$ - <input type="checkbox"/> 0403-Equipment Maintenance: minor equipment repair for copier and vehicle \$ 200
FACILITIES	<p>List the following facilities categories and provide a brief description for each</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0451 - Rent/Lease Building - Costs projected include a portion of the building \$ - <input type="checkbox"/> 0452 - Facilities Maintenance - Cost for a portion of the custodial/janitorial \$ - <input type="checkbox"/> 0453 - Utilities - Costs projected include a portion of the utilities cost to \$ -

TRAVEL	List the following travel categories and provide a brief description for each category: <input type="checkbox"/> 0501 - Staff Mileage - Cost for mileage reimbursement for staff who may <input type="checkbox"/> 0502 - Staff Travel (Out of County) - Cost for mileage reimbursement for staff <input type="checkbox"/> 0503 - Staff Training/Registration - Cost for staff to attend trainings relevant <input type="checkbox"/> 0504 - Transportation - To purchase bus passes and tokens to allow	\$ 214 \$ - \$ 287 \$ -
PROGRAM SUPPLIES	List the following program supplies categories and provide a brief description for <input type="checkbox"/> 0551 - Program Supplies - Client Incentives: To provide incentives for <input type="checkbox"/> 0552 - Program Supplies - Curriculum: N/A <input type="checkbox"/> 0553 - Program Supplies - Food: N/A	\$ - \$ 200 \$ 250
CONSULTANCY	List the following consulting categories and provide a brief description for each <input type="checkbox"/> 0601 - Consultant Services: Allows program staff to reach an interpreter to <input type="checkbox"/> 0602 - Contracted Services: Costs related to recruiting of staff and verification	\$ 1,200 \$ -
FISCAL AND AUDITS	List the following fiscal and audits categories and provide a brief description for <input type="checkbox"/> 0651 - Accounting/Bookkeeping - N/A <input type="checkbox"/> 0652 - External Audit - Independent CPA Audit - Cost for annual audit to	\$ - \$ -
OTHER COSTS	List the following categories and provide a brief description for each category: <input type="checkbox"/> 0701 - Indirect Costs - 14.5% of total Salary and Benefits cost to allow for <input type="checkbox"/> 0702 - Licenses/Taxes -N/A <input type="checkbox"/> 0703 - County Administration Fee -N/A <input type="checkbox"/> 0749-Other Costs - Other business services such as applicant TB tests, drug	\$ 12,664 \$ 1,776 \$ - \$ 434
REVENUE/MATCH	Please identify all anticipated funding sources and distinguish whether the revenue <input type="checkbox"/> 3120 - Drug Medi-Cal - <input type="checkbox"/> 3130 - State Grant - <input type="checkbox"/> 3140 - Private Donations - <input type="checkbox"/> 3150 - Client Fees - <input type="checkbox"/> 3160 - Insurance -	\$ - \$ - \$ - \$ - \$ -
ONE TIME ADVANCE	Used for startup costs and is available upon request with a detailed justification. The amount cannot exceed 1/12th of the total cost proposal for this section.	\$ -

New Horizons Program

Projected Budget - Fiscal Year 2018-19

Provider Name:	<u>Mental Health Systems, Inc.</u>	Mailing Address: <u>92123</u>
Program Name:	<u>New Horizons</u>	
Approved by:	<u>Dominic Held, Finance Manager</u>	Street Address: <u>3333 E American Avenue, Fresno CA</u>
No. of Budgeted FTEs - Admin:	<u>1.04</u>	Phone Number: <u>(858) 573-2600</u>
No. of Budgeted FTEs - Direct:	<u>3.33</u>	Fax Number: <u>(858) 573-2914</u>
		E-mail Address: <u>dheld@mhsinc.org</u>

Budget Categories- Line Item Description (Must be Itemized)	One Fourth of Annual Salary	% of FTE dedicated to this program	% Time dedicated to services		Proposed Program Budget			
			Admin.	Direct	Admin.	Direct	Total Proposed Budget	
PERSONNEL/SALARIES								
0101 Susan Murdock, Program Manager	\$ 20,973	30%	100%	0%	\$ 6,292.00	\$ -	\$ 6,292.00	
0102 Josefina Ceja, Clinical Supervisor - LCSW	25,695	40%	100%	0%	10,278.00	-	10,278.00	
0103 Candida Rojas, Administrative Assistant	10,400	20%	100%	0%	2,080.00	-	2,080.00	
0104 Kathryn Wilbur, Vice President	34,667	7%	100%	0%	2,427.00	-	2,427.00	
0105 Agustin Ochoa, Program Analyst	21,667	7%	100%	0%	1,517.00	-	1,517.00	
0106					-	-	-	
0107 Jason Franklin, Therapist, Lic elig, MA level	13,867	100%	0%	100%	-	13,867.00	13,867.00	
0108 TBD (currently, Chris Esqueda), Therapist, Lic elig, MA level	13,867	83%	0%	100%	-	11,556.00	11,556.00	
0109 Peter Flores, AOD Cerified Counselor	10,053	100%	0%	100%	-	10,053.00	10,053.00	
0110 Cynthia Williams, Family Support Partner	9,013	50%	0%	100%	-	4,507.00	4,507.00	
0111					-	-	-	
0112					-	-	-	
SALARIES TOTAL	\$ 160,202				\$ 22,594	\$ 39,983	\$ 62,577	
PAYROLL TAXES					Rate	36.11%	63.89%	100.00%
0151 F.I.C.A. Social Security and Medicare		SS 6.2 % rate applied to \$127.2k of gross earnings per employee			7.650%	\$ 1,728	\$ 3,059	\$ 4,787
0152 Federal Unemployment (FUTA)		Rate applied to only first \$7k of gross earnings per employee			0.000%	\$ -	\$ -	\$ -
0153 State Employment Training Tax (ETT)		Rate applied to only first \$7k of gross earnings per employee			0.000%	\$ -	\$ -	\$ -
0154 State Unemployment Insurance (UI)		Rate applied to only first \$7k of gross earnings per employee			0.650%	\$ 147	\$ 260	\$ 407
PAYROLL TAXES TOTAL						\$ 1,875	\$ 3,319	\$ 5,194
EMPLOYEE BENEFITS					Rate	36.11%	63.89%	100.00%
0201 Health Insurance					6.60%	\$ 1,491	\$ 2,638	\$ 4,129
0202 Life Insurance						\$ -	\$ -	\$ -
0203 Retirement					8.00%	\$ 1,807	\$ 3,199	\$ 5,006
0204 Workers' Compensation Insurance						\$ 226	\$ 400	\$ 626
0205 Benefits Other - Specify						\$ -	\$ -	\$ -
EMPLOYEE BENEFITS TOTAL						\$ 3,524	\$ 6,237	\$ 9,761

TAXES & BENEFITS TOTAL	0.000%	\$ 14,954
TOTAL DIRECT (ADMIN) SALARIES, PAYROLL TAXES, AND EMPLOYEE BENEFITS		\$ 77,531
TOTAL PERCENT OF BENEFITS TO SALARIES		23.9%

Services and Supplies

INSURANCE		
0252	Liability Insurance	\$ 760
0253	Insurance Other-Specify	\$ -
INSURANCE TOTAL		\$ 760
COMMUNICATIONS		
0301	Telecommunications/data lines	\$ 456
0302	Answering Service	\$ -
COMMUNICATIONS TOTAL		\$ 456
OFFICE EXPENSE		
0351	Office Supplies	\$ 883
0352	Soc Rec., Workbooks	\$ -
0353	Printing/Reproduction	\$ 33
0354	Publications	\$ -
0355	Legal Notices/Advertising	\$ -
OFFICE EXPENSE TOTAL		\$ 917
EQUIPMENT		
0401	Purchase of Equipment (Computers/Furniture/VOIP Phone)	\$ 213
0402	Equipment Rent/Lease (Copy Machines)	\$ 800
0403	Equipment Maintenance	\$ 424
EQUIPMENT TOTAL		\$ 1,437
FACILITIES		
0451	Rent/Lease Building	\$ -
0452	Facilities Maintenance	\$ -
0453	Utilities	\$ -
FACILITIES TOTAL		\$ -
TRAVEL COSTS		
0501	Staff Mileage	\$ 535
0502	Staff Travel (Out of County)	\$ 178
0503	Staff Training/Registration	\$ 348
0504	Transportation	\$ 321
TRAVEL COSTS TOTAL		\$ 1,382
PROGRAM SUPPLIES		
0551	Program Supplies-Client Incentives	\$ -

0552	Program Supplies-Curriculum		\$	67
0553	Program Supplies-Food		\$	1,000
PROGRAM SUPPLIES TOTAL			\$	1,067
CONSULTANCY				
0601	Consultant Services (Interpretive Services)		\$	1,650
0602	Contracted Services (Recruitment)		\$	-
CONSULTANCY TOTAL			\$	1,650
FISCAL AND AUDITS				
0651	Accounting/Bookkeeping (IT Support)		\$	-
0652	External Audit		\$	-
FISCAL AND AUDITS TOTAL			\$	-
OTHER COSTS				
0701	Indirect Costs		\$	12,664
0702	Licenses/Taxes		\$	1,607
0703	County Administration Fee		\$	-
0749	Other Business Services		\$	530
OTHER COSTS TOTAL			\$	14,800
ONE TIME ADVANCE - Start Up Costs			\$	-
TOTAL PROGRAM EXPENDITURES			\$	100,000
REVENUE/MATCH				
3120	Drug Medi-Cal		\$	-
3130	State Grant		\$	-
3140	Private Donations		\$	-
3150	Client Fees		\$	-
3160	Insurance		\$	-
REVENUE/MATCH TOTAL			\$	-
NET PROGRAM BUDGET			\$	100,000

TYPE OF SERVICE

Projected Budget - Fiscal Year 2018-19 Narrative

Provider Name: Mental Health Systems, Inc.

PERSONNEL / SALARIES		
Annual Salary and FTE equivalence as in budget.		
Budget Categories-Line Item Description	One Fourth of Annual Salary	% of FTE dedicated to this program
Susan Murdock, Program Manager	\$ 6,292	30%
Josefina Ceja, Clinical Supervisor - LCSW	\$ 10,278	40%
Candida Rojas, Administrative Assistant	\$ 2,080	20%
Kathryn Wilbur, Vice President	\$ 2,427	7%
Agustin Ochoa, Program Analyst	\$ 1,517	7%
Jason Franklin, Therapist, Lic elig, MA level	\$ 13,867	100%
TBD (currently, Chris Esqueda), Therapist, Lic elig, MA level	\$ 11,556	83%
Peter Flores, AOD Certified Counselor	\$ 10,053	100%
Cynthia Williams, Family Support Partner	\$ 4,507	50%
Total	\$ 62,577	
Position descriptions submitted with proposal.		List Amount
PAYROLL TAXES		\$ 5,194
EMPLOYEE BENEFITS		
TOTAL		\$ 9,761
INSURANCE	List the following insurance categories:	
	<input type="checkbox"/> 0251 - Workers Compensation Insurance	\$ 626
	<input type="checkbox"/> 0252 - Liability Insurance- Professional Liability and Malpractice Insurances	\$ 760
	<input type="checkbox"/> 0253 - Insurance Other - N/A	\$ -
COMMUNICATIONS	List the following communications categories:	
	<input type="checkbox"/> 0301 - Telecommunications/data lines - Costs projected to include a portion of	\$ 456
	<input type="checkbox"/> 0302 - Answering Service - N/A	\$ -
OFFICE EXPENSE	List the following office expense categories:	
	<input type="checkbox"/> 0351-Office Supplies: Includes Items necessary to carry out the daily activities	\$ 883
	<input type="checkbox"/> 0352 - Social/Rec, Workbooks.- N/A	\$ -
	<input type="checkbox"/> 0353-Printing/Reproduction includes items such as the printing of business	\$ 33
	<input type="checkbox"/> 0354 - Publications - N/A	\$ -
	<input type="checkbox"/> 0355 - Legal Notices/Advertising - N/A	\$ -
EQUIPMENT	List the following equipment categories and provide a brief description for each	
	<input type="checkbox"/> 0401 - Purchase of Equipment - One-time costs for certain needs, i.e.,	\$ 213
	<input type="checkbox"/> 0402 - Equipment Rent/Lease- Cost for lease of copy machine.	\$ 800
	<input type="checkbox"/> 0403-Equipment Maintenance: minor equipment repair for copier and vehicle	\$ 424
FACILITIES	List the following facilities categories and provide a brief description for each	
	<input type="checkbox"/> 0451 - Rent/Lease Building - Costs projected include a portion of the building	\$ -
	<input type="checkbox"/> 0452 - Facilities Maintenance - Cost for a portion of the custodial/janitorial	\$ -
	<input type="checkbox"/> 0453 - Utilities - Costs projected include a portion of the utilities cost to	\$ -

TRAVEL	List the following travel categories and provide a brief description for each category: <input type="checkbox"/> 0501 - Staff Mileage - Cost for mileage reimbursement for staff who may <input type="checkbox"/> 0502 - Staff Travel (Out of County) - Cost for mileage reimbursement for staff <input type="checkbox"/> 0503 - Staff Training/Registration - Cost for staff to attend trainings relevant <input type="checkbox"/> 0504 - Transportation - To purchase bus passes and tokens to allow	\$ 535 \$ 178 \$ 348 \$ 321
PROGRAM SUPPLIES	List the following program supplies categories and provide a brief description for <input type="checkbox"/> 0551 - Program Supplies - Client Incentives: To provide incentives for <input type="checkbox"/> 0552 - Program Supplies - Curriculum: N/A <input type="checkbox"/> 0553 - Program Supplies - Food: N/A	\$ - \$ 67 \$ 1,000
CONSULTANCY	List the following consulting categories and provide a brief description for each <input type="checkbox"/> 0601 - Consultant Services: Allows program staff to reach an interpreter to <input type="checkbox"/> 0602 - Contracted Services: Costs related to recruiting of staff and verification	\$ 1,650 \$ -
FISCAL AND AUDITS	List the following fiscal and audits categories and provide a brief description for <input type="checkbox"/> 0651 - Accounting/Bookkeeping - N/A <input type="checkbox"/> 0652 - External Audit - Independent CPA Audit - Cost for annual audit to	\$ - \$ -
OTHER COSTS	List the following categories and provide a brief description for each category: <input type="checkbox"/> 0701 - Indirect Costs - 14.5% of total Salary and Benefits cost to allow for <input type="checkbox"/> 0702 - Licenses/Taxes -N/A <input type="checkbox"/> 0703 - County Administration Fee -N/A <input type="checkbox"/> 0749-Other Costs - Other business services such as applicant TB tests, drug	\$ 12,664 \$ 1,607 \$ - \$ 530
REVENUE/MATCH	Please identify all anticipated funding sources and distinguish whether the revenue <input type="checkbox"/> 3120 - Drug Medi-Cal - <input type="checkbox"/> 3130 - State Grant - <input type="checkbox"/> 3140 - Private Donations - <input type="checkbox"/> 3150 - Client Fees - <input type="checkbox"/> 3160 - Insurance -	\$ - \$ - \$ - \$ - \$ -
ONE TIME ADVANCE	Used for startup costs and is available upon request with a detailed justification. The amount cannot exceed 1/12th of the total cost proposal for this section.	\$ -