

AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment I, is made and entered into this 11th day of July, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", **COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.**, a California, Non-profit 501(c)(3) Corporation, whose address is 4545 N. West Avenue, Fresno, CA 93705, hereinafter referred to as "**CONTRACTOR**". Reference in this Amendment to "parties" shall be understood to refer to COUNTY and CONTRACTOR, unless otherwise specified.

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 13-311, effective July 1, 2013, (hereinafter referred to as the Agreement) 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.

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, the parties agree as follows:

1. All references in the Agreement to "Exhibit A" shall be replaced by "Revised Exhibit A." Revised Exhibit A is attached hereto and incorporated herein by this reference.
2. All references in the Agreement to "Exhibit B", shall be replaced by Revised Exhibit B." Revised Exhibit B is attached hereto and incorporated herein by this reference.
3. That Paragraph Four (4) – Compensation – of the Agreement, on Page Three (3), beginning on Line Twenty-Two (22), and ending on Page Three (3), Line Twenty-Six (26) shall be deleted in its entirety and the following inserted in its place:

"4. COMPENSATION

"Contingent upon confirmation of funding by the California Department of Health Care

Services, COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive compensation for actual expenditures incurred in accordance with the budget projections specified Revised Exhibit B: Budget, attached hereto and incorporated herein by reference.

The maximum compensation under this Agreement for each twelve month period from July 1, 2013 through June 30, 2017 shall not exceed One Million Five Hundred Seventy-One Thousand Three Hundred Fifty-Three and No/100 Dollars (\$1,571,353.00). The maximum compensation under this Agreement for the period of July 1, 2017 through June 30, 2018 shall not exceed One Million Nine Hundred Seventy-Four Thousand Nine Hundred Seventeen and No/100 Dollars (\$1,974,917.00). The total contract maximum of for the entire Term of this Agreement shall not exceed Eight Million Two Hundred Sixty Thousand Three Hundred Twenty-Ninety and No/100 Dollars (\$8,260,329.00)."

4. That Paragraph Seven (7) – Modification – of the Agreement, on Page Eight (8), beginning on Line Eleven (11), and ending on Page Eight (8), Line Eighteen (18) be deleted in its entirety and the following inserted in its place:

"7. MODIFICATION

Notwithstanding the above, changes to services as needed to accommodate changes in the law relating to mental health and substance use disorder treatment, as set forth in Revised Exhibit A, may be made with the signed written approval of COUNTY's DBH Director or designee and CONTRACTOR through an amendment approved by County Counsel and Auditor. Changes to line items in the budget, as set forth in Revised Exhibit B, that do not exceed 10% of the maximum compensation payable to the CONTRACTOR, may be made with the written approval of COUNTY's Department of Behavioral Health Director, or her designee, and CONTRACTOR. Changes to the line items in the budget that exceed ten percent (10%) of the maximum compensation payable to CONTRACTOR, may be made with the signed written approval of COUNTY's Department of Behavioral Health Director, or designee, and CONTRACTOR, through an amendment approved by County Counsel and Auditor. Said budget line item changes shall not result in any change to the annual maximum compensation amount payable to CONTRACTOR, as stated in this Agreement."

5. That Paragraph Nineteen (19) – Health Insurance Portability and Accountability Act – of

the Agreement, on Page Fourteen (14), beginning on Line Twenty-Seven (27), and ending on Page Twenty-One (21), Line Twenty-One (21) be deleted in its entirety and the following inserted in its place:

“19. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

COUNTY and CONTRACTOR each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

COUNTY and CONTRACTOR acknowledge that the exchange of protected health information between them is only for treatment, payment, and health care operations.

COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of Protected Health Information (PHI) pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (HIPAA Regulations) and other applicable laws.

As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require CONTRACTOR to enter into a contract containing specific requirements prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations (CFR).”

6. That Paragraph Thirty-Three (33) – Notices- of the Agreement, on Page Thirty-Three (33), beginning on Line Two (2), and ending on Page Thirty-Three (33), Line Thirteen (13) be deleted in its entirety and the following inserted in its place:

“33. NOTICES

The persons having authority to give and receive notices under this Agreement and their addresses include the following:

COUNTY

Director, Fresno County
Department of Behavioral Health
3133 N. Millbrook Avenue
Fresno, CA 93703

CONTRACTOR

Executive Director
Comprehensive Youth Services
of Fresno, Inc.
4545 N. West Avenue
Fresno, CA 93705

Any and all notices between COUNTY and CONTRACTOR provided for or permitted under this Agreement or by law shall be in writing and shall be deemed duly served when personally delivered to one of the parties, or in lieu of such personal service, when deposited in the United States Mail, postage prepaid, addressed to such party.”

7. COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the Agreement No. 13-311; and that upon execution of this Amendment I, the Agreement and Amendment I together shall be considered the Agreement.

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

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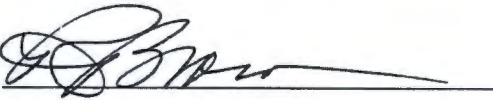
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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to Agreement
2 No. 13-311 as of the day and year first hereinabove written.
3

4 ATTEST:

5 **CONTRACTOR:**
6 **COMPREHENSIVE YOUTH SERVICES**
7 **OF FRESNO, INC.**

COUNTY OF FRESNO

8 By: 

By: 

Chairman, Board of Supervisors

9
10 Print Name: Richard Brown

Date: 7-11-17

11
12 Title: 

Chairman of Board, or President
Or any Vice President

13
14
15 By: 

BERNICE E. SEIDEL, Clerk
Board of Supervisors

16
17 Print Name: Sheryl Noel

By: 

Deputy

18
19 Title: 

Secretary of Corporation, or
Any Assistant Secretary, or
Chief Financial Officer, or
Any Assistant Treasurer

Date: 7-11-17

20
21
22
23
24 Mailing Address:
25 4545 N. West Avenue
26 Fresno, CA 93705
(559) 229-3561

27 Contact: Becky Kramer, Executive Director
28

1 APPROVED AS TO LEGAL FORM:
2 DANIEL C.CEDERBORG, COUNTY COUNSEL

3
4 By  _____
5

6 APPROVED AS TO ACCOUNTING FORM:
7 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

9
10 By  _____
11

12 REVIEWED AND RECOMMENDED FOR
13 APPROVAL:

14
15 By  _____
16 Dawan Utecht, Director
17 Department of Behavioral Health
18
19
20

21 Fund/Subclass: 0001/10000
22 Organization: 56304321
23 Account/Program: 7295/0
24
25
26
27
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Functional Family Therapy Services to Children/Youth Scope of Work

ORGANIZATION: Comprehensive Youth Services of Fresno, Inc.

ADDRESS: 4545 N. West Avenue, Fresno, CA 93705

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

CONTRACT TERM: July 1, 2013 – June 30, 2018

CONTRACT AMOUNT:

FY 2013-14	\$1,571,353
FY 2014-15	\$1,571,353
FY 2015-16	\$1,571,353
FY 2016-17	\$1,571,353
FY 2017-18	\$1,974,917

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, consisting of mental health and client support, to youth, ages 11 – 18, with serious emotional disturbance (SED) and their families. 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 been reluctant to seek services from traditional mental health settings; and clients/families who are in danger of homelessness, hospitalizations, out of home placements, and emergency room visits.

A minimum of 200 clients, which includes the referred youth, their sibling(s), significant relatives, and/or other youth and adult(s) (parents, caregivers, significant support persons), shall be enrolled in this program at any given time throughout each twelve (12) month period of this Agreement. A minimum of 450 unduplicated clients shall be served each twelve (12) month period.

III. PROJECT DESCRIPTION:

Functional Family Therapy (FFT) is a short-term, high quality intervention program with an average of 15 sessions, once a week for 15 weeks. It employs 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 to 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 (Plan of Care) which is created by the client/family and the Community Mental Health Specialists (CMHS).

The Plan of Care is developed with the CMHS and used to identify the client's goals and describe the array of services and supports necessary to achieve 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, as well as clients awaiting enrollment.

IV. CONTRACTOR RESPONSIBILITIES:

CONTRACTOR shall:

A. Provide the following staffing components:

1. Employ one Clinical Director to provide oversight and management of the FFT program.
2. Employ fourteen (14) full time equivalent (FTE) CMHS who possess a Master's degree.
3. Employ four (4) FTE Parent Partners/Care Managers who possess a Bachelor's degree (preferably in psychology, counseling, etc.).
 - a. Care Managers shall assist in service coordination and ensure that families receive peer support, education, and advocacy services as needed.
 - b. 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. Adhere to the principles of FFT model and procedures.
2. Provide competent service delivery of the FFT model.
3. Participate in continuous training and technical assistance with a certified agency that provides clinical oversight of the delivery of the FFT model.

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

1. 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. Ensure staff attend annual trainings on cultural competency, awareness, and diversity as provided by selected bidder(s), or online via COUNTY's eLearning system.
CONTRACTOR's staff shall be appropriately trained in providing services in a culturally sensitive manner.

3. Ensure staff attend civil rights training as provided by CONTRACTOR, or online via COUNTY's eLearning system.
4. Recruit and hire bilingual staff. At a minimum, CONTRACTOR shall hire staff who are competent in Spanish and Hmong, the threshold languages of Fresno County.
5. Secure trained translation and interpretation services in the threshold languages as well as Cambodian, Russian, Arabic, Armenian, Punjabi, and other languages commonly used in Fresno County. Translators and interpreters shall be appropriately trained to provide services in a culturally sensitive manner.
6. Provide services by seeking to understand and placing importance on the traditional values, beliefs, and family histories of clients, as cultural values and traditions offer special strengths in treating and helping to guide clients toward wellness and recovery.
7. Provide services within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the target population.
8. Develop plans to continually engage targeted populations.
9. Recruit and hire former client/family members as a significant portion of their staffing in consultation with COUNTY, as needed.
10. Demonstrate knowledge and experience in working with Latino, Southeast Asian, African American, Native American communities, and other diverse communities.
11. Develop and expand partnerships with the following unserved and underserved populations by engaging community leaders and members to identify and document their specific needs: Latino (migrant workers, immigrants, etc), African-American (within targeted zip codes), Southeast Asian (refugees, etc.), and Native American (specific targeted tribes). Engagement will include visiting rancheros, reservations, and other targeted population areas.
12. Ensure a streamlined approach is used to provide target populations with access to appropriate services at convenient times.
13. Distribute literature or informational brochures in threshold languages to clients and request feedback in regard to engaging and improving access to care for culturally diverse communities within the service area.
14. Conduct an annual cultural competency self-assessment and provide the results to COUNTY. COUNTY shall review and revise the self-assessment tool as necessary to meet COUNTY's approval.
15. Provide services in communities throughout Fresno County, as opposed to traditional mental health offices, to increase the frequency of client access of needed services and decrease reluctance to seek and obtain services due to fear or negative stigma.
16. 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. Develop individual services and supports plans that are flexible and open to meet the unique needs of the targeted populations.

18. Collaborate with agencies that are recognized and accepted by the targeted populations.
19. Provide family support and help create family partnerships utilizing peer support for families and parenting support.
20. Establish culturally specific multidisciplinary treatment teams to provide services.
21. Provide supportive housing vouchers and referrals for safe, adequate, and affordable housing.
22. Provide parenting groups that are conducted in the client and family's preferred language.
23. Provide gender sensitive services with consideration to gender-specific psychologies and needs, including the identity and role of the primary care giver, domestic violence, and women's health issues.
24. Ensure staff are trained to keep an open mind and maintain non-judgmental interaction with clients/families.
25. Seek to hire and train staff and community stakeholders that provide services to the target populations in the development of age specific and gender appropriate program services and service delivery methods.
26. Ensure hiring and contracting practices are based on local data and reflect the needs of the population to be served.
27. Attend 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. COUNTY shall provide technical assistance and demographic data to CONTRACTOR in relation to cultural competency planning.
28. Train staff regarding best practice for utilizing interpreters to ensure effective communication with monolingual clients and families to assist in the delivery of culturally and linguistically appropriate services.

V. COUNTY RESPONSIBILITIES:

COUNTY shall:

- A. Provide oversight, through its MHSA Coordinator or designee, and collaborate with CONTRACTOR and other COUNTY Departments and community agencies to help achieve State program goals and outcomes. Oversight includes, but is not limited to, contract monitoring and coordination with the State Department of Health Care Services in regard to program administration and outcomes.
- B. Assist CONTRACTOR in making linkages with the total mental health system of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
- C. Participate in evaluating overall program progress and efficiency, and be available to CONTRACTOR for ongoing consultation.
- D. Gather outcome information from target client groups and CONTRACTOR throughout each term of this Agreement. COUNTY shall notify 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.

- E. Assist CONTRACTOR's efforts toward cultural and linguistic competency by providing the following to CONTRACTOR:
1. Technical assistance and training regarding cultural competency requirements at no cost to CONTRACTOR.
 2. Mandatory cultural competency training for CONTRACTOR personnel, on an annual basis, at minimum.
 3. 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 conduct consumer satisfaction surveys to identify service efficacy and opportunities for program development, as well as gaps in meeting cultural needs of the clients and/or families.
3. CONTRACTOR shall ensure all active program clients and families participate in the semi-annual State Performance Outcomes Quality Improvement (POQI) survey. CONTRACTOR will distribute POQI surveys to and collect completed surveys from all active clients/families.
4. CONTRACTOR(S) shall collect data regarding the ethnic and language demographics of clients and/or families receiving services, as well as survey clients and families in regard to improvements to programs to ensure culturally relevant service provision.
5. CONTRACTOR(S) shall maintain all client data in permanent electronic case records, and establish 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 the start and end of the 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 the start and end of the 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 the start and end of the program.
<u>Outcome Indicator 3E:</u>	85% of the clients participating in the FFT PEI program 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 upon successful program completion.

<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 CONTRACTOR's consumer satisfaction surveys and the semi-annual State POQI survey.

C. Reports

1. CONTRACTOR shall prepare an evaluation report annually, which will be submitted to the COUNTY's DBH and made available to partnering and interested local agencies and organizations (e.g., project collaborators, other community agencies, and mental health treatment providers). Annual evaluation reports will include the following information: demographics of the target population served, services provided to each participant, number of hospitalizations, 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 COUNTY.
3. Additional reports and outcome information may be requested by COUNTY at a later date, as needed.

Functional Family Therapy Services to Children and Families
Comprehensive Youth Services
Year 5: July 1, 2017 - June 30, 2018

Revised Exhibit B
Page 1 of 2

Budget Categories -			Total Proposed Budget			
Line Item Description (Must be itemized)			FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:						
0001	Program Manager	1.65	\$	-	\$ 133,818	\$ 133,818
0002	Clinical Director	0.25	\$	-	\$ 33,816	\$ 33,816
0003	Peer Review/Lead Therapist/Clinical Supervisor	1.12	\$	-	\$ 86,207	\$ 86,207
0004	Community Mental Health Specialist	14.00	\$	-	\$ 638,928	\$ 638,928
0005	Care Manager/Parent Partner	4.00	\$	-	\$ 141,236	\$ 141,236
0006	Exec Dir/Finance Mgr/Bookkeeping/Clerical	Varies	\$	54,910	\$ 54,910	\$ 109,820
SALARY TOTAL			21.02	\$ 54,910	\$ 1,088,915	\$ 1,143,825
PAYROLL TAXES:						
0030	OASDI		\$	-	\$ -	\$ -
0031	FICA/MEDICARE		\$	8,402	\$ 79,101	\$ 87,503
0032	SUI		\$	763	\$ 9,125	\$ 9,888
PAYROLL TAX TOTAL				\$ 9,165	\$ 88,226	\$ 97,391
EMPLOYEE BENEFITS:						
0040	Retirement		\$	4,122	\$ 38,785	\$ 42,907
0041	Workers Compensation		\$	1,112	\$ 12,854	\$ 13,966
0042	Health Insurance (medical vision, life, dental)		\$	12,507	\$ 159,170	\$ 171,677
EMPLOYEE BENEFITS TOTAL				\$ 17,741	\$ 210,809	\$ 228,550
SALARY & BENEFITS GRAND TOTAL						\$ 1,469,766

FACILITIES/EQUIPMENT EXPENSES:

1010	Rent/Lease Building	\$ 123,100
1011	Rent/Lease Equipment	\$ 29,426
1012	Utilities	\$ 27,423
1013	Building Maintenance	\$ 12,968
FACILITY/EQUIPMENT TOTAL		\$ 192,917

OPERATING EXPENSES:

1060	Telephone	\$ 25,228
1061	Asnwering Service	\$ -
1062	Postage	\$ -
1063	Printing/Reproduction	\$ -
1064	Publications	\$ -
1065	Informational Publications	\$ 2,114
1066	Office Supplies & Equipment	\$ 17,907
1067	Household Supplies	\$ -
1068	Food	\$ 3,000
1069	Program Supplies - Therapeutic	\$ 7,471
1070	Program Supplies - Medical	\$ -
1071	Transportation of Clients	\$ -
1072	Staff Mileage/Vehicle Maintenance	\$ 50,742
1073	Staff Travel (Out of County)	\$ 25,290
1074	Staff Training/Registration	\$ 49,615
1075	Lodging	\$ 31,800
OPERATING EXPENSES TOTAL		\$ 213,167

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$ -
1081	External Audit	\$ 8,425
1082	Liability Insurance	\$ -
1083	Administrative Overhead	\$ 5,055
1084	Payroll Services	\$ 4,536
1085	Professional Liability Insurance	\$ 9,031
FINANCIAL SERVICES TOTAL		\$ 27,047

SPECIAL EXPENSES:

1090	Consultant (network & data management)	\$	43,670
1091	Translation Services	\$	500
1092	Medication Supports	\$	750
SPECIAL EXPENSES TOTAL		\$	44,920

FIXED ASSETS:

1190	Computers & Software - Telephone System & Computer Network	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other - Leased Automobile	\$	6,600
1193	Other - (Identify)	\$	-
FIXED ASSETS TOTAL		\$	6,600

NON MEDI-CAL CLIENT SUPPORT EXPENSE:

2000	Client Housing Support Expenditures (SFC 70)	\$	-
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2001.1	Clothing, Food & Hygiene (SFC 72)	\$	14,500
2001.2	Client Transportation & Support (SFC 72)	\$	4,250
2001.3	Education Support (SFC 72)	\$	1,000
2001.4	Employment Support (SFC 72)	\$	750
2001.5	Respite Care (SFC 72)	\$	-
2001.6	Household Items	\$	-
2001.7	Utility Vouchers (SFC 72)	\$	-
2001.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT EXPENSE TOTAL:		\$	20,500

TOTAL PROGRAM EXPENSES	\$ 1,974,917
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MENTAL HEALTH REVENUE:

	Vol/Units of Svc	Rate	\$ Amt.
3000	Mental Health Services (Individual/Family/Group Therapy)	334,547	\$ 2.61 \$ 873,168
3100	Case Management	68,188	\$ 2.02 \$ 137,740
3200	Crisis Services	444	\$ 3.88 \$ 1,723
3300	Medication Support	-	\$ 4.82 \$ -
3400	Collateral	15,525	\$ 2.61 \$ 40,520
3500	Plan Development	5,303	\$ 2.61 \$ 13,841
3600	Assessment	83,945	\$ 2.61 \$ 219,096
3700	Rehabilitation	6,063	\$ 2.61 \$ 15,824
Estimated Medi-Cal Billing Totals		514,015	\$ 1,301,912
Estimated % of Federal Financial Participation		50%	
Estimated % of Clients Served that will be Medi-Cal Eligible		50%	
MEDI-CAL REVENUE TOTAL			\$ 1,301,912

OTHER REVENUE:

4000	Client Rents	\$	-
4100	Other	\$	-
OTHER REVENUE TOTAL		\$	-

MHSA FUNDS:

5000	Prevention & Early Intervention Funds	\$	673,005
5100	Other	\$	-
MHSA FUNDS TOTAL		\$	673,005

TOTAL PROGRAM REVENUE	\$ 1,974,917
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