

AMENDMENT I TO AGREEMENT

THIS AMENDMENT is made and entered into this 4<sup>th</sup> day of June, 2019, 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., a California non-profit corporation 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. 18-622, effective November 1, 2018; and

WHEREAS, CONTRACTOR agreed to provide mental health and substance use disorder (SUD) treatment services to adolescents incarcerated at the Fresno County Juvenile Justice Campus (JJC), and SUD treatment services for adolescents and their families referred by Fresno County Juvenile Drug Court, and adolescents released from the JJC; 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 the existing COUNTY agreement No. 18-622, Paragraph Four (4) – COMPENSATION – in the Agreement on Page Six (6), beginning on Line Thirteen (13) with the word "In" and ending on Line Seventeen (17) with the year "2023" be deleted and the following inserted in its place:

"JDC and PROPS: For claims submitted under this Agreement for Court-ordered outpatient SUD treatment services and outpatient services upon release from the SAU, COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive compensation in excess of the amounts reimbursed by DMC and non-DMC based on CONTRACTOR's annual (or prorated) costs up to a maximum of Seventy-Three Thousand Three Hundred Thirty-Three and No/Dollars (\$73,333) for the first contract period ending June 30, 2019; and up to a maximum of One Hundred Ten Thousand and No/Dollars (\$110,000) for each subsequent twelve-month period, as set forth in the Fiscal Year Budgets attached hereto as Exhibit F-4 and by this reference incorporated herein.

///

1 In no event shall the total compensation for actual services performed under this Agreement be in  
2 excess of Six Hundred Seventy-Three Thousand Three Hundred Thirty-Three and No/Dollars (\$673,333)  
3 for the period between November 1, 2018 and June 30, 2019. In no event shall the total compensation for  
4 actual services performed under this Agreement be in excess of One Million Ten Thousand and  
5 No/Dollars (\$1,010,000) for each twelve-month period between July 1, 2019 through June 30, 2023.”

6 2. That the existing COUNTY agreement No. 18-622, Paragraph Four (4) –  
7 COMPENSATION – in the Agreement on Page Six (6), beginning on Line Twenty-Two (22), Section B  
8 with the word “Funding” and ending on Line Twenty-Six (26) with the word “source” be deleted and the  
9 following inserted in its place:

10 “B. Funding availability – The contract maximum amount as defined in this Agreement  
11 and in Exhibits F-1 through F-4 may be reduced based upon Federal, State, and local funding availability.  
12 In the event of such action, the COUNTY’s DBH Director or his/her designee shall notify the  
13 CONTRACTOR in writing of the reduction in the maximum amount within 30 days of advisement from the  
14 funding source.”

15 3. That a new Exhibit F-4 is attached hereto and incorporated herein by this reference.

16 4. That the existing COUNTY agreement No. 18-622, Paragraph Five (5) – INVOICING – in  
17 the Agreement on Page Nine (9), beginning with Section A, Line Two (2), with the word “For” and ending  
18 on Line Six (6) with the word “Services” be deleted in its entirety and the following inserted in its place:

19 “A. For SUD services, CONTRACTOR shall invoice COUNTY by the 20<sup>th</sup> day of each  
20 month, for prior month’s expenditures of actual services delivered. Invoices for SUD services shall be  
21 submitted via email to [SAS@fresnocountyca.gov](mailto:SAS@fresnocountyca.gov) with a copy to the assigned analyst. No reimbursement  
22 for services shall be made until the invoice is received, reviewed and approved by COUNTY DBH – SUD  
23 Services.”

24 5. That the existing COUNTY agreement No. 18-622, Paragraph Sixteen (16) – INSURANCE  
25 – be amended starting on Page Twenty-Two (22), Line Fourteen after the word “basis” by inserting the  
26 following:

27 “F. Cyber Liability  
28 Cyber Liability Insurance, with limits not less than \$2,000,000 per occurrence or

1 claim, \$2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations  
2 as is undertaken by CONTRACTOR in this agreement and shall include, but not be limited to, claims  
3 involving infringement of intellectual property, including but not limited to infringement of copyright,  
4 trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of  
5 electronic information, release of private information, alteration of electronic information, extortion and  
6 network security. The policy shall provide coverage for breach response costs as well as regulatory fines  
7 and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.”

8           6. COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend  
9 Agreement No. 18-622, and that upon execution of this Amendment, Agreement and Amendment I  
10 together shall be considered the Agreement.

11           7. The Agreement, as hereby amended, is ratified and continued. All provisions, terms,  
12 covenants, conditions, and promises contained in the Agreement and not amended herein shall remain in  
13 full force and effect. This Amendment I shall be retroactively effective November 1, 2018.

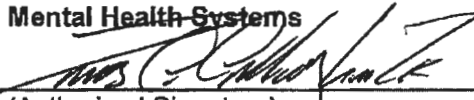
14 ///  
15 ///  
16 ///  
17 ///  
18 ///  
19 ///  
20 ///  
21 ///  
22 ///  
23 ///  
24 ///  
25 ///  
26 ///  
27 ///  
28 ///

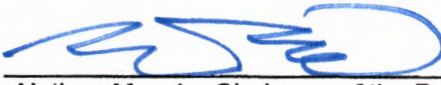
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

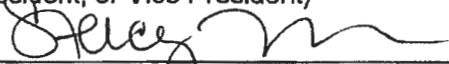
EXECUTED AND EFFECTIVE as of the date first above set forth.

**CONTRACTOR:**  
**Mental Health Systems**

**COUNTY OF FRESNO**

  
\_\_\_\_\_  
(Authorized Signature)  
James C. Callaghan, Jr.  
President & CEO

  
\_\_\_\_\_  
Nathan Magsig, Chairman of the Board  
of Supervisors of the County of Fresno

Print Name & Title (Chairman of Board, or  
President, or Vice President)  
  
\_\_\_\_\_  
(Authorized Signature)  
Stacy Maxa  
\_\_\_\_\_  
Print Name  
CFO  
\_\_\_\_\_  
Title (Secretary of Corporation, or Chief  
Financial Officer/Treasurer, or any  
Assistant Secretary or Treasurer)

\_\_\_\_\_  
9465 Farnham Street  
San Diego, CA 92123

Mailing Address

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

By:   
\_\_\_\_\_  
Deputy

FOR ACCOUNTING USE ONLY:

ORG No.: 56302081  
Account No.: 7295  
Requisition No.:

**18-042: Juvenile Drug Court Services/Post Release Outpatient Services**

Projected Budget - Fiscal Year 2018-19 - Effective November 1

Provider Name:	<b>Mental Health Systems, Inc.</b>	Mailing Address:	<b>9465 Farnham Street</b>
Program Name:	<b>Family &amp; Youth Alternatives</b>		<b>San Diego, CA 92123</b>
Approved by:	<b>Agustin Ochoa</b>	Street Address:	<b>3122 N. Millbrook Suite B</b>
			<b>Fresno, CA 93703</b>
No. of Budgeted FTEs - Admin:	<b>1.20</b>	Phone Number:	<b>(858) 573-2600</b>
No. of Budgeted FTEs - Direct:	<b>2.30</b>	Fax Number:	<b>(858) 573-2914</b>
		E-mail Address:	<b>aochoa@mhsinc.org</b>

Budget Categories- Line Item Description (Must be Itemized)	(8 mo.) Annual Salary	% of FTE dedicated to this program	% Time dedicated to services		Proposed Program Budget		
			Admin.	Direct	Admin.	Direct	Total Proposed Budget
<b>PERSONNEL/SALARIES</b>							
0101 Program Manager	\$ 43,333	37%	100%	0%	\$ 16,033	\$ -	\$ 16,033
0102 SUD Counselor	\$ 27,733	100%	0%	100%	\$ -	\$ 27,733	\$ 27,733
0103 Case Manager	\$ 24,960	50%	0%	100%	\$ -	\$ 12,480	\$ 12,480
0104 Administrative Assistant	\$ 24,960	60%	100%	0%	\$ 14,976	\$ -	\$ 14,976
0105 Vice President	\$ 69,333	16%	100%	0%	\$ 11,093	\$ -	\$ 11,093
0106 Program Analyst	\$ 43,333	7%	100%	0%	\$ 3,033	\$ -	\$ 3,033
0107 Intern	\$ -	80%		100%	\$ -	\$ -	\$ -
<b>SALARIES TOTAL</b>					<b>\$ 45,135</b>	<b>\$ 40,213</b>	<b>\$ 85,348</b>
<b>PAYROLL TAXES</b>							
				Rate	52.88%	47.12%	100.00%
0151 F.I.C.A. Social Security and Medicare	SS 6.2 % rate applied to \$127.2k of gross earnings per employee			7.649%	\$ 3,452	\$ 3,076	\$ 6,528
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			0.699%	\$ 316	\$ 281	\$ 597
<b>PAYROLL TAXES TOTAL</b>					<b>\$ 3,768</b>	<b>\$ 3,357</b>	<b>\$ 7,125</b>
<b>EMPLOYEE BENEFITS</b>							
				Rate	52.88%	47.12%	100.00%
0201 Health Insurance				12.35%	\$ 5,574	\$ 4,966	\$ 10,540
0202 Life Insurance				0.04%	\$ 18	\$ 16	\$ 34
0203 Retirement				8.00%	\$ 3,611	\$ 3,217	\$ 6,828
0204 Workers' Compensation Insurance				1.00%	\$ 451	\$ 402	\$ 853
0205 Benefits Other - Specify				0.00%	\$ -	\$ -	\$ -
<b>EMPLOYEE BENEFITS TOTAL</b>					<b>\$ 9,654</b>	<b>\$ 8,601</b>	<b>\$ 18,255</b>
<b>TAXES &amp; BENEFITS TOTAL</b>							
							<b>\$ 25,380</b>
<b>TOTAL DIRECT (ADMIN) SALARIES, PAYROLL TAXES, AND EMPLOYEE BENEFITS</b>							
							<b>\$ 110,728</b>
<b>TOTAL PERCENT OF BENEFITS TO SALARIES</b>							
							<b>29.7%</b>

**Services and Supplies**

<b>INSURANCE</b>		
0252	Liability Insurance	\$ 514
0253	Insurance Other-Specify	\$ -
<b>INSURANCE TOTAL</b>		
		<b>\$ 514</b>
<b>COMMUNICATIONS</b>		
0301	Telecommunications/data lines	\$ 7,213
0302	Answering Service	\$ -
<b>COMMUNICATIONS TOTAL</b>		
		<b>\$ 7,213</b>
<b>OFFICE EXPENSE</b>		
0351	Office Supplies	\$ 1,466
0352	Soc Rec., Workbooks	\$ -
0353	Printing/Reproduction	\$ 150
0354	Publications	\$ -
0355	Legal Notices/Advertising	\$ -
<b>OFFICE EXPENSE TOTAL</b>		
		<b>\$ 1,616</b>
<b>EQUIPMENT</b>		
0401	Purchase of Equipment (Computers/Furniture/VOIP Phone)	\$ 6,796
0402	Equipment Rent/Lease (Copy Machines)	\$ 1,736
0403	Equipment Maintenance	\$ 608
<b>EQUIPMENT TOTAL</b>		
		<b>\$ 9,140</b>
<b>FACILITIES</b>		
0451	Rent/Lease Building	\$ 10,355
0452	Facilities Maintenance	\$ 3,580
0453	Utilities	\$ 1,800
<b>FACILITIES TOTAL</b>		
		<b>\$ 15,735</b>
<b>TRAVEL COSTS</b>		
0501	Staff Mileage	\$ 1,191
0502	Staff Travel (Out of County)	\$ 254
0503	Staff Training/Registration	\$ 1,200
0504	Transportation	\$ 2,000
<b>TRAVEL COSTS TOTAL</b>		
		<b>\$ 4,645</b>
<b>PROGRAM SUPPLIES</b>		
0551	Program Supplies-Client Incentives	\$ -
0552	Program Supplies-Curriculum	\$ 400

0553	Program Supplies-Food		\$	400
<b>PROGRAM SUPPLIES TOTAL</b>			\$	<b>800</b>
<b>CONSULTANCY</b>				
0601	Consultant Services (Interpretive Services)		\$	3,000
0602	Contracted Services (Recruitment)			
0603	Contracted Services (Medical Director)		\$	2,700
0604	Contracted Services (Urinalysis)		\$	1,600
<b>CONSULTANCY TOTAL</b>			\$	<b>7,300</b>
<b>FISCAL AND AUDITS</b>				
0651	Accounting/Bookkeeping (IT Support)			
0652	External Audit		\$	50
<b>FISCAL AND AUDITS TOTAL</b>			\$	<b>50</b>
<b>OTHER COSTS</b>				
0701	Indirect Costs			23,641
0702	Licenses/Taxes			3,742
0703	County Administration Fee			-
0749	Other Business Services			1,561
<b>OTHER COSTS TOTAL</b>			\$	<b>28,944</b>
<b>ONE TIME ADVANCE - Start Up Costs</b>				
<b>TOTAL PROGRAM EXPENDITURES</b>			\$	<b>186,685</b>
<b>REVENUE/MATCH</b>				
3120	Drug Medi-Cal		\$	106,551
3121	Mental Health Medi-Cal			
3125	Youth Treatment Services (SAPT)		\$	6,801
3130	State Grant			
3140	Private Donations			
3150	Client Fees			
3160	Insurance			
<b>REVENUE/MATCH TOTAL</b>			\$	<b>113,352</b>
<b>NET PROGRAM BUDGET</b>			\$	<b>73,333</b>

## 18-042: Juvenile Drug Court Services/Post Release Outpatient Services

### Projected Budget - Fiscal Year 2018-19 Narrative

Provider Name: Mental Health Systems, Inc.

<b>PERSONNEL / SALARIES</b>		
Annual Salary and FTE equivalence as in budget.		
Budget Categories-Line Item Description	Annual Salary for this Program	% of FTE dedicated to this program
Program Manager	\$ 16,033	37%
SUD Counselor	\$ 27,733	100%
Case Manager	\$ 12,480	50%
Administrative Assistant	\$ 14,976	60%
Vice President	\$ 11,093	16%
Program Analyst	\$ 3,033	7%
Intern	\$ -	80%
Position descriptions submitted with proposal.		<b>List Amount</b>
<b>PAYROLL TAXES TOTAL</b>		<b>\$ 7,125</b>
<b>EMPLOYEE BENEFITS TOTAL</b>		<b>\$ 18,255</b>
<b>INSURANCE</b>	List the following insurance categories:	
	<input type="checkbox"/> 0251 - Workers Compensation Insurance	\$ 853
	<input type="checkbox"/> 0252 - Liability Insurance- Professional Liability and Malpractice Insurances	\$ 514
	<input type="checkbox"/> 0253 - Insurance Other - N/A	\$ -
<b>COMMUNICATIONS</b>	<input type="checkbox"/> 0301 - Telecommunications/data lines - Costs of telephone expense @ facility for staff. For employees that share time between programs, costs are estimated based on budgeted FTEs.	\$ 7,213
	<input type="checkbox"/> 0302 - Answering Service - N/A	
<b>OFFICE EXPENSE</b>	<input type="checkbox"/> 0351 - Office Supplies: Includes Items necessary to carry out the daily activities to accomplish the program goals and objectives including paper, filing supplies, pens, pencils, scissors, and other supplies.	\$ 1,466
	<input type="checkbox"/> 0352 - Social/Rec, Workbooks.- N/A	
	<input type="checkbox"/> 0353 - Printing/Reproduction includes items such as the printing of business cards, program pamphlets, position vacancy advertising and other materials related to the program.	\$ 150
	<input type="checkbox"/> 0354 - Publications - N/A	
	<input type="checkbox"/> 0355 - Legal Notices/Advertising - N/A	
<b>EQUIPMENT</b>	List the following equipment categories and provide a brief description for each category:	
	<input type="checkbox"/> 0401 - Purchase of Equipment - One-time cost of desk/chair setup for staff, plus minor equipment needs	\$ 6,796
	<input type="checkbox"/> 0402 - Equipment Rent/Lease- Cost for lease of copy machine and water dispenser for clients.	\$ 1,736
	<input type="checkbox"/> 0403 - Equipment Maintenance: minor equipment repair for copier, IT equipment, and vehicle maintenance.	\$ 608
<b>FACILITIES</b>	List the following facilities categories and provide a brief description for each category:	
	<input type="checkbox"/> 0451 - Rent/Lease Building - Cost to rent facility.	\$ 10,355

	<input type="checkbox"/> 0452 - Facilities Maintenance - Cost for a portion of the custodial/janitorial services for facility, alarm service, as well as minor building repairs like key replacements.	\$ 3,580
	<input type="checkbox"/> 0453 - Utilities - Gas, water, electric at program facility	\$ 1,800
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 travel to multiple sites, as well as for coverage when traveling for training, or home visits. Mileage reimbursement rate is limited to the IRS standards.	\$ 1,191
	<input type="checkbox"/> 0502 - Staff Travel (Out of County) - Covers the cost of program staff attending meetings and trainings out of county, for example, the Program Manager's travel to San Diego for the quarterly PMs meeting.	\$ 254
	<input type="checkbox"/> 0503 - Staff Training/Registration - Cost for staff to attend trainings relevant to the SOW.	\$ 1,200
	<input type="checkbox"/> 0504 - Transportation - To purchase bus passes to allow transportation to treatment appointments for clients who are able to access public transportation but are not financially able. A log is kept to track distribution of passes.	\$ 2,000
PROGRAM SUPPLIES	List the following program supplies categories and provide a brief description for each	
	<input type="checkbox"/> 0551 - Program Supplies - Client Incentives: N/A	\$ -
	<input type="checkbox"/> 0552 - Program Supplies - Curriculum: Cost of supplies for client curriculum and supplies for recreational therapy and occupational therapy.	\$ 400
	<input type="checkbox"/> 0553 - Program Supplies - Food: Food for clients	\$ 400
CONSULTANCY	List the following consulting categories and provide a brief description for each category:	
	<input type="checkbox"/> 0601 - Consultant Services - Interpretive Service: Allows program staff to reach an interpreter to provide language services to serve clients in their primary language.	\$ 3,000
	<input type="checkbox"/> 0603 - Contracted Services - Medical Director	\$ 2,700
	<input type="checkbox"/> 0604 - Contracted Services - Urinalysis testing	\$ 1,600
FISCAL AND AUDITS	List the following fiscal and audits categories and provide a brief description for each	
	<input type="checkbox"/> 0651 - Accounting/Bookkeeping - See Indirect	
	<input type="checkbox"/> 0652 - External Audit - Independent CPA Audit - Cost for annual audit to include this program.	\$ 50
OTHER COSTS	List the following categories and provide a brief description for each category:	
	<input type="checkbox"/> 0701 - Indirect Costs - 14.5% of total Direct Costs to allow for Administrative cost of running the program, such as staff providing support in payroll processing, accounts payable and other management departments. See Cost Allocation Plan.	\$ 23,641
	<input type="checkbox"/> 0702 - Licenses/Taxes - Cost of DMC Certification, Avatar (EHR) user fees, DMV verification	\$ 3,742
	<input type="checkbox"/> 0703 - County Administration Fee -N/A	\$ -
	<input type="checkbox"/> 0749 - Other Costs - Other business services such as applicant TB tests, drug screens, and other program-related items that don't necessarily fit into another line item.	\$ 1,561
REVENUE/MATCH	Please identify all anticipated funding sources and distinguish whether the revenue offsets	
	<input type="checkbox"/> 3120 - Drug Medi-Cal - estimated funding generated from DMC clients	\$ 106,551
	<ul style="list-style-type: none"> <li>• 3121 - Mental Health Medi-Cal -</li> <li>• 3125 - Youth Treatment Services - (SAPT) - estimated funding generated from Youth treatment clients</li> </ul>	\$ 6,801
	<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 The amount cannot exceed 1/12th of the total cost proposal for this section.	



**18-042: Juvenile Drug Court Services/Post Release Outpatient Services**

**Projected Budget - Fiscal Year 2019-20**

<b>Provider Name:</b>	<b>Mental Health Systems, Inc.</b>	<b>Mailing Address:</b>	<b>9465 Farnham Street</b>
<b>Program Name:</b>	<b>Family &amp; Youth Alternatives</b>		<b>San Diego, CA 92123</b>
<b>Approved by:</b>	<b>Lindsay Santino</b>	<b>Street Address:</b>	<b>3122 N. Millbrook Suite B</b>
			<b>Fresno, CA 93703</b>
<b>No. of Budgeted FTEs - Admin:</b>	<b>1.20</b>	<b>Phone Number:</b>	<b>(858) 573-2600</b>
<b>No. of Budgeted FTEs - Direct:</b>	<b>2.30</b>	<b>Fax Number:</b>	<b>(858) 573-2914</b>
		<b>E-mail Address:</b>	<b>dheld@mhsinc.org</b>

Budget Categories- Line Item Description (Must be Itemized)	Annual Salary	% of FTE dedicated to this program	% Time dedicated to services		Proposed Program Budget		
			Admin.	Direct	Admin.	Direct	Total Proposed Budget
<b>PERSONNEL/SALARIES</b>							
0101 Program Manager	\$ 66,955	37%	100%	0%	\$ 24,773	\$ -	\$ 24,773
0102 SUD Counselor	\$ 42,848	100%	0%	100%	\$ -	\$ 42,848	\$ 42,848
0103 Case Manager	\$ 38,563	50%	0%	100%	\$ -	\$ 19,282	\$ 19,282
0104 Administrative Assistant	\$ 38,563	60%	100%	0%	\$ 23,138	\$ -	\$ 23,138
0105 Vice President	\$ 104,000	16%	100%	0%	\$ 16,640	\$ -	\$ 16,640
0106 Program Analyst	\$ 65,000	7%	100%	0%	\$ 4,550	\$ -	\$ 4,550
0107 Intern	\$ -	80%		100%	\$ -	\$ -	\$ -
<b>SALARIES TOTAL</b>					<b>\$ 69,101</b>	<b>\$ 62,130</b>	<b>\$ 131,231</b>
<b>PAYROLL TAXES</b>							
				<b>Rate</b>	<b>52.66%</b>	<b>47.34%</b>	<b>100.00%</b>
0151 F.I.C.A. Social Security and Medicare	SS 6.2 % rate applied to \$127.2k of gross earnings per employee			7.650%	\$ 5,286	\$ 4,753	\$ 10,039
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%	\$ 484	\$ 435	\$ 919
<b>PAYROLL TAXES TOTAL</b>					<b>\$ 5,770</b>	<b>\$ 5,188</b>	<b>\$ 10,958</b>
<b>EMPLOYEE BENEFITS</b>							
				<b>Rate</b>	<b>52.66%</b>	<b>47.34%</b>	<b>100.00%</b>
0201 Health Insurance				12.35%	\$ 8,534	\$ 7,673	\$ 16,207
0202 Life Insurance				0.04%	\$ 27	\$ 24	\$ 51
0203 Retirement				8.00%	\$ 5,528	\$ 4,970	\$ 10,498
0204 Workers' Compensation Insurance				1.00%	\$ 691	\$ 621	\$ 1,312
0205 Benefits Other - Specify				0.00%	\$ -	\$ -	\$ -
<b>EMPLOYEE BENEFITS TOTAL</b>					<b>\$ 14,780</b>	<b>\$ 13,288</b>	<b>\$ 28,068</b>
<b>TAXES &amp; BENEFITS TOTAL</b>							
							<b>\$ 39,026</b>
<b>TOTAL DIRECT (ADMIN) SALARIES, PAYROLL TAXES, AND EMPLOYEE BENEFITS</b>							
							<b>\$ 170,257</b>
<b>TOTAL PERCENT OF BENEFITS TO SALARIES</b>							
							<b>29.7%</b>

**Services and Supplies**

<b>INSURANCE</b>		
0252 Liability Insurance		\$ 770
0253 Insurance Other-Specify		\$ -
<b>INSURANCE TOTAL</b>		
		<b>\$ 770</b>
<b>COMMUNICATIONS</b>		
0301 Telecommunications/data lines		\$ 10,819
0302 Answering Service		\$ -
<b>COMMUNICATIONS TOTAL</b>		
		<b>\$ 10,819</b>
<b>OFFICE EXPENSE</b>		
0351 Office Supplies		\$ 2,619
0352 Soc Rec., Workbooks		\$ -
0353 Printing/Reproduction		\$ 250
0354 Publications		\$ -
0355 Legal Notices/Advertising		\$ -
<b>OFFICE EXPENSE TOTAL</b>		
		<b>\$ 2,869</b>
<b>EQUIPMENT</b>		
0401 Purchase of Equipment (Computers/Furniture/VOIP Phone)		\$ 5,344
0402 Equipment Rent/Lease (Copy Machines)		\$ 2,604
0403 Equipment Maintenance		\$ 1,912
<b>EQUIPMENT TOTAL</b>		
		<b>\$ 9,860</b>
<b>FACILITIES</b>		
0451 Rent/Lease Building		\$ 14,214
0452 Facilities Maintenance		\$ 5,870
0453 Utilities		\$ 1,800
<b>FACILITIES TOTAL</b>		
		<b>\$ 21,884</b>
<b>TRAVEL COSTS</b>		
0501 Staff Mileage		\$ 1,191
0502 Staff Travel (Out of County)		\$ 254
0503 Staff Training/Registration		\$ 3,300
0504 Transportation		\$ 2,750
<b>TRAVEL COSTS TOTAL</b>		
		<b>\$ 7,495</b>
<b>PROGRAM SUPPLIES</b>		
0551 Program Supplies-Client Incentives		\$ -
0552 Program Supplies-Curriculum		\$ 600

0553	Program Supplies-Food		\$ 840
<b>PROGRAM SUPPLIES TOTAL</b>			<b>\$ 1,440</b>
<b>CONSULTANCY</b>			
0601	Consultant Services (Interpretive Services)		\$ 5,400
0602	Contracted Services (Recruitment)		
0603	Contracted Services (Medical Director)		\$ 3,600
0604	Contracted Services (Urinalysis)		\$ 3,600
<b>CONSULTANCY TOTAL</b>			<b>\$ 12,600</b>
<b>FISCAL AND AUDITS</b>			
0651	Accounting/Bookkeeping (IT Support)		
0652	External Audit		\$ 50
<b>FISCAL AND AUDITS TOTAL</b>			<b>\$ 50</b>
<b>OTHER COSTS</b>			
0701	Indirect Costs		35,480
0702	Licenses/Taxes		5,443
0703	County Administration Fee		-
0749	Other Business Services		1,204
<b>OTHER COSTS TOTAL</b>			<b>\$ 42,127</b>
<b>ONE TIME ADVANCE - Start Up Costs</b>			
<b>TOTAL PROGRAM EXPENDITURES</b>			<b>\$ 280,171</b>
<b>REVENUE/MATCH</b>			
3120	Drug Medi-Cal		\$ 159,961
3121	Mental Health Medi-Cal		
3125	Youth Treatment Services (SAPT)		\$ 10,210
3130	State Grant		
3140	Private Donations		
3150	Client Fees		
3160	Insurance		
<b>REVENUE/MATCH TOTAL</b>			<b>\$ 170,171</b>
<b>NET PROGRAM BUDGET</b>			<b>\$ 110,000</b>

## 18-042: Juvenile Drug Court Services/Post Release Outpatient Services

### Projected Budget - Fiscal Year 2019-20 Narrative

Provider Name: Mental Health Systems, Inc.

<b>PERSONNEL / SALARIES</b>		
Annual Salary and FTE equivalence as in budget.		
Budget Categories-Line Item Description	Annual Salary for this Program	% of FTE dedicated to this program
Program Manager	\$ 24,773	37%
SUD Counselor	42,848	100%
Case Manager	19,282	50%
Administrative Assistant	23,138	60%
Vice President	16,640	16%
Program Analyst	4,550	7%
Intern	-	80%
Position descriptions submitted with proposal.		<b>List Amount</b>
<b>PAYROLL TAXES TOTAL</b>		<b>\$ 10,958</b>
<b>EMPLOYEE BENEFITS TOTAL</b>		<b>\$ 28,068</b>
<b>INSURANCE</b>	List the following insurance categories:	
	<input type="checkbox"/> 0251 - Workers Compensation Insurance	1312
	<input type="checkbox"/> 0252 - Liability Insurance- Professional Liability and Malpractice Insurances	770
	<input type="checkbox"/> 0253 - Insurance Other - N/A	0
<b>COMMUNICATIONS</b>	<input type="checkbox"/> 0301 - Telecommunications/data lines - Costs of telephone expense @ facility for staff. For employees that share time between programs, costs are estimated based on budgeted FTEs.	10819
	<input type="checkbox"/> 0302 - Answering Service - N/A	
<b>OFFICE EXPENSE</b>	<input type="checkbox"/> 0351 - Office Supplies: Includes Items necessary to carry out the daily activities to accomplish the program goals and objectives including paper, filing supplies, pens, pencils, scissors, and other supplies.	2619
	<input type="checkbox"/> 0352 - Social/Rec, Workbooks.- N/A	
	<input type="checkbox"/> 0353 - Printing/Reproduction includes items such as the printing of business cards, program pamphlets, position vacancy advertising and other materials related to the program.	250
	<input type="checkbox"/> 0354 - Publications - N/A	
	<input type="checkbox"/> 0355 - Legal Notices/Advertising - N/A	
<b>EQUIPMENT</b>	List the following equipment categories and provide a brief description for each category:	
	<input type="checkbox"/> 0401 - Purchase of Equipment - minor equipment needs & replacement of old/broken equipment	5344
	<input type="checkbox"/> 0402 - Equipment Rent/Lease- Cost for lease of copy machine and water dispenser for clients.	2604
	<input type="checkbox"/> 0403 - Equipment Maintenance: minor equipment repair for copier, IT equipment, and vehicle maintenance.	1912
<b>FACILITIES</b>	List the following facilities categories and provide a brief description for each category:	
	<input type="checkbox"/> 0451 - Rent/Lease Building - Cost to rent facility.	14214

	<input type="checkbox"/> 0452 - Facilities Maintenance - Cost for a portion of the custodial/janitorial services for facility, alarm service, as well as minor building repairs like key replacements.	5870
	<input type="checkbox"/> 0453 - Utilities - Gas, water, electric at program facility	1800
TRAVEL	<p>List the following travel categories and provide a brief description for each category:</p> <input type="checkbox"/> 0501 - Staff Mileage - Cost for mileage reimbursement for staff who may travel to multiple sites, as well as for coverage when traveling for training, or home visits. Mileage reimbursement rate is limited to the IRS standards.	1191
	<input type="checkbox"/> 0502 - Staff Travel (Out of County) - Covers the cost of program staff attending meetings and trainings out of county, for example, the Program Manager's travel to San Diego for the quarterly PMs meeting.	254
	<input type="checkbox"/> 0503 - Staff Training/Registration - Cost for staff to attend trainings relevant to the SOW.	3300
	<input type="checkbox"/> 0504 - Transportation - To purchase bus passes to allow transportation to treatment appointments for clients who are able to access public transportation but are not financially able. A log is kept to track distribution of passes.	2750
PROGRAM SUPPLIES	<p>List the following program supplies categories and provide a brief description for each</p> <input type="checkbox"/> 0551 - Program Supplies - Client Incentives: N/A	0
	<input type="checkbox"/> 0552 - Program Supplies - Curriculum: Cost of supplies for client curriculum and supplies for recreational therapy and occupational therapy.	600
	<input type="checkbox"/> 0553 - Program Supplies - Food: Food for clients	840
CONSULTANCY	<p>List the following consulting categories and provide a brief description for each category:</p> <input type="checkbox"/> 0601 - Consultant Services - Interpretive Service: Allows program staff to reach an interpreter to provide language services to serve clients in their primary language.	5400
	<input type="checkbox"/> 0603 - Contracted Services - Medical Director	3600
	<input type="checkbox"/> 0604 - Contracted Services - Urinalysis testing	3600
FISCAL AND AUDITS	<p>List the following fiscal and audits categories and provide a brief description for each</p> <input type="checkbox"/> 0651 - Accounting/Bookkeeping - See Indirect	
	<input type="checkbox"/> 0652 - External Audit - Independent CPA Audit - Cost for annual audit to include this program.	50
OTHER COSTS	<p>List the following categories and provide a brief description for each category:</p> <input type="checkbox"/> 0701 - Indirect Costs - 14.5% of total Direct Costs to allow for Administrative cost of running the program, such as staff providing support in payroll processing, accounts payable and other management departments. See Cost Allocation Plan.	35480
	<input type="checkbox"/> 0702 - Licenses/Taxes - Cost of DMC Certification, Avatar (EHR) user fees, DMV verification	5443
	<input type="checkbox"/> 0703 - County Administration Fee -N/A	0
	<input type="checkbox"/> 0749 - Other Costs - Other business services such as applicant TB tests, drug screens, and other program-related items that don't necessarily fit into another line item.	1204
REVENUE/MATCH	<p>Please identify all anticipated funding sources and distinguish whether the revenue offsets</p> <input type="checkbox"/> 3120 - Drug Medi-Cal - estimated funding generated from DMC clients	159961
	<ul style="list-style-type: none"> <li>• 3121 - Mental Health Medi-Cal -</li> <li>• 3125 - Youth Treatment Services - (SAPT) - estimated funding generated from Youth treatment clients</li> </ul>	10210
	<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	<p>Used for startup costs and is available upon request with a detailed justification. The amount The amount cannot exceed 1/12th of the total cost proposal for this section.</p>	

**18-042: Juvenile Drug Court Services/Post Release Outpatient Services**

**Projected Budget - Fiscal Year 2020-21**

<b>Provider Name:</b>	<b>Mental Health Systems, Inc.</b>	<b>Mailing Address:</b>	<b>9465 Farnham Street</b>
<b>Program Name:</b>	<b>Family &amp; Youth Alternatives</b>		<b>San Diego, CA 92123</b>
<b>Approved by:</b>	<b>Lindsay Santino</b>	<b>Street Address:</b>	<b>3122 N. Millbrook Suite B</b>
			<b>Fresno, CA 93703</b>
<b>No. of Budgeted FTEs - Admin:</b>	<b>1.20</b>	<b>Phone Number:</b>	<b>(858) 573-2600</b>
<b>No. of Budgeted FTEs - Direct:</b>	<b>2.30</b>	<b>Fax Number:</b>	<b>(858) 573-2914</b>
		<b>E-mail Address:</b>	<b>dheld@mhsinc.org</b>

Budget Categories- Line Item Description (Must be Itemized)	Annual Salary	% of FTE dedicated to this program	% Time dedicated to services		Proposed Program Budget		
			Admin.	Direct	Admin.	Direct	Total Proposed Budget
<b>PERSONNEL/SALARIES</b>							
0101 Program Manager	\$ 68,952	37%	100%	0%	\$ 25,512	\$ -	\$ 25,512
0102 SUD Counselor	\$ 44,138	100%	0%	100%	\$ -	\$ 44,138	\$ 44,138
0103 Case Manager	\$ 39,728	50%	0%	100%	\$ -	\$ 19,864	\$ 19,864
0104 Administrative Assistant	\$ 39,728	60%	100%	0%	\$ 23,837	\$ -	\$ 23,837
0105 Vice President	\$ 104,000	16%	100%	0%	\$ 16,640	\$ -	\$ 16,640
0106 Program Analyst	\$ 65,000	7%	100%	0%	\$ 4,550	\$ -	\$ 4,550
0107 Intern	\$ -	80%		100%	\$ -	\$ -	\$ -
<b>SALARIES TOTAL</b>					<b>\$ 70,539</b>	<b>\$ 64,002</b>	<b>\$ 134,541</b>
<b>PAYROLL TAXES</b>							
				<b>Rate</b>	<b>52.43%</b>	<b>47.57%</b>	<b>100.00%</b>
0151 F.I.C.A. Social Security and Medicare	SS 6.2 % rate applied to \$127.2k of gross earnings per employee			7.650%	\$ 5,396	\$ 4,896	\$ 10,292
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%	\$ 494	\$ 448	\$ 942
<b>PAYROLL TAXES TOTAL</b>					<b>\$ 5,890</b>	<b>\$ 5,344</b>	<b>\$ 11,234</b>
<b>EMPLOYEE BENEFITS</b>							
				<b>Rate</b>	<b>52.43%</b>	<b>47.57%</b>	<b>100.00%</b>
0201 Health Insurance				12.35%	\$ 8,711	\$ 7,904	\$ 16,615
0202 Life Insurance				0.04%	\$ 27	\$ 24	\$ 51
0203 Retirement				8.00%	\$ 5,643	\$ 5,120	\$ 10,763
0204 Workers' Compensation Insurance				1.00%	\$ 705	\$ 640	\$ 1,345
0205 Benefits Other - Specify				0.00%	\$ -	\$ -	\$ -
<b>EMPLOYEE BENEFITS TOTAL</b>					<b>\$ 15,086</b>	<b>\$ 13,688</b>	<b>\$ 28,774</b>
<b>TAXES &amp; BENEFITS TOTAL</b>							
							<b>\$ 40,009</b>
<b>TOTAL DIRECT (ADMIN) SALARIES, PAYROLL TAXES, AND EMPLOYEE BENEFITS</b>							
							<b>\$ 174,550</b>
<b>TOTAL PERCENT OF BENEFITS TO SALARIES</b>							
							<b>29.7%</b>

**Services and Supplies**

<b>INSURANCE</b>		
0252	Liability Insurance	\$ 770
0253	Insurance Other-Specify	\$ -
<b>INSURANCE TOTAL</b>		
		<b>\$ 770</b>
<b>COMMUNICATIONS</b>		
0301	Telecommunications/data lines	\$ 10,819
0302	Answering Service	\$ -
<b>COMMUNICATIONS TOTAL</b>		
		<b>\$ 10,819</b>
<b>OFFICE EXPENSE</b>		
0351	Office Supplies	\$ 2,619
0352	Soc Rec., Workbooks	\$ -
0353	Printing/Reproduction	\$ 150
0354	Publications	\$ -
0355	Legal Notices/Advertising	\$ -
<b>OFFICE EXPENSE TOTAL</b>		
		<b>\$ 2,769</b>
<b>EQUIPMENT</b>		
0401	Purchase of Equipment (Computers/Furniture/VOIP Phone)	\$ 5,344
0402	Equipment Rent/Lease (Copy Machines)	\$ 2,604
0403	Equipment Maintenance	\$ 1,150
<b>EQUIPMENT TOTAL</b>		
		<b>\$ 9,098</b>
<b>FACILITIES</b>		
0451	Rent/Lease Building	\$ 14,640
0452	Facilities Maintenance	\$ 5,870
0453	Utilities	\$ 1,800
<b>FACILITIES TOTAL</b>		
		<b>\$ 22,310</b>
<b>TRAVEL COSTS</b>		
0501	Staff Mileage	\$ 1,191
0502	Staff Travel (Out of County)	\$ 254
0503	Staff Training/Registration	\$ 1,753
0504	Transportation	\$ 2,500
<b>TRAVEL COSTS TOTAL</b>		
		<b>\$ 5,698</b>
<b>PROGRAM SUPPLIES</b>		
0551	Program Supplies-Client Incentives	\$ -
0552	Program Supplies-Curriculum	\$ 400

0553	Program Supplies-Food		\$	780
<b>PROGRAM SUPPLIES TOTAL</b>			\$	<b>1,180</b>
<b>CONSULTANCY</b>				
0601	Consultant Services (Interpretive Services)		\$	3,600
0602	Contracted Services (Recruitment)			
0603	Contracted Services (Medical Director)		\$	3,600
0604	Contracted Services (Urinalysis)		\$	3,600
<b>CONSULTANCY TOTAL</b>			\$	<b>10,800</b>
<b>FISCAL AND AUDITS</b>				
0651	Accounting/Bookkeeping (IT Support)			
0652	External Audit		\$	50
<b>FISCAL AND AUDITS TOTAL</b>			\$	<b>50</b>
<b>OTHER COSTS</b>				
0701	Indirect Costs			35,480
0702	Licenses/Taxes			5,443
0703	County Administration Fee			-
0749	Other Business Services			1,204
<b>OTHER COSTS TOTAL</b>			\$	<b>42,127</b>
<b>ONE TIME ADVANCE - Start Up Costs</b>				
<b>TOTAL PROGRAM EXPENDITURES</b>			\$	<b>280,171</b>
<b>REVENUE/MATCH</b>				
3120	Drug Medi-Cal		\$	159,961
3121	Mental Health Medi-Cal			
3125	Youth Treatment Services (SAPT)		\$	10,210
3130	State Grant			
3140	Private Donations			
3150	Client Fees			
3160	Insurance			
<b>REVENUE/MATCH TOTAL</b>			\$	<b>170,171</b>
<b>NET PROGRAM BUDGET</b>			\$	<b>110,000</b>

## 18-042: Juvenile Drug Court Services/Post Release Outpatient Services

### Projected Budget - Fiscal Year 2020-21 Narrative

Provider Name: Mental Health Systems, Inc.

PERSONNEL / SALARIES		
Annual Salary and FTE equivalence as in budget.		
Budget Categories-Line Item Description	Annual Salary for this Program	% of FTE dedicated to this program
Program Manager	\$ 25,512	37%
SUD Counselor	44,138	100%
Case Manager	19,864	50%
Administrative Assistant	23,837	60%
Vice President	16,640	16%
Program Analyst	4,550	7%
Intern	-	80%
Position descriptions submitted with proposal.		<b>List Amount</b>
<b>PAYROLL TAXES TOTAL</b>		<b>\$ 11,234</b>
<b>EMPLOYEE BENEFITS TOTAL</b>		<b>\$ 28,774</b>
<b>INSURANCE</b>	List the following insurance categories:	
	<input type="checkbox"/> 0251 - Workers Compensation Insurance	1345
	<input type="checkbox"/> 0252 - Liability Insurance- Professional Liability and Malpractice Insurances	770
	<input type="checkbox"/> 0253 - Insurance Other - N/A	0
<b>COMMUNICATIONS</b>	<input type="checkbox"/> 0301 - Telecommunications/data lines - Costs of telephone expense @ facility for staff. For employees that share time between programs, costs are estimated based on budgeted FTEs.	10819
	<input type="checkbox"/> 0302 - Answering Service - N/A	
<b>OFFICE EXPENSE</b>	<input type="checkbox"/> 0351 - Office Supplies: Includes Items necessary to carry out the daily activities to accomplish the program goals and objectives including paper, filing supplies, pens, pencils, scissors, and other supplies.	2619
	<input type="checkbox"/> 0352 - Social/Rec, Workbooks.- N/A	
	<input type="checkbox"/> 0353 - Printing/Reproduction includes items such as the printing of business cards, program pamphlets, position vacancy advertising and other materials related to the program.	150
	<input type="checkbox"/> 0354 - Publications - N/A	
	<input type="checkbox"/> 0355 - Legal Notices/Advertising - N/A	
<b>EQUIPMENT</b>	List the following equipment categories and provide a brief description for each category:	
	<input type="checkbox"/> 0401 - Purchase of Equipment - minor equipment needs & replacement of old/broken equipment	5344
	<input type="checkbox"/> 0402 - Equipment Rent/Lease- Cost for lease of copy machine and water dispenser for clients.	2604
	<input type="checkbox"/> 0403 - Equipment Maintenance: minor equipment repair for copier, IT equipment, and vehicle maintenance.	1150
<b>FACILITIES</b>	List the following facilities categories and provide a brief description for each category:	
	<input type="checkbox"/> 0451 - Rent/Lease Building - Cost to rent facility.	14640

	<input type="checkbox"/> 0452 - Facilities Maintenance - Cost for a portion of the custodial/janitorial services for facility, alarm service, as well as minor building repairs like key replacements.	5870
	<input type="checkbox"/> 0453 - Utilities - Gas, water, electric at program facility	1800
TRAVEL	<p>List the following travel categories and provide a brief description for each category:</p> <input type="checkbox"/> 0501 - Staff Mileage - Cost for mileage reimbursement for staff who may travel to multiple sites, as well as for coverage when traveling for training, or home visits. Mileage reimbursement rate is limited to the IRS standards.	1191
	<input type="checkbox"/> 0502 - Staff Travel (Out of County) - Covers the cost of program staff attending meetings and trainings out of county, for example, the Program Manager's travel to San Diego for the quarterly PMs meeting.	254
	<input type="checkbox"/> 0503 - Staff Training/Registration - Cost for staff to attend trainings relevant to the SOW.	1753
	<input type="checkbox"/> 0504 - Transportation - To purchase bus passes to allow transportation to treatment appointments for clients who are able to access public transportation but are not financially able. A log is kept to track distribution of passes.	2500
PROGRAM SUPPLIES	<p>List the following program supplies categories and provide a brief description for each</p> <input type="checkbox"/> 0551 - Program Supplies - Client Incentives: N/A	0
	<input type="checkbox"/> 0552 - Program Supplies - Curriculum: Cost of supplies for client curriculum and supplies for recreational therapy and occupational therapy.	400
	<input type="checkbox"/> 0553 - Program Supplies - Food: Food for clients	780
CONSULTANCY	<p>List the following consulting categories and provide a brief description for each category:</p> <input type="checkbox"/> 0601 - Consultant Services - Interpretive Service: Allows program staff to reach an interpreter to provide language services to serve clients in their primary language.	3600
	<input type="checkbox"/> 0603 - Contracted Services - Medical Director	3600
	<input type="checkbox"/> 0604 - Contracted Services - Urinalysis testing	3600
FISCAL AND AUDITS	<p>List the following fiscal and audits categories and provide a brief description for each</p> <input type="checkbox"/> 0651 - Accounting/Bookkeeping - See Indirect	
	<input type="checkbox"/> 0652 - External Audit - Independent CPA Audit - Cost for annual audit to include this program.	50
OTHER COSTS	<p>List the following categories and provide a brief description for each category:</p> <input type="checkbox"/> 0701 - Indirect Costs - 14.5% of total Direct Costs to allow for Administrative cost of running the program, such as staff providing support in payroll processing, accounts payable and other management departments. See Cost Allocation Plan.	35480
	<input type="checkbox"/> 0702 - Licenses/Taxes - Cost of DMC Certification, Avatar (EHR) user fees, DMV verification	5443
	<input type="checkbox"/> 0703 - County Administration Fee -N/A	0
	<input type="checkbox"/> 0749 - Other Costs - Other business services such as applicant TB tests, drug screens, and other program-related items that don't necessarily fit into another line item.	1204
REVENUE/MATCH	<p>Please identify all anticipated funding sources and distinguish whether the revenue offsets</p> <input type="checkbox"/> 3120 - Drug Medi-Cal - estimated funding generated from DMC clients	159961
	<ul style="list-style-type: none"> <li>• 3121 - Mental Health Medi-Cal -</li> <li>• 3125 - Youth Treatment Services - (SAPT) - estimated funding generated from Youth treatment clients</li> </ul>	10210
	<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	<p>Used for startup costs and is available upon request with a detailed justification. The amount The amount cannot exceed 1/12th of the total cost proposal for this section.</p>	



**18-042: Juvenile Drug Court Services/Post Release Outpatient Services**

**Projected Budget - Fiscal Year 2021-22**

<b>Provider Name:</b>	<b>Mental Health Systems, Inc.</b>	<b>Mailing Address:</b>	<b>9465 Farnham Street</b>
<b>Program Name:</b>	<b>Family &amp; Youth Alternatives</b>		<b>San Diego, CA 92123</b>
<b>Approved by:</b>	<b>Lindsay Santino</b>	<b>Street Address:</b>	<b>3122 N. Millbrook Suite B</b>
			<b>Fresno, CA 93703</b>
<b>No. of Budgeted FTEs - Admin:</b>	<b>1.20</b>	<b>Phone Number:</b>	<b>(858) 573-2600</b>
<b>No. of Budgeted FTEs - Direct:</b>	<b>2.30</b>	<b>Fax Number:</b>	<b>(858) 573-2914</b>
		<b>E-mail Address:</b>	<b>dheld@mhsinc.org</b>

Budget Categories- Line Item Description (Must be Itemized)	Annual Salary	% of FTE dedicated to this program	% Time dedicated to services		Proposed Program Budget		
			Admin.	Direct	Admin.	Direct	Total Proposed Budget
<b>PERSONNEL/SALARIES</b>							
0101 Program Manager	\$ 71,032	37%	100%	0%	\$ 26,282	\$ -	\$ 26,282
0102 SUD Counselor	\$ 45,448	100%	0%	100%	\$ -	\$ 45,448	\$ 45,448
0103 Case Manager	\$ 40,914	50%	0%	100%	\$ -	\$ 20,457	\$ 20,457
0104 Administrative Assistant	\$ 40,914	60%	100%	0%	\$ 24,548	\$ -	\$ 24,548
0105 Vice President	\$ 104,000	16%	100%	0%	\$ 16,640	\$ -	\$ 16,640
0106 Program Analyst	\$ 65,000	7%	100%	0%	\$ 4,550	\$ -	\$ 4,550
0107 Intern	\$ -	80%		100%	\$ -	\$ -	\$ -
<b>SALARIES TOTAL</b>					<b>\$ 72,020</b>	<b>\$ 65,905</b>	<b>\$ 137,925</b>
<b>PAYROLL TAXES</b>							
				<b>Rate</b>	<b>52.22%</b>	<b>47.78%</b>	<b>100.00%</b>
0151 F.I.C.A. Social Security and Medicare	SS 6.2 % rate applied to \$127.2k of gross earnings per employee			7.650%	\$ 5,510	\$ 5,042	\$ 10,551
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%	\$ 504	\$ 461	\$ 965
<b>PAYROLL TAXES TOTAL</b>					<b>\$ 6,014</b>	<b>\$ 5,503</b>	<b>\$ 11,516</b>
<b>EMPLOYEE BENEFITS</b>							
				<b>Rate</b>	<b>52.22%</b>	<b>47.78%</b>	<b>100.00%</b>
0201 Health Insurance				12.35%	\$ 8,894	\$ 8,139	\$ 17,033
0202 Life Insurance				0.04%	\$ 27	\$ 24	\$ 51
0203 Retirement				8.00%	\$ 5,762	\$ 5,272	\$ 11,034
0204 Workers' Compensation Insurance				1.00%	\$ 720	\$ 659	\$ 1,379
0205 Benefits Other - Specify				0.00%	\$ -	\$ -	\$ -
<b>EMPLOYEE BENEFITS TOTAL</b>					<b>\$ 15,403</b>	<b>\$ 14,094</b>	<b>\$ 29,497</b>
<b>TAXES &amp; BENEFITS TOTAL</b>							
							<b>\$ 41,013</b>
<b>TOTAL DIRECT (ADMIN) SALARIES, PAYROLL TAXES, AND EMPLOYEE BENEFITS</b>							
							<b>\$ 178,938</b>
<b>TOTAL PERCENT OF BENEFITS TO SALARIES</b>							
							<b>29.7%</b>

**Services and Supplies**

<b>INSURANCE</b>		
0252	Liability Insurance	\$ 770
0253	Insurance Other-Specify	\$ -
<b>INSURANCE TOTAL</b>		
		<b>\$ 770</b>
<b>COMMUNICATIONS</b>		
0301	Telecommunications/data lines	\$ 10,819
0302	Answering Service	\$ -
<b>COMMUNICATIONS TOTAL</b>		
		<b>\$ 10,819</b>
<b>OFFICE EXPENSE</b>		
0351	Office Supplies	\$ 2,079
0352	Soc Rec., Workbooks	\$ -
0353	Printing/Reproduction	\$ 150
0354	Publications	\$ -
0355	Legal Notices/Advertising	\$ -
<b>OFFICE EXPENSE TOTAL</b>		
		<b>\$ 2,229</b>
<b>EQUIPMENT</b>		
0401	Purchase of Equipment (Computers/Furniture/VOIP Phone)	\$ 5,044
0402	Equipment Rent/Lease (Copy Machines)	\$ 2,604
0403	Equipment Maintenance	\$ 912
<b>EQUIPMENT TOTAL</b>		
		<b>\$ 8,560</b>
<b>FACILITIES</b>		
0451	Rent/Lease Building	\$ 15,079
0452	Facilities Maintenance	\$ 4,870
0453	Utilities	\$ 1,800
<b>FACILITIES TOTAL</b>		
		<b>\$ 21,749</b>
<b>TRAVEL COSTS</b>		
0501	Staff Mileage	\$ 1,191
0502	Staff Travel (Out of County)	\$ 254
0503	Staff Training/Registration	\$ 1,753
0504	Transportation	\$ 1,500
<b>TRAVEL COSTS TOTAL</b>		
		<b>\$ 4,698</b>
<b>PROGRAM SUPPLIES</b>		
0551	Program Supplies-Client Incentives	\$ -
0552	Program Supplies-Curriculum	\$ 200

0553	Program Supplies-Food		\$	600
<b>PROGRAM SUPPLIES TOTAL</b>			\$	<b>800</b>
<b>CONSULTANCY</b>				
0601	Consultant Services (Interpretive Services)		\$	3,600
0602	Contracted Services (Recruitment)			
0603	Contracted Services (Medical Director)		\$	3,600
0604	Contracted Services (Urinalysis)		\$	2,400
<b>CONSULTANCY TOTAL</b>			\$	<b>9,600</b>
<b>FISCAL AND AUDITS</b>				
0651	Accounting/Bookkeeping (IT Support)			
0652	External Audit		\$	50
<b>FISCAL AND AUDITS TOTAL</b>			\$	<b>50</b>
<b>OTHER COSTS</b>				
0701	Indirect Costs			35,480
0702	Licenses/Taxes			5,443
0703	County Administration Fee			-
0749	Other Business Services			1,035
<b>OTHER COSTS TOTAL</b>			\$	<b>41,958</b>
<b>ONE TIME ADVANCE - Start Up Costs</b>				
<b>TOTAL PROGRAM EXPENDITURES</b>			\$	<b>280,171</b>
<b>REVENUE/MATCH</b>				
3120	Drug Medi-Cal		\$	159,961
3121	Mental Health Medi-Cal			
3125	Youth Treatment Services (SAPT)		\$	10,210
3130	State Grant			
3140	Private Donations			
3150	Client Fees			
3160	Insurance			
<b>REVENUE/MATCH TOTAL</b>			\$	<b>170,171</b>
<b>NET PROGRAM BUDGET</b>			\$	<b>110,000</b>

## 18-042: Juvenile Drug Court Services/Post Release Outpatient Services

### Projected Budget - Fiscal Year 2021-22 Narrative

Provider Name: Mental Health Systems, Inc.

PERSONNEL / SALARIES		
Annual Salary and FTE equivalence as in budget.		
Budget Categories-Line Item Description	Annual Salary for this Program	% of FTE dedicated to this program
Program Manager	\$ 26,282	37%
SUD Counselor	45,448	100%
Case Manager	20,457	50%
Administrative Assistant	24,548	60%
Vice President	16,640	16%
Program Analyst	4,550	7%
Intern	-	80%
Position descriptions submitted with proposal.		<b>List Amount</b>
<b>PAYROLL TAXES TOTAL</b>		<b>\$ 11,516</b>
<b>EMPLOYEE BENEFITS TOTAL</b>		<b>\$ 29,497</b>
<b>INSURANCE</b>	List the following insurance categories:	
	<input type="checkbox"/> 0251 - Workers Compensation Insurance	1379
	<input type="checkbox"/> 0252 - Liability Insurance- Professional Liability and Malpractice Insurances	770
	<input type="checkbox"/> 0253 - Insurance Other - N/A	0
<b>COMMUNICATIONS</b>	<input type="checkbox"/> 0301 - Telecommunications/data lines - Costs of telephone expense @ facility for staff. For employees that share time between programs, costs are estimated based on budgeted FTEs.	10819
	<input type="checkbox"/> 0302 - Answering Service - N/A	
<b>OFFICE EXPENSE</b>	<input type="checkbox"/> 0351 - Office Supplies: Includes Items necessary to carry out the daily activities to accomplish the program goals and objectives including paper, filing supplies, pens, pencils, scissors, and other supplies.	2079
	<input type="checkbox"/> 0352 - Social/Rec, Workbooks.- N/A	
	<input type="checkbox"/> 0353 - Printing/Reproduction includes items such as the printing of business cards, program pamphlets, position vacancy advertising and other materials related to the program.	150
	<input type="checkbox"/> 0354 - Publications - N/A	
	<input type="checkbox"/> 0355 - Legal Notices/Advertising - N/A	
<b>EQUIPMENT</b>	List the following equipment categories and provide a brief description for each category:	
	<input type="checkbox"/> 0401 - Purchase of Equipment - minor equipment needs & replacement of old/broken equipment	5044
	<input type="checkbox"/> 0402 - Equipment Rent/Lease- Cost for lease of copy machine and water dispenser for clients.	2604
	<input type="checkbox"/> 0403 - Equipment Maintenance: minor equipment repair for copier, IT equipment, and vehicle maintenance.	912
<b>FACILITIES</b>	List the following facilities categories and provide a brief description for each category:	
	<input type="checkbox"/> 0451 - Rent/Lease Building - Cost to rent facility.	15079

	<input type="checkbox"/> 0452 - Facilities Maintenance - Cost for a portion of the custodial/janitorial services for facility, alarm service, as well as minor building repairs like key replacements.	4870
	<input type="checkbox"/> 0453 - Utilities - Gas, water, electric at program facility	1800
TRAVEL	<p>List the following travel categories and provide a brief description for each category:</p> <input type="checkbox"/> 0501 - Staff Mileage - Cost for mileage reimbursement for staff who may travel to multiple sites, as well as for coverage when traveling for training, or home visits. Mileage reimbursement rate is limited to the IRS standards.	1191
	<input type="checkbox"/> 0502 - Staff Travel (Out of County) - Covers the cost of program staff attending meetings and trainings out of county, for example, the Program Manager's travel to San Diego for the quarterly PMs meeting.	254
	<input type="checkbox"/> 0503 - Staff Training/Registration - Cost for staff to attend trainings relevant to the SOW.	1753
	<input type="checkbox"/> 0504 - Transportation - To purchase bus passes to allow transportation to treatment appointments for clients who are able to access public transportation but are not financially able. A log is kept to track distribution of passes.	1500
PROGRAM SUPPLIES	<p>List the following program supplies categories and provide a brief description for each</p> <input type="checkbox"/> 0551 - Program Supplies - Client Incentives: N/A	0
	<input type="checkbox"/> 0552 - Program Supplies - Curriculum: Cost of supplies for client curriculum and supplies for recreational therapy and occupational therapy.	200
	<input type="checkbox"/> 0553 - Program Supplies - Food: Food for clients	600
CONSULTANCY	<p>List the following consulting categories and provide a brief description for each category:</p> <input type="checkbox"/> 0601 - Consultant Services - Interpretive Service: Allows program staff to reach an interpreter to provide language services to serve clients in their primary language.	3600
	<input type="checkbox"/> 0603 - Contracted Services - Medical Director	3600
	<input type="checkbox"/> 0604 - Contracted Services - Urinalysis testing	2400
FISCAL AND AUDITS	<p>List the following fiscal and audits categories and provide a brief description for each</p> <input type="checkbox"/> 0651 - Accounting/Bookkeeping - See Indirect	
	<input type="checkbox"/> 0652 - External Audit - Independent CPA Audit - Cost for annual audit to include this program.	50
OTHER COSTS	<p>List the following categories and provide a brief description for each category:</p> <input type="checkbox"/> 0701 - Indirect Costs - 14.5% of total Direct Costs to allow for Administrative cost of running the program, such as staff providing support in payroll processing, accounts payable and other management departments. See Cost Allocation Plan.	35480
	<input type="checkbox"/> 0702 - Licenses/Taxes - Cost of DMC Certification, Avatar (EHR) user fees, DMV verification	5443
	<input type="checkbox"/> 0703 - County Administration Fee -N/A	0
	<input type="checkbox"/> 0749 - Other Costs - Other business services such as applicant TB tests, drug screens, and other program-related items that don't necessarily fit into another line item.	1035
REVENUE/MATCH	<p>Please identify all anticipated funding sources and distinguish whether the revenue offsets</p> <input type="checkbox"/> 3120 - Drug Medi-Cal - estimated funding generated from DMC clients	159961
	<ul style="list-style-type: none"> <li>• 3121 - Mental Health Medi-Cal -</li> <li>• 3125 - Youth Treatment Services - (SAPT) - estimated funding generated from Youth treatment clients</li> </ul>	10210
	<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	<p>Used for startup costs and is available upon request with a detailed justification. The amount The amount cannot exceed 1/12th of the total cost proposal for this section.</p>	

**18-042: Juvenile Drug Court Services/Post Release Outpatient Services**

**Projected Budget - Fiscal Year 2022-23**

<b>Provider Name:</b>	<b>Mental Health Systems, Inc.</b>	<b>Mailing Address:</b>	<b>9465 Farnham Street</b>
<b>Program Name:</b>	<b>Family &amp; Youth Alternatives</b>		<b>San Diego, CA 92123</b>
<b>Approved by:</b>	<b>Lindsay Santino</b>	<b>Street Address:</b>	<b>3122 N. Millbrook Suite B</b>
			<b>Fresno, CA 93703</b>
<b>No. of Budgeted FTEs - Admin:</b>	<b>1.20</b>	<b>Phone Number:</b>	<b>(858) 573-2600</b>
<b>No. of Budgeted FTEs - Direct:</b>	<b>2.30</b>	<b>Fax Number:</b>	<b>(858) 573-2914</b>
		<b>E-mail Address:</b>	<b>dheld@mhsinc.org</b>

Budget Categories- Line Item Description (Must be Itemized)	Annual Salary	% of FTE dedicated to this program	% Time dedicated to services		Proposed Program Budget		
			Admin.	Direct	Admin.	Direct	Total Proposed Budget
<b>PERSONNEL/SALARIES</b>							
0101 Program Manager	\$ 71,032	37%	100%	0%	\$ 26,282	\$ -	\$ 26,282
0102 SUD Counselor	\$ 45,448	100%	0%	100%	\$ -	\$ 45,448	\$ 45,448
0103 Case Manager	\$ 40,914	50%	0%	100%	\$ -	\$ 20,457	\$ 20,457
0104 Administrative Assistant	\$ 40,914	60%	100%	0%	\$ 24,548	\$ -	\$ 24,548
0105 Vice President	\$ 104,000	16%	100%	0%	\$ 16,640	\$ -	\$ 16,640
0106 Program Analyst	\$ 65,000	7%	100%	0%	\$ 4,550	\$ -	\$ 4,550
0107 Intern	\$ -	80%		100%	\$ -	\$ -	\$ -
<b>SALARIES TOTAL</b>					<b>\$ 72,020</b>	<b>\$ 65,905</b>	<b>\$ 137,925</b>
<b>PAYROLL TAXES</b>							
				<b>Rate</b>	<b>52.22%</b>	<b>47.78%</b>	<b>100.00%</b>
0151 F.I.C.A. Social Security and Medicare	SS 6.2 % rate applied to \$127.2k of gross earnings per employee			7.650%	\$ 5,510	\$ 5,042	\$ 10,551
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%	\$ 504	\$ 461	\$ 965
<b>PAYROLL TAXES TOTAL</b>					<b>\$ 6,014</b>	<b>\$ 5,503</b>	<b>\$ 11,516</b>
<b>EMPLOYEE BENEFITS</b>							
				<b>Rate</b>	<b>52.22%</b>	<b>47.78%</b>	<b>100.00%</b>
0201 Health Insurance				12.35%	\$ 8,894	\$ 8,139	\$ 17,033
0202 Life Insurance				0.04%	\$ 27	\$ 24	\$ 51
0203 Retirement				8.00%	\$ 5,762	\$ 5,272	\$ 11,034
0204 Workers' Compensation Insurance				1.00%	\$ 720	\$ 659	\$ 1,379
0205 Benefits Other - Specify				0.00%	\$ -	\$ -	\$ -
<b>EMPLOYEE BENEFITS TOTAL</b>					<b>\$ 15,403</b>	<b>\$ 14,094</b>	<b>\$ 29,497</b>
<b>TAXES &amp; BENEFITS TOTAL</b>							
							<b>\$ 41,013</b>
<b>TOTAL DIRECT (ADMIN) SALARIES, PAYROLL TAXES, AND EMPLOYEE BENEFITS</b>							
							<b>\$ 178,938</b>
<b>TOTAL PERCENT OF BENEFITS TO SALARIES</b>							
							<b>29.7%</b>

**Services and Supplies**

<b>INSURANCE</b>		
0252	Liability Insurance	\$ 770
0253	Insurance Other-Specify	\$ -
<b>INSURANCE TOTAL</b>		
		<b>\$ 770</b>
<b>COMMUNICATIONS</b>		
0301	Telecommunications/data lines	\$ 10,819
0302	Answering Service	\$ -
<b>COMMUNICATIONS TOTAL</b>		
		<b>\$ 10,819</b>
<b>OFFICE EXPENSE</b>		
0351	Office Supplies	\$ 2,079
0352	Soc Rec., Workbooks	\$ -
0353	Printing/Reproduction	\$ 150
0354	Publications	\$ -
0355	Legal Notices/Advertising	\$ -
<b>OFFICE EXPENSE TOTAL</b>		
		<b>\$ 2,229</b>
<b>EQUIPMENT</b>		
0401	Purchase of Equipment (Computers/Furniture/VOIP Phone)	\$ 5,044
0402	Equipment Rent/Lease (Copy Machines)	\$ 2,604
0403	Equipment Maintenance	\$ 912
<b>EQUIPMENT TOTAL</b>		
		<b>\$ 8,560</b>
<b>FACILITIES</b>		
0451	Rent/Lease Building	\$ 15,532
0452	Facilities Maintenance	\$ 4,870
0453	Utilities	\$ 1,800
<b>FACILITIES TOTAL</b>		
		<b>\$ 22,202</b>
<b>TRAVEL COSTS</b>		
0501	Staff Mileage	\$ 1,191
0502	Staff Travel (Out of County)	\$ 254
0503	Staff Training/Registration	\$ 1,300
0504	Transportation	\$ 1,500
<b>TRAVEL COSTS TOTAL</b>		
		<b>\$ 4,245</b>
<b>PROGRAM SUPPLIES</b>		
0551	Program Supplies-Client Incentives	\$ -
0552	Program Supplies-Curriculum	\$ 200

0553	Program Supplies-Food		\$	600
<b>PROGRAM SUPPLIES TOTAL</b>			\$	<b>800</b>
<b>CONSULTANCY</b>				
0601	Consultant Services (Interpretive Services)		\$	3,600
0602	Contracted Services (Recruitment)			
0603	Contracted Services (Medical Director)		\$	3,600
0604	Contracted Services (Urinalysis)		\$	2,400
<b>CONSULTANCY TOTAL</b>			\$	<b>9,600</b>
<b>FISCAL AND AUDITS</b>				
0651	Accounting/Bookkeeping (IT Support)			
0652	External Audit		\$	50
<b>FISCAL AND AUDITS TOTAL</b>			\$	<b>50</b>
<b>OTHER COSTS</b>				
0701	Indirect Costs			35,480
0702	Licenses/Taxes			5,443
0703	County Administration Fee			-
0749	Other Business Services			1,035
<b>OTHER COSTS TOTAL</b>			\$	<b>41,958</b>
<b>ONE TIME ADVANCE - Start Up Costs</b>				
<b>TOTAL PROGRAM EXPENDITURES</b>			\$	<b>280,171</b>
<b>REVENUE/MATCH</b>				
3120	Drug Medi-Cal		\$	159,961
3121	Mental Health Medi-Cal			
3125	Youth Treatment Services (SAPT)		\$	10,210
3130	State Grant			
3140	Private Donations			
3150	Client Fees			
3160	Insurance			
<b>REVENUE/MATCH TOTAL</b>			\$	<b>170,171</b>
<b>NET PROGRAM BUDGET</b>			\$	<b>110,000</b>

## 18-042: Juvenile Drug Court Services/Post Release Outpatient Services

### Projected Budget - Fiscal Year 2022-23 Narrative

Provider Name: Mental Health Systems, Inc.

<b>PERSONNEL / SALARIES</b>		
Annual Salary and FTE equivalence as in budget.		
Budget Categories-Line Item Description	Annual Salary for this Program	% of FTE dedicated to this program
Program Manager	\$ 26,282	37%
SUD Counselor	45,448	100%
Case Manager	20,457	50%
Administrative Assistant	24,548	60%
Vice President	16,640	16%
Program Analyst	4,550	7%
Intern	-	80%
Position descriptions submitted with proposal.		<b>List Amount</b>
<b>PAYROLL TAXES TOTAL</b>		<b>\$ 11,516</b>
<b>EMPLOYEE BENEFITS TOTAL</b>		<b>\$ 29,497</b>
<b>INSURANCE</b>	List the following insurance categories:	
	<input type="checkbox"/> 0251 - Workers Compensation Insurance	1379
	<input type="checkbox"/> 0252 - Liability Insurance- Professional Liability and Malpractice Insurances	770
	<input type="checkbox"/> 0253 - Insurance Other - N/A	0
<b>COMMUNICATIONS</b>	<input type="checkbox"/> 0301 - Telecommunications/data lines - Costs of telephone expense @ facility for staff. For employees that share time between programs, costs are estimated based on budgeted FTEs.	10819
	<input type="checkbox"/> 0302 - Answering Service - N/A	
<b>OFFICE EXPENSE</b>	<input type="checkbox"/> 0351 - Office Supplies: Includes Items necessary to carry out the daily activities to accomplish the program goals and objectives including paper, filing supplies, pens, pencils, scissors, and other supplies.	2079
	<input type="checkbox"/> 0352 - Social/Rec, Workbooks.- N/A	
	<input type="checkbox"/> 0353 - Printing/Reproduction includes items such as the printing of business cards, program pamphlets, position vacancy advertising and other materials related to the program.	150
	<input type="checkbox"/> 0354 - Publications - N/A	
	<input type="checkbox"/> 0355 - Legal Notices/Advertising - N/A	
<b>EQUIPMENT</b>	List the following equipment categories and provide a brief description for each category:	
	<input type="checkbox"/> 0401 - Purchase of Equipment - minor equipment needs & replacement of old/broken equipment	5044
	<input type="checkbox"/> 0402 - Equipment Rent/Lease- Cost for lease of copy machine and water dispenser for clients.	2604
	<input type="checkbox"/> 0403 - Equipment Maintenance: minor equipment repair for copier, IT equipment, and vehicle maintenance.	912
<b>FACILITIES</b>	List the following facilities categories and provide a brief description for each category:	
	<input type="checkbox"/> 0451 - Rent/Lease Building - Cost to rent facility.	15532

	<input type="checkbox"/> 0452 - Facilities Maintenance - Cost for a portion of the custodial/janitorial services for facility, alarm service, as well as minor building repairs like key replacements.	4870
	<input type="checkbox"/> 0453 - Utilities - Gas, water, electric at program facility	1800
TRAVEL	<p>List the following travel categories and provide a brief description for each category:</p> <input type="checkbox"/> 0501 - Staff Mileage - Cost for mileage reimbursement for staff who may travel to multiple sites, as well as for coverage when traveling for training, or home visits. Mileage reimbursement rate is limited to the IRS standards.	1191
	<input type="checkbox"/> 0502 - Staff Travel (Out of County) - Covers the cost of program staff attending meetings and trainings out of county, for example, the Program Manager's travel to San Diego for the quarterly PMs meeting.	254
	<input type="checkbox"/> 0503 - Staff Training/Registration - Cost for staff to attend trainings relevant to the SOW.	1300
	<input type="checkbox"/> 0504 - Transportation - To purchase bus passes to allow transportation to treatment appointments for clients who are able to access public transportation but are not financially able. A log is kept to track distribution of passes.	1500
PROGRAM SUPPLIES	<p>List the following program supplies categories and provide a brief description for each</p> <input type="checkbox"/> 0551 - Program Supplies - Client Incentives: N/A	0
	<input type="checkbox"/> 0552 - Program Supplies - Curriculum: Cost of supplies for client curriculum and supplies for recreational therapy and occupational therapy.	200
	<input type="checkbox"/> 0553 - Program Supplies - Food: Food for clients	600
CONSULTANCY	<p>List the following consulting categories and provide a brief description for each category:</p> <input type="checkbox"/> 0601 - Consultant Services - Interpretive Service: Allows program staff to reach an interpreter to provide language services to serve clients in their primary language.	3600
	<input type="checkbox"/> 0603 - Contracted Services - Medical Director	3600
	<input type="checkbox"/> 0604 - Contracted Services - Urinalysis testing	2400
FISCAL AND AUDITS	<p>List the following fiscal and audits categories and provide a brief description for each</p> <input type="checkbox"/> 0651 - Accounting/Bookkeeping - See Indirect	
	<input type="checkbox"/> 0652 - External Audit - Independent CPA Audit - Cost for annual audit to include this program.	50
OTHER COSTS	<p>List the following categories and provide a brief description for each category:</p> <input type="checkbox"/> 0701 - Indirect Costs - 14.5% of total Direct Costs to allow for Administrative cost of running the program, such as staff providing support in payroll processing, accounts payable and other management departments. See Cost Allocation Plan.	35480
	<input type="checkbox"/> 0702 - Licenses/Taxes - Cost of DMC Certification, Avatar (EHR) user fees, DMV verification	5443
	<input type="checkbox"/> 0703 - County Administration Fee -N/A	0
	<input type="checkbox"/> 0749 - Other Costs - Other business services such as applicant TB tests, drug screens, and other program-related items that don't necessarily fit into another line item.	1035
REVENUE/MATCH	<p>Please identify all anticipated funding sources and distinguish whether the revenue offsets</p> <input type="checkbox"/> 3120 - Drug Medi-Cal - estimated funding generated from DMC clients	159961
	<ul style="list-style-type: none"> <li>• 3121 - Mental Health Medi-Cal -</li> <li>• 3125 - Youth Treatment Services - (SAPT) - estimated funding generated from Youth treatment clients</li> </ul>	10210
	<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	<p>Used for startup costs and is available upon request with a detailed justification. The amount The amount cannot exceed 1/12th of the total cost proposal for this section.</p>	