



**Contract Number**

16-404 A-4

**SAP Number**

4400009466

**Department of Behavioral Health**

<b>Department Contract Representative</b>	Tammi Phillips
<b>Telephone Number</b>	(909) 388-0860
<b>Contractor</b>	Mental Health Systems, Inc.
<b>Contractor Representative</b>	Sylvia Reed-Drake
<b>Telephone Number</b>	(909) 433-0445
<b>Contract Term</b>	July 1, 2016 – December 31, 2021
<b>Original Contract Amount</b>	\$7,850,000
<b>Amendment Amount</b>	\$1,115,000
<b>Total Contract Amount</b>	\$8,965,000
<b>Cost Center</b>	9206352200

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Mental Health Systems referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 16-404** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for wraparound mental health services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2021:

- I. ARTICLE IV Funding and Budgetary Restrictions, paragraph K is hereby amended to read as follows:
  - K. The maximum financial obligation under this contract shall not exceed \$1,130,000 per fiscal year for fiscal years 2016-17, 2017-18, and 2018-19 and shall not exceed \$2,230,000 for fiscal year 2019-20 and shall not exceed \$3,345,000 for fiscal year 2020-21. This amendment shall increase the total contract by \$1,115,000, from \$7,850,000 to \$8,965,000 for fiscal year 2021-2022. This amendment hereby adds the Comprehensive Children and Family Support Services

(CCFSS) Schedules A and B for fiscal year 2021-22. All previously approved schedules remain in effect.

II. ARTICLE XIII Duration and Termination, paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2016 through December 31, 2021 inclusive.

- REMAINDER OF PAGE INTENTIONALLY LEFT BLANK -

III. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

COUNTY OF SAN BERNARDINO

►  
\_\_\_\_\_  
Curt Hagman, Chairman, Board of Supervisors

Dated: \_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Lynna Monell  
Clerk of the Board of Supervisors  
of the County of San Bernardino

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

\_\_\_\_\_  
(Print or type name of corporation, company, contractor, etc.)

By \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name \_\_\_\_\_  
(Print or type name of person signing contract)

Title \_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►  
\_\_\_\_\_  
Dawn Martin, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►  
\_\_\_\_\_  
Natalie Kessee, Contracts Manager

Date \_\_\_\_\_

Reviewed/Approved by Department

►  
\_\_\_\_\_  
Veronica Kelley, Director

Date \_\_\_\_\_

# SCHEDULE A

## SCHEDULE A - Planning Estimates

## SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

## CCFSS/ Success First Wraparound

FY 2021 - 2022

July 1, 2021 - December 31, 2021

(6 Months)

Contractor Name: Mental Health Systems, Inc.

Provider # 36DU-EW

Contract/RFP# 16-404 A3

Address: 9540 Center Ave, 100 & 110

Rancho Cucamonga

Date Form Completed: March 22, 2021

Prepared by: Lindsay Santino  
Title: Director of Finance

LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	60- Support	60 - Support	
#		SERVICE FUNCTION	Case Management (01-06,08-09)	Intensive Care Coordination (07)	Mental Health Services (10-50)	Intensive Home Based Services (57)	TBS (58)	Medication Support (60)	Crisis Intervention (70)	Client Flexible Support (72)	Other Non-Medi-Cal Client Support (78)	TOTAL
1	100%	Distribution %	3%	25%	39%	19%	0%		1%	3%	10%	
<b>EXPENSES</b>												
2		SALARIES	21,422	167,698	330,139	126,585	1,619	0	4,551		0	652,014
3		BENEFITS	5,355	41,924	82,535	31,646	405	0	1,138		0	163,003
		(2+3 must equal total staffing costs)	26,777	209,622	412,674	158,231	2,024	0	5,689	0	0	815,017
4		OPERATING EXPENSES	9,575	74,963	117,807	56,585	723	0	2,033	8,526	29,771	299,983
5		TOTAL EXPENSES (2+3+4)	36,352	284,585	530,481	214,816	2,747	0	7,722	8,526	29,771	1,115,000
<b>AGENCY REVENUES</b>												
6		PATIENT FEES										0
7		PATIENT INSURANCE										0
8		MEDI-CARE										0
9		GRANTS/OTHER										0
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)	36,352	284,585	530,481	214,816	2,747	0	7,722	8,526	29,771	1,115,000
<b>FUNDING</b>												
	Mix %	Share %										
12	70.00%		12,723	99,605	185,668	75,186	961	0	2,703	0	0	376,846
13	49.56%		4,544	35,572	66,309	26,852	343	0	965	0	0	134,585
14			8,179	64,033	119,360	48,333	619	0	1,737			242,261
15			10,906	85,376	159,144	64,445	824	0	2,317	8,526	29,771	361,308
16	0.00%		0	0	0	0	0	0	0	0	0	0
17	0.00%		0	0	0	0	0	0	0	0	0	0
18												0
19			36,352	284,585	530,481	214,816	2,747	0	7,722	8,526	29,771	1,115,000
20		NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0	0	0	0	0	0
21		STATE FUNDING (Including Realignment)	23,629	184,980	344,813	139,630	1,786	0	5,019	8,526	29,771	738,154
22		FEDERAL FUNDING	12,723	99,605	185,668	75,186	961	0	2,703	0	0	376,846
23		TOTAL FUNDING	36,352	284,585	530,481	214,816	2,747	0	7,722	8,526	29,771	1,115,000
24		SCHEDULE OF MAXIMUM ALLOWANCES (CCR)	2.20	2.20	2.99	2.99	2.99	5.56	4.20			
25		TARGET COST PER UNIT OF SERVICE	2.20	2.20	2.99	2.99	2.99	0.00	4.20			
26		UNITS OF TIME (Minutes)	16,524	129,357	177,419	71,847	919	0	1,839			397,903

**SCHEDULE B**

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
STAFFING DETAIL  
FY 2021 - 2022**

Schedule B

July 1, 2021 - December 31, 2021

(6 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: **Mental Health Systems, Inc.**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	(6 months)		(6 months)	
							Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Moncada, Jacqueline	LMFT, PsyD	Program Manager	91,496	22,874	114,370	100%	57,185	0	45,748	11,437
Allen, Lateasha	LMFT	Clinical Supervisor	83,200	20,800	104,000	40%	20,800	0	16,640	4,160
Rudolph, Christina N.	AMFT	Intake Coordinator	64,480	16,120	80,600	100%	40,300	900	32,240	8,060
Rivera, Celine	AMFT	Facilitator (Lead)	59,280	14,820	74,100	100%	37,050	900	29,640	7,410
[VACANT]	AMFT	Facilitator (Lead)	59,280	14,820	74,100	100%	37,050	900	29,640	7,410
Rodriguez, Cassandra R.	ASW	Facilitator (Bilingual)	54,080	13,520	67,600	100%	33,800	900	27,040	6,760
Gonzalez, Jacqueline	AMFT	Facilitator (Bilingual)	56,160	14,040	70,200	100%	35,100	900	28,080	7,020
Cervantes, Ariana	ASW	Facilitator (Bilingual)	52,000	13,000	65,000	100%	32,500	900	26,000	6,500
[VACANT]	AMFT	Facilitator (Bilingual)	49,920	12,480	62,400	100%	31,200	900	24,960	6,240
Menchaca, Deanna	ASW	Facilitator	59,280	14,820	74,100	100%	37,050	900	29,640	7,410
Garcia, Rachelle L.	AMFT	Facilitator	56,160	14,040	70,200	100%	35,100	900	28,080	7,020
Slater, Michael T.	B.A.	Family Specialist (Lead)	45,760	11,440	57,200	100%	28,600	900	22,880	5,720
Rodriguez, Yesenia R.	B.S.	Family Specialist (Bilingual)	45,760	11,440	57,200	100%	28,600	900	22,880	5,720
Dabbs, Erma J.	B.S.	Family Specialist	42,640	10,660	53,300	100%	26,650	900	21,320	5,330
Treadwell, Brandon	B.A.	Family Specialist	42,640	10,660	53,300	100%	26,650	900	21,320	5,330
Mendoza, Ana R.	0	Family Specialist	39,520	9,880	49,400	100%	24,700	900	19,760	4,940
Gibson-Orial, Tiffany A.	0	Family Specialist	52,000	13,000	65,000	100%	32,500	900	26,000	6,500
[VACANT]	0	Family Specialist (Bilingual)	34,320	8,580	42,900	100%	21,450	675	17,160	4,290
Rodriguez, Jessica M.	0	Family Specialist	39,520	9,880	49,400	100%	24,700	900	19,760	4,940
Lerma, Anita E.	B.A.	Family (Parent) Partner (Lead)	45,760	11,440	57,200	100%	28,600	900	22,880	5,720
Pate, Briggette L.	0	Family (Parent) Partner	35,360	8,840	44,200	100%	22,100	900	17,680	4,420
Lopez, Maritza	0	Family (Parent) Partner	43,680	10,920	54,600	100%	27,300	900	21,840	5,460
Vega, Karla L.	0	Family (Parent) Partner	35,360	8,840	44,200	100%	22,100	900	17,680	4,420
Harris, Patrice	0	Office Manager	45,760	11,440	57,200	100%	28,600	0	22,880	5,720
Benavidez, Jamie R.	0	Administrative Assistant	41,600	10,400	52,000	100%	26,000	0	20,800	5,200
Morales, Melissa	0	Compliance Specialist	61,880	15,470	77,350	25%	9,669	0	7,735	1,934
Rodriguez, Crystal	0	Billing Coordinator	45,760	11,440	57,200	100%	28,600	0	22,880	5,720
[VACANT]	0	Intern / Volunteer	0	0	0	50%	0	0	0	0
Tharani, Anil	B.S.	Program Financial Analyst	68,640	17,160	85,800	7%	3,003	0	2,403	601
TBD	LMFT	Vice President of Clinical Services	128,960	32,240	161,200	10%	8,060	0	6,448	1,612
					0		0		0	0
					0		0		0	0
									652,014	163,003

<b>TOTAL COST:</b>	815,017
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**Detail of Fringe Benefits:** Employer FICA/Medicare, Vacation Pay,  
Sick Pay, Retirement, Dental, Vision and Health Benefits

\* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.

**SCHEDULE B**

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B**

**FY 2021 - 2022**

Prepared by: Lindsay Santino  
Title: Director of Finance

Contractor Name: **Mental Health Systems, Inc.**

Provider # **36DU-EW**

Contract/RFP# **16-404 A3**

Address: **9540 Center Ave, 100 & 110**

**Rancho Cucamonga**

Date Form Completed: **March 22, 2021**

**Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.**

**July 1, 2021 - December 31, 2021**

**(6 Months)**

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 External Database Fee (.26% of Contract)	\$2,899	0%	\$0	100%	\$2,899
2 Building Rent & Leases	\$46,170	0%	\$0	100%	\$46,170
3 Building Repairs/Maintenance	\$5,052	0%	\$0	100%	\$5,052
4 Equipment Rent & Leases	\$11,037	0%	\$0	100%	\$11,037
5 Equipment Repair/Maintenance	\$2,170	0%	\$0	100%	\$2,170
6 Telecommunications	\$10,888	0%	\$0	100%	\$10,888
7 Utilities	\$6,600	0%	\$0	100%	\$6,600
8 Minor Equipment	\$1,200	0%	\$0	100%	\$1,200
9 Office Supplies	\$13,445	0%	\$0	100%	\$13,445
10 Other Supplies	\$3,000	0%	\$0	100%	\$3,000
11 Printing	\$8,725	0%	\$0	100%	\$8,725
12 Travel	\$8,737	0%	\$0	100%	\$8,737
13 Accounting/Auditing/Legal Fees	\$200	0%	\$0	100%	\$200
14 Dues and Subscriptions	\$100	0%	\$0	100%	\$100
15 Insurance	\$15,734	0%	\$0	100%	\$15,734
16 Staff Development/Training	\$3,977	0%	\$0	100%	\$3,977
17 Tax/License/Fees	\$7,932	0%	\$0	100%	\$7,932
18 Other Business Services	\$1,356	0%	\$0	100%	\$1,356
19 Curriculum	\$500	0%	\$0	100%	\$500
20 Flex Funds	\$4,920	0%	\$0	100%	\$4,920
21 Interpreter Services	\$750	0%	\$0	100%	\$750
22 Consultant	\$0	0%	\$0	100%	\$0
23 Administrative Overhead	\$144,591	0%	\$0	100%	\$144,591
<b>SUBTOTAL B:</b>	\$299,983		\$0		\$299,983
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$1,115,000

## SCHEDULE B

FY 2021 - 2022

Contractor Name: Mental Health Systems, Inc.

Provider # 36DU-EW

Contract/RFP# 16-404 A3

Address: 9540 Center Ave, 100 & 110

Rancho Cucamonga

Date Form Completed: March 22, 2021

Prepared by: Lindsay Santino  
Title: Director of Finance

**Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures ( rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.**

**July 1, 2021 - December 31, 2021**

ITEM	Justification of Cost
1 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Building Rent & Leases	This amount is comprised of building rent or lease for office space.
3 Building Repairs/Maintenance	Minor repairs and maintenance for facility including, but not limited to replacement of locks, minor breakage, internal phone line repairs, and other repairs required for safe operation of the program at the facility. This also includes the cleaning of the building and alarm service.
4 Equipment Rent & Leases	Expenses are for rental or leasing of equipment that may be needed at facility including a copier and 2 vehicles
5 Equipment Repair/Maintenance	Equipment Repairs/Maintenance encompasses the cost of a maintenance contract for the copier, monitoring of internet firewall, and the repair of other equipment not covered by maintenance agreements such as computers, printers, and telephones. Also includes car washes and minor repairs for the leased vehicle
6 Telecommunications	Includes expense for installation and recurring costs of telephones, pagers, fax machine, MS Teams user fees, internet services and LAN phone service. Expenses may be somewhat greater or less for individual months.
7 Utilities	Covers utilities such as electricity, gas/propane, water and waste disposal for the building.
8 Minor Equipment	Represents minor equipment purchases such as phones, cell phones, printers, CPU and monitors, fax machines, or furniture for replacement purposes of existing equipment that in the normal course of use is worn out and either cannot be repaired or is not practical to have repaired. Expenses cannot be attributed to a specific amount per month.
9 Office Supplies	Represents supplies utilized for program operation, including office supplies (paper, pens, pencils, folders, staples, paper clips, printer cartridges, binders, folder tabs, etc.), and postage. This also includes supplies for equipment like extension cords, and surge protectors. Expenses cannot be attributed to a specific amount per month. This also pays for housekeeping supplies such as cleaning products, bathroom products, non stationary paper goods, cleaning and trash supplies. Also includes software user fees like MS Office 365.
10 Other Supplies	Included here is recreational and occupational therapy supplies, medical supplies for clients and staff (PPE) as well as food purchased for clients
11 Printing	Includes costs for employment advertisements, printing of brochures, stationery, business cards, and curriculum. Printing expenses for the production of client materials to orient them to the program and for information materials for other referral sources, which assist in treatment.
12 Travel	Travel local includes reimbursements for mileage for staff traveling to and from events, meetings and trainings in conjunction with program operations and responsibilities. Out of county travel is in this budget for designated staff to attend training and traveling to the corporate office in San Diego. Out of county travel can include rental cars, hotel stays, and ME&I.
13 Accounting/Auditing/Legal Fees	Covers financial and accounting fees incurred by this program, including the required Federal Office of Management and Budget (OMB-133) audit.
14 Dues and Subscriptions	Dues & Subscriptions are comprised of membership fees to substance abuse/behavioral health agencies, business licensing fees as well as subscriptions to professional trade journals and newsletters.
15 Insurance	Insurance consists of professional liability insurance, which is pro-rated to this program based upon the ratio of program expenses (excluding purchased services) divided by program expenses for all MHS programs during each period of allocation. Workers' compensation insurance based upon workers' compensation ratings for employee classifications in this program applied through actual hours worked. Unemployment insurance is calculated on the first \$7,000 of employee salaries (calendar year). This line also includes insurance for Auto's, Property, Commercial, D&O, Umbrella,
16 Staff Development/Training	Staff Development/Training costs include CPR and First Aid trainings for staff, user fees for Relias, registrations for staff development and trainings held in collaboration with the program's mission.
17 Tax/License/Fees	Represents Municipality licenses (fire inspections, permits, etc.) paid on an annual basis. Building and professional licensing fees, staff license and certification renewals, etc. This also covers the monthly user license fee for Avatar (EHR System/3rd party billing) as well as IT threat protection and other IT related user fees.
18 Other Business Services	Other Business Services Expenses are comprised of the costs associated with banking services (which does not include interest expense), and other miscellaneous services. Also includes associated costs for hiring of new employees such as TB screenings, assessments, drug screenings, background checks, and fingerprinting.
19 Curriculum	Training materials (videos, workbooks, etc.) and other supplies specifically for psychoeducational groups for families, caretakers, and/or clients.
20 Flex Funds	Family and child expenses paying for the children to participate in social activities, improving interpersonal skills, cost of transporting clients (gas for vehicles, bus pass vouchers). This also includes expenses to provide the basic necessities and maintain the family unit. Frequently, gift cards are used to facilitate the purchase and tracking of these items.
21 Interpreter Services	The program will use Interpreter services for any client needing translation where the program does not have employees who speak the primary language of the client.
22 Consultants	
22 Administrative Overhead	Administration expenses include costs of Executive Management, Human Resources, Accounting, Quality Improvement, and Facilities, among others. These are indirect services which support all MHS programs, and cannot be readily identified to a single cost objective. At the time this budget was prepared, the anticipated negotiated rate is 14.9% applied to total direct costs. The rate actually applied to this contract will be adjusted up or down once the federal rate has been determined. <b>(Admin. overhead will not exceed 15% of direct costs)</b>

**SCHEDULE B**

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2021 - 2022**

Contractor Name: Mental Health Systems, Inc.  
 Provider #: 36DU-EW  
 Contract/RFP#: 16-404 A3  
 Address: 9540 Center Ave, 100 & 110  
 Rancho Cucamonga  
 Date Form Completed: 3/22/2021  
 Date Form Revised:

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 168 hours per month per FTE)	Projected Revenue Generated by Service Type							Clients Served		
				Case Mgmt (01-09)	Intensive Care Coordination (07)	Mental Health Services (10-50)	Intensive Home Based Services (57)	TBS (58)	Medication Support (60)	Crisis Intervention (70)	Starting Census		95
											Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-21	66,317	20.00	33%	\$6,059	\$47,431	\$88,414	\$35,803	\$458	\$0	\$1,287	4	7	92
Aug-21	66,317	20.00	33%	\$6,059	\$47,431	\$88,414	\$35,803	\$458	\$0	\$1,287	6	9	89
Sep-21	66,317	20.00	33%	\$6,059	\$47,431	\$88,414	\$35,803	\$458	\$0	\$1,287	9	5	93
Oct-21	66,317	20.00	33%	\$6,059	\$47,431	\$88,414	\$35,803	\$458	\$0	\$1,287	6	5	94
Nov-21	66,317	20.00	33%	\$6,059	\$47,431	\$88,414	\$35,803	\$458	\$0	\$1,287	3	3	94
Dec-21	66,317	20.00	33%	\$6,059	\$47,431	\$88,414	\$35,803	\$458	\$0	\$1,287	0	4	90
TOTAL	397,903			\$36,352	\$284,585	\$530,481	\$214,816	\$2,747	\$0	\$7,722	28	33	123
Total Revenue								\$1,076,703	Unduplicated Clients Served				
								Est. Medi-Cal Cost Per Client:		\$8,754			
								Est. Non-Medi-Cal Cost Per Client:		\$311			
								Est. Total Cost Per Client:		\$9,065			