



Contract Number

17-375 A-1

SAP Number

4400008744

Children and Family Services

| | |
|---|------------------------------------|
| Department Contract Representative | Karol Hamman |
| Telephone Number | (909) 388-0215 |
| Contractor | Mental Health Services, Inc. |
| Contractor Representative | James C. Callaghan, Jr. |
| Telephone Number | (858) 573-2600 |
| Contract Term | July 1, 2017 through June 30, 2021 |
| Original Contract Amount | \$891,567 |
| Amendment Amount | \$297,189 |
| Total Contract Amount | \$1,188,756 |
| Cost Center | 5017061000 |

IT IS HEREBY AGREED AS FOLLOWS:

If is hereby agreed to amend Contract No. 17-375 (SAP Contract No. 4400008744), effective July 1, 2020, as follows:

AMENDMENT NO. 1:

SECTION II. CONTRACTOR SERVICE RESPONSIBILITIES

Amend Section II, adding Paragraph P to read as follows:

- A. During extraordinary circumstances (e.g., COVID-19 public health emergency), and with CFS approval, provide KSSP services by videoconference, teleconference, or other means that protect the health and safety of all parties involved.

SECTION V. FISCAL PROVISIONS

Amend Paragraph A to read as follows:

- A. The maximum amount of payment under this Contract shall not exceed a total of \$1,188,756, or \$297,189 annually, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment of all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

SECTION VIII. TERM

Amend Section to read as follows:

This Contract is effective July 1, 2017 and is extended from its original expiration date of June 30, 2020, to expire on June 30, 2021, but may be terminated earlier in accordance with the provisions of Section IX of the Contract. The Contract term may be extended for one (1) additional one-year periods by mutual agreement of the parties.

SECTION XI. CONCLUSION

Amend Section XI, adding Paragraph D to read as follows:

- D. This Contract 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 Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (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 Contract upon request.

ATTACHMENT C – PROGRAM BUDGET

Amend Attachment C, Program Budget, adding Program Budget for July 1, 2020 through June 30, 2021.

All other terms and conditions of Contact No. 17-375 (SAP Contract No. 4400008744) remain in full force and effect.

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

Mental Health Systems, Inc.

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

By ►

(Authorized signature - sign in blue ink)

Name James C. Callaghan, Jr.

(Print or type name of person signing contract)

Title CEO and President

(Print or Type)

Dated: _____

Address 9465 Farnham Street

San Diego, CA 92123

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Michael Markel, Principal Assistant County
Counsel

Date _____

Reviewed for Contract Compliance

►
Jennifer Mulhall-Daudel, HS Contracts Unit

Date _____

Reviewed/Approved by Department

►
Marlene Hagen, Director

Date _____

PROGRAM BUDGET

| Mental Health Systems | | | |
|---|--------------------------------|--------------------------|---------------------|
| Program Budget | | | |
| Kinship Support Services Program | | | |
| Fiscal year: July 1, 2020 through June 30, 2021 | | | |
| | TOTAL COST TO THE ORGANIZATION | PERCENT CHARGED TO GRANT | TOTAL COST TO GRANT |
| I. Program Costs: List expenses that are chargeable, in whole or part, to the program. Attach an explanation of costs in narrative form. Include a Budget Narrative to justify "how" and/or "why" a line item helps to meet the program objectives and deliverables. Include fulltime equivalencies (FTEs) for all positions. | | | |
| A. Salaries and Benefits | | | |
| 1. Program Manager | \$ 78,624.00 | 100% | \$ 78,624.00 |
| Salary | \$ 62,400.00 | 100% | \$ 62,400.00 |
| Benefits | \$ 16,224.00 | 100% | \$ 16,224.00 |
| 2. AB 12 Case Manager, Bilingual (Ontario facility) | \$ 57,657.60 | 100% | \$ 57,657.60 |
| Salary | \$ 45,760.00 | 100% | \$ 45,760.00 |
| Benefits | \$ 11,897.60 | 100% | \$ 11,897.60 |
| 3. AB 12 Case Manager (Victorville facility) | \$ 47,021.52 | 50% | \$ 23,510.76 |
| Salary | \$ 43,680.00 | 50% | \$ 21,840.00 |
| Benefits | \$ 3,341.52 | 50% | \$ 1,670.76 |
| 4. Kinship Support Specialist | \$ 49,795.20 | 100% | \$ 49,795.20 |
| Salary | \$ 39,520.00 | 100% | \$ 39,520.00 |
| Benefits | \$ 10,275.20 | 100% | \$ 10,275.20 |
| 5. Vice President of Clinical Services | \$ 144,144.00 | 3% | \$ 4,324.32 |
| Salary | \$ 114,400.00 | 3% | \$ 3,432.00 |
| Benefits | \$ 29,744.00 | 3% | \$ 892.32 |
| 6. Program Financial Analyst | \$ 81,900.00 | 3% | \$ 2,457.00 |
| Salary | \$ 65,000.00 | 3% | \$ 1,950.00 |
| Benefits | \$ 16,900.00 | 3% | \$ 507.00 |
| B. Operating Expenses | | | |
| 1. Facility Expenses | \$ 15,058.00 | 100% | \$ 15,058.00 |
| 2. Staff Travel | \$ 8,859.00 | 100% | \$ 8,859.00 |
| 3. Program Supplies | \$ 3,700.00 | 100% | \$ 3,700.00 |
| 4. Telecommunications | \$ 3,251.00 | 100% | \$ 3,251.00 |
| 5. Insurance | \$ 3,165.00 | 100% | \$ 3,165.00 |
| 6. Equipment Expenses | \$ 2,734.00 | 100% | \$ 2,734.00 |
| 7. Client Expenses | \$ 1,050.00 | 100% | \$ 1,050.00 |
| 8. Other Business Services | \$ 4,464.12 | 100% | \$ 4,464.12 |
| 9. Indirect | \$ 38,539.00 | 100% | \$ 38,539.00 |
| Subtotal (B) | \$ 80,820.12 | 100% | \$ 80,820.12 |
| Subtotal (A) | \$ 233,098.32 | 93% | \$ 216,368.88 |
| Total | \$ 313,918.44 | 95% | \$ 297,189.00 |

| | | |
|---|---|-----------------------------|
| C. Cash/In-Kind Source to meet requirement match | | |
| List all cash or in-kind funds that will be used to provide required 10% match. Attach a narrative explanation of how the value of each cash/in-kind expense will be determined. | | |
| The amount shown on Line 6 under column "A" and /or "B" (below) must equal or exceed ten percent (10%) of the amount of funds allocated for the services provided under any resulting contract. | | |
| A. Source of Income: | | Amount of Non-Governmental: |
| 1. | | \$ - |
| 2. | | \$ - |
| 3. | | \$ - |
| 4. | | \$ - |
| 5. | | \$ - |
| 6. | | \$ - |
| Total | | \$ - |
| B. Source of In-Kind (non-cash) Income: | | Value: |
| 1. | Volunteers, 4 hours per week @ \$15 per hour + 28% benefits | \$ 3,869.00 |
| 2. | Panera Bread, food donation | \$ 20,329.89 |
| 3. | Children's Fund, toy donation, qty: 600, \$20 ea. | \$ 1,000.00 |
| 4. | Private Donations: Diapers, wipes, clothes, mattresses | \$ 1,200.00 |
| 5. | Santa Claus Inc. & Santa's Sleigh: Toys | \$ 1,000.00 |
| 6. | City Link Resource Center: Shoes | \$ 2,320.00 |
| Total | | \$ 29,718.89 |