

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY


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 Contract 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: June 15, 2020

Address 9465 Farnham Street

San Diego, CA 92123

FOR COUNTY USE ONLY

Approved as to Legal Form

Michael Markel

Michael Markel, Principal Assistant County Counsel

Date June 16, 2020

Reviewed for Contract Compliance

Jennifer Mulhall-Daudel

Jennifer Mulhall-Daudel, HS Contracts Unit

Date June 16, 2020

Reviewed/Approved by Department

Marlene Hagen

Marlene Hagen, Director

Date June 16, 2020

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