## Contract Number

## Department of Behavioral Health

Department Contract Representative<br>Telephone Number<br>Contractor<br>Contractor Representative<br>Telephone Number<br>Contract Term<br>Original Contract Amount<br>Amendment Amount<br>Total Contract Amount Cost Center

| Paul Lindenberg |
| :--- |
| (909) 386-8264 |
| Mental Health Systems, Inc. |
| Melanie Carreon |
| (909) 872-0223 |
| July 1, 2015 - December 31, 2021 |
| $\$ \$, 44,423$ |
| $\$ 523,923$ |
| $\$ 3,967,346$ |
| 1018521000 |

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, Inc. referenced above, hereinafter called Contractor.

## IT IS HEREBY AGREED AS FOLLOWS:

## WITNESSETH:

IN THAT CERTAIN Contract No. $\mathbf{1 5 - 3 2 0}$ by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor provision of Substance Use Disorder Recovery Services Community-Based Recovery Service Center Services, which Contract first became effective July 1, 2015 the following changes are hereby made and agreed to, effective July 1, 2021:
I. ARTICLE IV Funding paragraph K is hereby amended and paragraph L is hereby added to read as follows:
K. The contract amendment amount of $\$ 523,923$ shall increase the total contract amount from $\$ 3,443,423$ to $\$ 3,967,346$ for the contract term.
L. This amendment hereby adds Schedules A and B for fiscal year 2021-22. All previous approved schedules remain in effect.
II. ARTICLE XV DURATION AND TERMINATION paragraph A is hereby amended to read as follows:
A. The term of this Agreement shall be from July 1, 2015 through December 31, 2021 inclusive.
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 $\qquad$
Deputy

Mental Health Systems, Inc.
(Print or type name of corporation, company, contractor, etc.)

By $\qquad$

Name
(Print or type name of person signing contract)

Title
(Print or Type)

Dated: $\qquad$
Address $\qquad$

FOR COUNTY USE ONLY
Approved as to Legal Form
Dawn Martin, Deputy County Counsel
Date

$|$| Reviewed for Contract Compliance |
| :--- |
| Date |

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUB STANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Schedule A - Proposed Budget
BUDGET PERIOD: $\qquad$

Providers Name: Mental Heath Svstems. Inc.
Faciity Address: 1079 Santo Antonio Drive Suite B Colton. CA
Provider Number: 1/25/1910

Prepared by: Christo pher Tremalqia
Title: Program Finance Manager
Date Prepared: 2/25/2021

| FUNDING SOURCE |  | DMC-ODS |  | k Grant |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Recovery Services - Outpatient Treatment |  |  |  |  |  |  |
| Cost - Individual Counseling |  |  |  |  | \$ | 0 |
| Units of Service (15 minute increment) |  |  |  |  |  | 0 |
| Interim Rate (Cost/UOS)* | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
| Cost - Group Counseling |  |  |  |  | \$ |  |
| Units of Service (15 minute increments) |  |  |  |  |  | 0 |
| Interim Rate (Cost/UOS)* | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
| Recovery Services - Recovery Monitoring |  |  |  |  |  |  |
| Cost |  |  |  |  | \$ | 0 |
| Units of Service (15 minute increments) |  |  |  |  |  | - |
| Interim Rate (Cost/UOS)* | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
| Recovery Services - Case Management |  |  |  |  |  |  |
| Cost |  |  |  |  | \$ | 0 |
| Units of Service (15 minute increments) |  |  |  |  |  | - |
| Interim Rate (Cost/UOS) | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
| SUMMARY OF ALL RECOVERY SERVICE S COSTS |  |  |  |  |  |  |
| Total Net Service Expenses | \$ | 0 | \$ |  | \$ | 0 |
| Units of Service (15 minute increments) |  | 0 |  | 0 |  | 0 |
| Interim Rate (Cost/JOS) | \$ | 0.00 |  | 0.00 |  | 0 |
| Recovery Center (Non-Service Related Costs) |  |  |  |  |  |  |
| Total Expenditures |  | , \% \% \% , \& | \$ | 75,500 |  | 75,500 |
| Less reportable Revenue |  |  |  |  | \$ | , |
| Net Recovery Center Costs |  |  | \$ | 75.500 | \$ | 75.500 |
| Service Hours |  |  |  | 1,352 | \$ | 1.352 |
| Cost per Hour |  |  | \$ | 56 | \$ | 56 |
| CONTRACT TOTAL | \$ | 0 | \$ | 75,500 | \$ | 75,500 |

SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDRS)

## Community-Based Recovery Service Centers Contract

Personnel Expense Detail
BUDGET PERIOD: $\qquad$

Providers Name: Facility Address: Provider Number:

Mental Health Systems, Inc.
1079 Santo Antonio Drive Suite B Colton, CA S 3678

Prepared by: Christopher Tremalgia
Title: Program Finance $M$ anager
Date Prepared: $2 / 25 / 2021$

| Position/Classification | Annual Salary | Annual Benefits | Annual Salary and Benefits |  | FTE | Allocated Salary and Benefits |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Program M anager | \$ 31,273 | \$ 7,818 | \$ | 39,091 | 5.0\% | \$ | 1,955 |
| Substance Abuse Counselor | \$ 21,840 | \$ 5,460 | \$ | 27,300 | 100.0\% | \$ | 27,300 |
| Substance Abuse Counselor | \$ 24,960 | \$ 6,240 | \$ | 31,200 | 30.0\% | \$ | 9,360 |
| Administrative Assistant | \$ 19,240 | \$ 4,810 | \$ | 24,050 | 10.0\% | \$ | 2,405 |
| Compliance Specialist | \$ 29,463 | \$ 7,366 | \$ | 36,829 | 5.0\% | \$ | 1,841 |
| Program Finanical Analyst | \$ 34,320 | \$ 8,580 | \$ | 42,900 | 7.0\% | \$ | 3,003 |
| Vice President of Clinical Services | \$ 64,480 | \$ 16,120 | \$ | 80,600 | 7.0\% | \$ | 5,642 |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |

DEPARTMENT OF BEHAVIORAL HEALTH
SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDR S) Community-Based Recovery Service Centers Contract Budget Detail

BUDGET PERIOD: 07/01/21-12/31/21

| e: | Mental Heath Systems, Inc. | Prepared by: Christo pher Tremalgia |
| :---: | :---: | :---: |
| Facility Address: | 1079 Santo Antonio Drive Suite B Colton, CA 9 ${ }_{\text {a }}$ | Tite: Program Finance Manager |
| Provider Number: | 1/25/1910 | Date Prepared: 2/25/2021 |


| Personnel Expenditures |  |
| :--- | :--- |
| Salaries and Benefits | $\$$ |


| Services and Supplies |  |  |
| :--- | :--- | ---: |
| Communications | $\$$ | 1,808 |
| Office Supplies | $\$$ | 889 |
| Utilies | $\$$ | 420 |
| Rent/Leases - Structures | $\$$ | 5,522 |
| Rent/Leases - Equipment | $\$$ | 48 |
| Insurance | $\$$ | 1,034 |
| Professional Services | $\$$ | 50 |
| Repair and Maintence | $\$$ | 878 |
| Food | $\$$ | - |
| Training \& Travel | $\$$ | 1,000 |
| Printing \& Publications | $\$$ | 200 |
| Curriculum \& Educational Training | $\$$ | - |
| Miscellaneous Supplies | $\$$ | - |
| Minor Equipment | $\$$ | 350 |
| Other Business Services | $\$$ | 2.004 |
| Other: | $\$$ |  |
| Administrative Indirect Costs (see 'NOTE" below) | $\mathbf{\$}$ |  |
| Other: | $\$, 791$ |  |
| TOTAL OPERATING EXPENSE S | $\$$ | 75,500 |


|  | Revenue |  |
| :--- | :--- | :--- |
| Agency Revenue-Fees/Other |  |  |

SAnN Bermantainco COUNT

suEsT ANCEUsEDISORDER RECONERY AENVCEs (sUDRsy Community-Eacsd Resovery Servboecentert Controot Eudpet Narrative

|  | EUDQET PERaDD: | 07/01/21-12/31/21 |  |
| :---: | :---: | :---: | :---: |
| Provider Name:Fsolly Addreve:Provider Number: | Mortal Howith Sysmers, linc | Prepared by: | Chrisbopler T nomaple |
|  | 107s Sando Amprio Drivosubo e Gobon ca | Tilte: | Fropram finance Marsoor |
|  | 125/1910 | DaxePrepared: | 22512021 |

 For sokamplo, show how incinoct coets or oworteasd wono cakicuinod.

| 1 tam | cont |  | Juckrioation |
| :---: | :---: | :---: | :---: |
| Communications | 5 | 1.30800 | Tolophone expones indurbos inatallation and noourtina coats of solophones, tax machine, inbornde sondices and LaNd phone sorvice. |
| Qmion Supolics | 5 | assuod | Program supplos ano uliliand for pro gram operntion including offioe pupplies foupar, pons, pencils, folidors, stapios, papor dipes, petrtor partridgos, bindors, foldor tabs, eobondion conds, surgo perobocions. obch postage, and housiodianing supplos boupor bowdis, clawnor, po ap, trash bugs, obc1-Softwene exponsos ane also incluodod, but ane hotlimibad bo program nolisod sotwwene oxponeos; in the program they ano for cllert assossmaniturading Dioks and any applicebleupditos. Also indurbes ITT nolabod usor costs for normal buainess o poritions the MSS OHice 365 . |
| Lutitios | 5 | 420000 | Uditios covors olocticity, oxi/pnopane, wabor and wasto dispoeal for the building. |
| Fuanthassos-Struchuns | 5 | 532200 | This amount is oomperisod of buildingrert or lesse for oftice souce |
| Funthosscs-Equipmort | 5 | 48.00 | Equipmont Raerthesse expersesi ano for rental or laseing of boupmont at tacility indueling but not limibod bo a copy machine. |
| Nnaurance | 5 | 1.034 .00 | Cowers the coat of Workors Comporsiation, Unemployemont insurance and Li ability ineurance for Aubo's (lt applicalble). D BD. Driminal Dishoncsty, and Sevead Misconoluat. |
| Protomaiomel Servicos | 5 | 50.00 | Dovers $t$ inancial and acoountingitoos inoumod by this program. inclueling the ropulined Fodional omice of Marmooment and buriont Nome A-1331 audit. |
| Roopair and Mairtonce | 5 | 37800 | Equipment foopelisshainbonance ancompassoss the co st of a mainbanence contract for the coptor, moniboring of intornex finownil. Fnd the nopair of othor ocuipment not covonod by mairtorenoe bonoomonts such as computors, prinbors, and wiophones. <br> Euilding Mainbonanoovruopair indudes minoe repairs and meirbonance for the tadilty including, but not IImibod bo noplacement of iocles, minor bnoalsage, irbornal pho ne line nopairs, and other nopalis noquinod for pate opermtion of the program at the lensod faclity. Also includiod is the clowring of the building, and alamn sorvice. |
| F0000 | 5 | - |  |
| Training s Travol | 5 | 1.00000 | Start Training oosts includo CPR and Finst Aid trairings for staut. noglstrations for stazt dovolo pmentand $t$ rainings hold in collaboration with the poogram's mission. Travol looul indudos noimbursomentes for milooge for stam travoling $b 0$ and tho movorts, mootings and trainings in conunction with progeram opernations and nowoondibillices. The atandardlifes rabo is usod to noimburse stant milagoe. Out of county fravol is in tris buabot for dosionabod staft bo attond training and porporabe mootings in Sen Dlogo. |
| Finmings Fublications | 3 | 200000 | includias oo sts fior employment atvortis ommonts, pelitingoif boochunos, atationery, businoes ounds and othor progiamn rolabod pelingod matorlink. |
| Ourriculim SEmucational Trairing | 3 | - | Foopoosonts coats sor educatbo nel mabortal and subatance plousioimontal hanith sorvices curricuium. |
| Misoclanoousi Supplios | 5 | - | Dowors the cost of foocrations Thorapy and Docupatbional Thermpy pupplias for cllorts |
| M6imor Equpmant | 5 | 35000 | Equipmont punchesengonesionts minor oquipment purcheses such as phones, coll pho nes,pelinbars, compubor bowors and monibors, a tax machine, as wall as furmibune bo aocommodite now porsomel and for roplacomort puiposes of eodsting ocuipmort thet in the nommal cour so of uso is wom out and dither camot bee nopainod or is not praction 80 weve napeinod. |
| Other leusincess Sorvices | 5 | 2004.00 | Ownor Eusinoss Sorvioos indudos assockiabod oo sts for hirt ng of now omployocs such $x$ te sonoonings, assossmonts, diua scnoorinos. badeono und checles, tingorpetinting, as woll as HilaA. complant ahnodiding sorvices and o ther similar miscoll anoous poogram opponses. LicensiosT Jees nopnosants muridpalty lioonsos efino nspoctions, pormits, obc I paid on an annual basis. Bulding and poobossiond lloonsing loos, stam liconeo and cortitication nonowis. obe This also co vors the morthily user lioonse foo for Wolloort, and inclusbes IT nolabod truant pnoboction sorvices and o ther ITT rolabod usor basod liooneing coets. |
| Other: | 5 | - |  |
| Auminisurativo lincinoct Costs | 5 | 9.791.00 | Administation exporsics inclurbe couts of Exocuthe Mansopoment. Humen Foosouncies, Aocouniting. Dually limprowomort, and Facilios. amone othors. These ano inclinoct sordoes which support all MHS programes, and carnot be novilly identtiod io asinglo oost objoctive. WHS nogodiabes an inclinoct rabo with the Fodoral Govermmert armully. The indinoct rabe apoliod bo this contract will be the rabe fitimaboly nogotlebod with the Fodaral Gowermmont. At thetimethis burloot wes poopared, the antici petbod nogotlabod rabe is 14.995 appiod so sotal dinoct coets. The rabe achullly appiod bo this contract will be adpusbod upor down once the foderal rate has booen blotminod. |
| Other: | 5 | - |  |

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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDRS)
Community-Based Recovery Service Centers Contract
Schedule A - Proposed Budget
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BUDGET PERIOD: $\qquad$

Providers Name: Mental Heath Svstems. Inc. $\qquad$
Facilty Address: 300 H Street Needles. CA 92363
Provider Number: $11 / 16 / 1909$

Prepared by: Christo pher Tremalqia
Title: Program Finance Manager
Date Prepared: 2/25/2021

| FUNDING SOURCE |  | DMC-ODS |  | Block Grant |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Recovery Services - Outpatient Treatment |  |  |  |  |  |  |
| Cost - Individual Counseling |  |  |  |  | \$ | 0 |
| Units of Service (15 minute increment) |  |  |  |  |  | 0 |
| 1 Interim Rate (Cost/UOS)* | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
| Cost - Group Counseling |  |  |  |  | \$ | 0 |
| Units of Service (15 minute increments) |  |  |  |  |  | 0 |
| Interim Rate (Cost/UOS)* | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
| Recovery Services - Recovery Monitoring |  |  |  |  |  |  |
| Cost |  |  |  |  | \$ | 0 |
| Units of Service (15 minute increments) |  |  |  |  |  |  |
| 1 Interim Rate (Cost/JOS)* | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
| Recovery Services - Case Management |  |  |  |  |  |  |
| Cost |  |  |  |  | \$ | 0 |
| Units of Service (15 minute increments) |  |  |  |  |  |  |
| Interim Rate (Cost/UOS) | \$ | 0.00 | \$ | 0.00 | \$ | 0 |
| SUMMARY OF ALL RECOVERY SERVICE S COSTS |  |  |  |  |  |  |
| Total Net Service Expenses | \$ | 0 | \$ | 0 | \$ | 0 |
| Units of Service (15 minute increments) |  | 0 |  | 0 |  |  |
| Interim Rate (Cost/UOS) | \$ | 0.00 | \$ | 0.00 |  | 0 |
| Recovery Center (Non-Service Related Costs) |  |  |  |  |  |  |
| Total Expenditures |  | \%** | \$ | 64,000 | \$ | 64,000 |
| Less reportable Revenue |  |  |  |  | \$ | 0 |
| Net Recovery Center Costs |  |  | \$ | 64.000 | \$ | 64.000 |
| Service Hours |  |  |  | 884 | \$ | 884 |
| Cost per Hour |  |  | \$ | 72 |  | 72 |
| CONTRACT TOTAL | \$ |  | \$ | 64,000 | \$ | 64,000 |

SAN BE RNARDINO COUNTY
DEPARTMENT OF BE HAVORAL HEALTH
SUB STANCE USE DISORDER RECOVERY SERVICES (SUDRS) Community-Based Recovery Service Centers Contract Personnel Expense Detail

BUDGET PERIOD: 07/01/21-12/31/21

| Providers Name: | Mental Health Systems, Inc. | Prepared by: | Christopher Tremalgia |
| :--- | :--- | :--- | :--- | :--- |
| Facility Address: <br> Provider Number: | 300 H Street Needles, CA 92363 | Title: | Program Finance Manager |



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SAN BERNARDIND COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDR S) Community-Based Recovery Service Centers Contract Budget Detail
BUDGET PERIOD: 07/01/21-12/31/21
```

Providers Name: Mental Health Svstems. Inc.
Facility Address: 300 H Street Needles CA 92363
Provider Number: $11 / 16 / 1909$

Prepared by: Christopher Tremalqia
Titk: Program Finance Manager
Date Prepared: 2/25/2021

| Personnel Expenditures |  |  |  |  |
| :--- | :--- | :---: | :---: | :---: |
| Salaries and Benefits | $\$$ |  |  |  |


| Services and Supplies |  |
| :--- | :--- |
| Communications | $\$ 1.340$ |


| Office Supplies | $\$ 875$ |
| :--- | :--- |


| Utilities | $\$ 120$ |
| :--- | :--- |
| R |  |


| Rent/Leases - Structures | $\$ 8,030$ |
| :--- | :--- |


| Rent/Leases - Equipment | $\$$ | 103 |
| :--- | :--- | ---: |
| Insurance | $\$$ | 964 |


| Professional Services | $\$ \quad 50$ |
| :--- | :--- |


| Repair and Maintence | $\$$ | 930 |
| :--- | :--- | :---: |
| Food | $\$$ | - |
| Training \& Travel | $\$$ | 711 |
| Pring | $\$$ |  |


| Printing \& Publications | $\$ 8$ |
| :--- | :--- |


| Curriculum \& Educational Training | $\$ 8$ |
| :--- | :--- |


| Miscellaneous Supplies | $\$ 150$ |
| :--- | :--- |


| Minor Equipment | $\$ 350$ |
| :---: | :---: |


| Other Business Sevices | \$ | 826 |
| :---: | :---: | :---: |
| Other: |  |  |
| Other Expenditures |  |  |
| Administrative Indirect Costs (see "NOTE" below) | \$ | 8.299 |
| Other: |  |  |
| TOTAL OPERATING EXPENSE S | \$ | 64,000 |


| Revenue |  |
| :--- | :--- |
| Agency Revenue-Fees/Other |  |

sUEsT ANCE U IEDUSORDER RECOVERY sER WCEs (AUDRs) Community-Eaved Reoovery Aervoes Center Controot

Eudget Narrative

 For example sho whow inclioct coats or overtiod were calculabod.

| Item | Coct |  | dultioston |
| :---: | :---: | :---: | :---: |
| Commurications | 3 | 1.34000 | Tolophone expense indudes imatalation and rocuring coats of polophones, fax machine, intomet saruices and LAN phone sorvice. |
| OMos Suplics | 3 | 575.00 | Progam supples aro wlizad for program oporation, induring office zupplies (anpor, pans, pancis, foldors, stapios, papor dipe, pifibar carticipes, bindors, folider tabas, exbersion co nds, surge proboctors. obc.1. postage and housodoening supplios (pepor bowds, claansor, soap, trabhbags, obc.1-Software exporses aro abo indudas, but ane hot Imibod D programnolitod so ftwere expersies; in the program they ano for diort assossmonttradingtools and any appicablo updits. Also includes IT nolatod user coste for nomnal busineas oparatons live MS Orfice 365. |
| Uutitics | 3 | 42000 | Uulitios covers oloctbiliy, gxi/propane, witor and wasto dispocal for the bulding |
| Fuontlasses-Stucbues | 3 | 1.03000 | This amourt is comprisod of buldina nont or lonse for omfice space. |
| Runthassas - Equipmont | 5 | 103.00 | Equipmant RorthLesse oxpanass anofor ronkl or losaing of oqulpmant atfisdilty induring but not limitod to a co py machine. |
| Henarase | 5 | 964.00 | Covors the coat of Workers Componaation. Unempio yomert ineurance and Liabiliy ineurancefor Auto's (5t applicaliel, DSO. Crimiral Dishonesty, and Sexeral Miscondurt. |
| Frotassional Sorvioss | 5 | 5000 | Co vors financial and accourting foos inoumod by this pro gam. includingthe noquinod Foderal OAfice of Manmoomert and Budgot fome A-133) auok. |
| Ropair and Mainbonos | 3 | 9지96 | Equipmant ReparsMaintanarce onoompseses the cock of a mairtorence contract for the copior, monibotina of irtomot frowall. and the repeir of other equipmontnot cowonod by mairtenance zonoomonts such as computors, printors, and tolophones. <br> Buldina MairtorsencovFiopali includes minor nopaiss and mainenanco for the tacilty including, but not Imibod to noplacomert of lo dss, minor broalugeo, intarral phone ine ropairs, and other repeirs rapulrad for azte oparaton of the program atthe loxiod tadity. Abso indudodis the doaringot the buiding, and 1 armsorice |
| Food | 5 | - |  |
| Training S Travol | 3 | 711.00 | Sta"t Training coats include CPR and FirstAdd rainings for stame, rocistrations for stait devolopmert and trairings heid in collaboration wth the program's mission Travol local includes noimbur somants for milosge for statet travoling bo and from ovonts, modings and trainings in conlindtion with program operations and resporsibillties. The atandiand IRS rito is usod to noimbur so state mionge Out of courity ravel is in tis budpot for desionstod state to athond trairing and corporate mootings in San Diopo. |
| Pirting S Publications | 3 | 100.00 | induries coats for amploymentadivatisamerts, printing of brochuncs, atabionery, busineas cands and other program rolabod prinbod matorlals. |
| Qumoums Eduatonal Trairima | 3 | 9000 | Fooprosonits coats for oducational material and subatince abuso/mental heath sorvices carficuum. |
| Macolanoous Supoics | 5 | 150.00 | Dovers the coat of Recrettionel Therapy and Ocoupetforel Therapy supples for dionts |
| MinorEaiomort | 3 | 35000 | Equipmont purchesoreprasorts minor opulpmort purchasos suchas phones, coll phones, pefintors, co mputar bo wers and monibors, a fax machine, as woll as tumibure bo accommodate new personnel andtor roplacement purposes of exdsting oquipment that in the normel course of usels wornout and duther camot be nopainod or is not pradtical id have nopainod. |
| Other Eusinoss Sarvoss | 3 | 3RE.00 | Other Business Sarvices indudes assodiatod costs for hiring of now omployocs such as TB scroorings., ascessmorts, ding scroorings. aackoround chacis, fingorporiting, as wal as HPAA complant alrodding sorvicos ando tior simila miscollencous program oupencos. LiconsoesT aces noprosents municipality liconsas fifo irspoctions, pormits, obcl paid onanamual besks. Buldingand pro foscional liconding foos, staft licome and cortification nonowits. obc. This also covors the morthly user licarsefoe for Wiolligort, and includes IT rolabod troast proboction sorvicas and other IT rolatod usor basad liconding coats. |
| Other: | 5 | - |  |
| Adminisurabue nciract Cost | 3 | 8.29900 | Administration experses indurie costs of Exacutive Manapomert, Human Rosources, Accouriting, Ouiliy lmprovoment, and Fiadites, amongothors. These ano indinot sorvicos which support all MHS prog ams, and carnot bereabily idertifod to a sinolecoat objoctlve. WHS nogptabes aninclinoct rabe with the Fodaral Govarmort annully. The indinod rabe appliod to tis co rtract will be the rabo fitimebly nogotlatod whth the Fodoral Govarmort. At the time this budost was proparod, the anticipatod nogothatod rabois $14.9 \%$ appliod to botal diroct coats. The rato actually appliod to this contract will be adiustod upor down once the foderal rabe hes boen soborminod |
| Other: | 5 | - |  |

Providers Name: Mental Heath Systems. Inc.
Faciity Address: 58945 Business Center Drive. Suites J/PN Y Provider Number: 8/17/1923

Prepared by: Christo pher Tremalaia
Title: Program Finance Manager
Date Prepared: 2/25/2021


SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDRS)
Community-Based Recovery Service Centers Contract Personnel Expense Detail

## BUDGET PERIOD: <br> $\qquad$

Providers Name: Facility Address: Provider Number:

| Mental Health Systems, Inc. |
| :--- |
| 58945 Business Center Drive, Suites J/P/N Yu |
| 8630 |

Prepared by: Christopher Tremalgia
Title: Program Finance Manager
Date Prepared: 2/25/2021

| Position/Classification | Annual Salary | Annual Benefits | Annual Salary and Benefits |  | FTE | Allocated Salary and Benefits |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Program M anager | \$ 36,098 | \$ 7,328 | \$ | 43,426 | 7.0\% | \$ | 3,040 |
| Substance Abuse Counselor | \$ 26,000 | \$ 5,278 | \$ | 31,278 | 60.0\% | S | 18,767 |
| Peer Recovery Specialist | \$ 18,720 | \$ 3,800 | \$ | 22,520 | 25.0\% | S | 5,630 |
| Administrative Assistant | \$ 18,720 | \$ 3,800 | S | 22,520 | 10.0\% | S | 2,252 |
| Compliance Specialist | \$ 29,463 | \$ 5,981 | S | 35,444 | 5.0\% | \$ | 1,772 |
| Program Financial Analyst | \$ 34,320 | \$ 6,967 | \$ | 41,287 | 7.0\% | \$ | 2,890 |
| Vice President of Clinical Services | \$ 64,480 | \$ 13,089 | \$ | 77,569 | 7.0\% | S | 5,430 |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | S | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | S | - |  | S | - |
|  |  |  | S | - |  | S | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | S | - |  | \$ | - |
|  |  |  | \$ | - |  | S | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDR S)
Community-Based Recovery Service Centers Contract Budget Detail

BUDGET PERIOD: 07/01/21-12/31/21

Providers Name: Mental Health Svstems, Inc.
Facility Address: 58945 Business Center Drive, Suites J/P/N Yucu Provider Number: 8/17/1923

Prepared by: Christopher Tremalqia
Tite: Program Finance Manager
Date Prepared: 2/25/2021

| Personnel Expenditures |  |
| :--- | :--- |
| Salaries and Benefits | $\$$ |


| Services and Supplies |  |  |
| :---: | :---: | :---: |
| Communications | \$ | 1.284 |
| Office Supplies | \$ | 630 |
| Utilities | \$ | 1.500 |
| Rent/Leases - Structures | \$ | 7,731 |
| Rent/Leases - Equipment | \$ | 296 |
| Insurance | \$ | 829 |
| Professional Services | \$ | 50 |
| Repair and Maintence | \$ | 1.098 |
| Food | \$ | - |
| Training \& Travel | \$ | 501 |
| Printing \& Publications | \$ | - |
| Curriculum \& Educational Training | \$ | - |
| Miscellaneous Supplies | \$ | - |
| Minor Equipment | \$ | 350 |
| Other Business Services | \$ | 345 |
| Other: |  |  |
| Other Expenditures |  |  |
| Administrative Indirect Costs (see "NOTE" below) | \$ | 8,105 |
| Other: |  |  |
| TOTAL OPERATING EXPENSE S | \$ | 62,500 |


| Revenue |  |
| :--- | :--- |
| Agency Revenue-Fees/Other |  |

SUEST ANCEU SE DUSORDER RECOVERY $3 E R V I C E s ~(3 U D R ~ A ~ ? ~$ Communty-Eaved Reoovery Servbee Conter Contraot Eudget Narrative

 For oxample, show how indired coats or overtiosd wore cal oulabod

| Item | Coct |  | Juctiostion |
| :---: | :---: | :---: | :---: |
|  | 5 | 1.284.00 | Telephone expence includas instalation and rocuming coats of folophones, fix machine, irtomot sorvices and LeN phonesorvice. |
| omcosuppics | $s$ | 630.00 | Fiogram supples ane wilaod sor program oporato n includngomice <br> applas (osper, pors, pondls, foldors, stapies, pupor clipa, pirtor partioges, binders, folcor tabs, octarsion conds, surge pro bectors. <br> obcl, postage and housoclaningsupples (puper bowols, dernsar. <br> ponp, trashbags, abc.). Sotware exponses are also inclidod, but ane <br> potimitod bo program nolatod sotware expances; in the program they <br> ve for cliort assossmert traciding bools and any applicabio updites. <br> abso indudes IT relatod lser costs for nomal buainess oporatoons <br> the MS orice 3en. |
| Ulites | 5 | 1.500 .00 | Uuildes covers eloctidity, gas/propane, witor and watio dispoal for the bulding. |
| Rorblasies - Serubues | 5 | 7.731.00 | This amount is comprisod ot buiding nont or lasse for oflice sasce. |
| RathLosics - Exulomort | 5 | 296.00 | Equipment Rerthase expemses arefor renta or lossing of aquipment atfadity includngbut not Imibor to a copy mactine. |
| Inamane | 5 | 829.00 | Covers the coat of Workers Componaltion Unemploy ament insuracceand Libbility insurance for Aubo's (ft applicable), DSO. Cilminal Distionasty, and Seveal Msconduct. |
| Protosaiomal Sorvices | 5 | some | Covers finacial and accounting foes incumod by this program. focluing the nequind Fodar al Office of Mansgementand Buidgot COMB A- 1331 2uost. |
| Ropairand Mairtonce | 5 | 1.09300 | Equipment Ropars/Maintorence oncompasses the cost of a maintenance co rtract for the copier, moriboring of intomet finewall. and the ropair of other equipmert not covonod by mainterence sgrooments such as computars, petrtors, and tolophones. <br> Bulaing Mairtoranco/foopair inclides minor ropairs and mairtonance for the fadity induding, but not Imitod to roplsocmart of lockes, minor broaluge, intormel phone line nopdiss, and othar ropaits roquinod for arte o peration of the pro gramat the lexiod tadity. Also included is the cloaring of the builing. and alarmsorvice. |
| Food | 5 | - |  |
| Trainima Travel | 5 | 501.00 | Start Training coats indude CPR and Firstaid trainings for start, fogistrations for stall devdopmont and trairing, heidincoliaboraton whe the program's mission. Travel local includes neimbursaments for milosge for sazet traviling to andfrom events, mootings andtranings n coriundion with pro gamo peritions andresponabilles. The parderd RS rate is usod to reimburse statl milesge. Out of county fravel is in tis budget for dosigrabod staw to anond raining and porporate moctros in San Dicgo. |
| Printing E Publcation | $s$ | . | includes costs for amploymert advort soments, pifiting of brodures. zationery, business cards and otwor program nolitiod pefitod maverials. |
| Curicuum 8 Exucatona Training | 3 | - | Foprosents coats for abucationd miterial andsubatance pbusomontal haith sovvices cumfoum. |
| Miscolancous Supolics | 5 | - | Covers the coat of Recroational Therapy and Ocoupational Therapy pupples for dionts |
| Mnor Eoupmort | 5 | 350.00 | Equipment purchese noprosonts minor aquipmentpunchesas suchas phones, coll phones, partors, computer to wers and monitors, a tax machine, as wall as furribre to accommodite new porsomel and for aplacoment purposes of aristing equipment thet in the nomal course of use is wornout and etther cannotbe repainod or is not practionl to peve nepariod. |
| Ourer Euatrass Sorvioss | 5 | 345.14 | Other Elsiness Sondices inciries assodabod costs for hiting of now ampiopoes such as T B scroorings, assossmonts, diug scroorings. podiground chods, fingorpetiting as well as HIPAA compliant throding sorvicos and other similar miscolanoous program oxponsos. Liconsos/T aves roprosorts municipelity liconsos (fire nspoctioms, permits, obc.1 paid on anamua besis. Building and probossional liconsing toos, statl liconse and cortification nonowats. obc. This also covers the montiy y user licensefoefor Wollgort, and nclubes IT rolatod trast protaction somicas and other IT raiabd user pasod liconding coats. |
| Outer | 3 | - |  |
| Adminisuath windroct Coats | 5 | 8.105.00 | administrabon exporses inclube costs of Exooutve Marbgoment. Humen Rosounces, Acoourting. Quillty Improvamort, and Facillics, among others. These areindroct sorvices which support al MHS programs, and cannot be readly idontsted to a single coat objective. Whis rogotrabes anindroct rabe with the Foblaral Govemmant amully. The indirect rate appled bo this cortuct wal bethe rabe Itrmatoly nogotitiod whe the Foboral Govarmert. At the timethis oubget was proparod, the artidpatod nogotiatod rabe is 14.9 s appiod to botal direct coats. The rabe acbualy appliod bo tis contract will beasjustor up or cownonce the foberal rate tes boan sotorminal. |
| Outer | 5 | - |  |

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDRS)
Community-Based Recovery Service Centers Contract
Schedule A - Proposed Budget
BUDGET PERIOD: 07/01/21-12/31/21

Providers Name: Mental Heath Svstems. Inc.
Facility Address: 1079 Santo Antonio Drive Suite B Colton. CA
Provider Number: 1/25/1910

Prepared by: Christo pher Tremalaia
Title: Program Finance Manager
Date Prepared: 2/25/2021

| FUNDING SOURCE |  | DMC-ODS |  | Grant |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Recovery Services - Outpatient Treatment |  |  |  |  |  |  |
| Cost - Individual Counseling | \$ | 31,530 | \$ | 7,883 | \$ | 39,413 |
| Units of Service (15 minute increment) |  | 751 |  | 188 |  | 938 |
| Interim Rate (Cost/UOS)* | \$ | 42.00 | S | 42.00 | \$ | 42 |
| Cost - Group Counseling | \$ | 6.706 | \$ | 1.677 | \$ | 8,383 |
| Units of Service (15 minute increments) |  | 160 |  | 40 |  | 200 |
| Interim Rate (Cost/JOS)* | \$ | 42.00 | \$ | 42.00 | \$ | 42 |
| Recovery Services - Recovery Monitoring |  |  |  |  |  |  |
| Cost | \$ | 36,035 | \$ | 9,009 | \$ | 45,043 |
| Units of Service (15 minute increments) |  | 953 |  | 238 |  | 1,192 |
| Interim Rate (Cost/JOS)* | \$ | 37.80 | \$ | 37.80 | \$ | 38 |
| Recovery Services - Case Management |  |  |  |  |  |  |
| Cost | \$ | 29.728 | \$ | 7.432 | \$ | 37,161 |
| Units of Service (15 minute increments) |  | 786 |  | 197 |  | 983 |
| Interim Rate (Cost/UOS) | \$ | 37.80 | S | 37.80 | \$ | 38 |
| SUMMARY OF ALL RECOVERY SERVICE S COSTS |  |  |  |  |  |  |
| Total Net Service Expenses | \$ | 104,000 | \$ | 26,000 | \$ | 130,000 |
| Units of Service (15 minute increments) |  | 2.650 |  | 663 |  | 3.313 |
| Interim Rate (Cost/JOS) | \$ | 39.24 |  | 39.24 |  | 39 |
| Recovery Center (Non-Service Related Costs) |  |  |  |  |  |  |
| Total Expenditures |  |  |  |  | \$ | 0 |
| Less reportable Revenue |  |  |  |  | \$ | 0 |
| Net Recovery Center Costs |  |  | \$ |  | \$ | 0 |
| Service Hours |  |  |  |  | \$ | 0 |
| Cost per Hour |  |  | \$ | 0 | \$ | 0 |
| CONTRACT TOTAL | \$ | 104,000 | \$ | 26,000 | \$ | 130,000 |

## SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDRS)

 Community-Based Recovery Service Centers ContractPersonnel Expense Detail
BUDGET PERIOD: $\qquad$

| Providers Name: | Mental Health Systems, Inc. |
| :--- | :--- |
|  | Facility Address: |
| Provider Number: | 1079 Santo Antonio Drive Suite B Colton, CA s |
|  |  |


| Prepared by: | Christopher Tremalgia |  |
| ---: | :--- | :--- |
| Title: | Program Finance M anager |  |
| Date Prepared: | $2 / 25 / 2021$ |  |
|  |  |  |



```
SANBERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUB STANCE USE DISORDER RECOVERY SERVICES (SUDR S)
Community-Based Recovery Service Centers Contract
Budget Detail
BUDGET PERIOD: 07/01/21-12/31/21
```



Prepared by: Christo pher Tremalqia
Tite: Program Finance Manager
Date Prepared: 2/25/2021

| Personnel Expenditures |  |  |  |  |  |  |  |  |  |
| :--- | :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Salaries and Benefits | $\$ 88,117$ |  |  |  |  |  |  |  |  |


| Services and Supplies |  |  |
| :---: | :---: | :---: |
| Communications | \$ | 1.964 |
| Office Supplies | \$ | 1,231 |
| Utilities | \$ | 420 |
| Rent/Leases - Structures | \$ | 5,522 |
| Rent/Leases - Equipment | \$ | 48 |
| Insurance | \$ | 1.767 |
| Professional Services | \$ | 7,400 |
| Repair and Maintence | \$ | 878 |
| Food | \$ | - |
| Training \& Travel | \$ | 1.056 |
| Printing \& Publications | \$ | 200 |
| Curriculum \& Educational Training | \$ | 200 |
| Miscellaneous Supplies | \$ | 1.100 |
| Minor Equipment | \$ | 1,000 |
| Other Business Services | \$ | 2.239 |
| Other: |  |  |
| Other Expenditures |  |  |
| Administrative Indirect Costs (see "NOTE" below) | \$ | 16,858 |
| Other: |  |  |
| TOTAL OPERATING EXPENSES | \$ | 130,000 |


|  | Revenue |  |
| :--- | :--- | :--- |
| Agency Revenue-Fees/Other |  |  |



SUE IT ANCEU SE DISORDER RECOVERY SERVICES (SUDRTs Communty-Es ced Resovery service Center Controd Eudget Narrative




| tem | Conk |  | Jutinoarion |
| :---: | :---: | :---: | :---: |
| Comruniotions | 5 | 156400 | Tolophone opponeoindudes ingtilition and roouming coats of bobohoncs, tax mochine, irtornd sondces and LeN phone sondico. |
| Omos Spplics | 5 | 123400 | Fhogram sppios ano utliliodifor program oporation, indudingomice puplos foyour, porsi, pancles, foldors, styplos, papar cllos, pirtor partidiges, linclors, folidar talos, obersion oonds, surgo protoctions. <br>  pong, trahh bagre of: Softwano openess ano alsoinducdod butano not limibad bo program nolitod softwane openacs; in the program ther, aresor diart ascosamorttraciling book and any appicaldie upctitos. Nsoindusles IT ndistod uor coats for nommel bueiness operitions llem MS Omce 3es. |
| Uerilices | 3 | 42000 | Ulities covars doctickly, ges/propene, witar and weato dspoed for thebuildine. |
| Farthosess - Surctincs | 5 | $55 \geq 200$ | This amourt is comprisod of bulling nort or lexse flor omfice space. |
| Rurthossos-Enuomert | 3 | 43.00 | Eyupmart Ranilhasee oxparsics anefor norta or lessing of apuipmontatisdity indudinabut notlimibad to acooy mochine. |
| Insurancos | 5 | 17600 | Cowars the coat of Wibiters Comperraiton Unamploypomert inarance and Lindily imaurance for Aub's (ef apoliciblol, DSO. Cilminal Dethonosy, and Soual Misoondurt. |
| Frollossiomal Semiocs | 3 | 7.400.00 | Covers finendal and axourting foes inoumod by this program Induling the rocuinod Fodoral Ofice of Marmgomert and Budgax Nome A-133i audt. |
| Fuccir ancluajrtonce | 3 | ETED | Equipmort Ropairs/Martonance encompasoos theocet of a meintinence cortractfor the copiar, moniboring ofirtarnat finowal. and the repair of other acuipmert not covorod by meirtonence poncomarts such as computars, printics, and bdiophones. <br> Bulding Marton ncalfopair indurbes minor nopeliss and meinkenence for the fiadiliyinduing but nd limivd bo noplacemont of lodes, minoe frackage. intimel phonelinerapaiss, and othar nopelis nopuinad sor afle oparation of the program at the lopeod tadity. Atsoindudodis theclogingof the building. and ainm sorvico. |
| Food | 5 | - |  |
| Trairings Travol | 3 | 10500 | Stam Trairing coste include CPR and First Aid trainings for statt. rodistritions for statl dovdopmert and tairings held in collitwontion with the progenents misaion. Travoll local indures noimburs amarts for miosoge for stat! trawoling bo and from ovorts, modi ings and trairings n coriunction with program oportilions and nosponelolitios. The atanctend lies rabo is usod bo noimburse sthet miospe. Out of courty frevd is in this budpax for dosigrabod stat! bo ithond trairingand porporite mootings in San Dago. |
| Frintos Puilations | 3 | 20000 | indudes coats for andioymert adwatt somenits, pifiting of brochuncs. atintonary, business cands and oftar poogram noktiod polinhod meborias. |
| Cumouums Equationd Traning | 5 | 20000 | Foponcsonts casts forodurntonal matortal and aulorkance tbusionertal hosith sorvions curfiokum |
| Msoditanous Suppios | 3 | 1.10000 | Dovers theocet of Rocractiond Tharapy and Dooupetorel Therapy popplos for dilats |
| Minor Equiomert | 5 | 100000 | Equipmart punctese nopncsonts minor eq-ipmert purchesics suchas thoncs, cal phones, pirtors, computer bowars and moribors, a tax modtine, as woll as furibue $b 0$ acoonmodite now porsomel and flor ropizoomert purpocos of oolsting ooliomert that in the nommel cours o of use is wom out and otther camot be nopainod or is not practiod bo tevonogarad. |
| Other Businces Sovioss | 3 | 2239.40 | Other Rusiness Saviocs indurbes associabod coats forthinfor of now andioyoos such $x$ TB scrooninge, assosamorts, qupscroorings. podvoround chodes, fingopritting as well as HIFAA compiant atrosdingsondoos and othersimilar miscollanoous program <br>  ingoodions, pormis, obc-1paid on an amal bedis. Buiding and arobosalional licancing foces, statlicomae and cortification nonowits. ac. This also covors the montily usar licansefoestor Wiollogert, and nderbes IT nolaldedtroest protidition sarvioos and other IT nolatid usar sesod liconaing coats. |
| Other | 3 | - |  |
| Auminstratioulincinot Coats | 3 | 168sm | Administration exporsics indude coets of Eesovio Marnogomert. Humen Rosouncos, Acoountinc. Quality lmprovamart, and Faciltios, amongothers. Theseanoindioct savviocs which support al MHS progranme, and camot be nosdly lidortitiod to a singlo coet objoctive W-E nopotiots an indiroct rate with the Fosoral Govommort annelly. The inclinoct rate apdiod bo this cortract will be twe rabe Wimblity nogotisod with tha Foobed Govommant fe thetimetris <br>  poplod to blal dinoctoost. The nite acturlly appliod io this contract will bee alfustod up or obwh once the foderal rabo hes boen aborminael. |
| Other | 3 | - |  |

```
SANBERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH SUB ST ANCE USE DISORDER RECOVERY SERVICE S (SUDRS) Community-Based Recovery Service Centers Contract Schedule A - Proposed Budget
```

BUDGET PERIOD: 07/01/21-12/31/21

Providers Name: Mental Heath Svstems. Inc. $\qquad$
Facility Address: 300 H Street Needles. CA 92363
Provider Number: $11 / 16 / 1909$

Prepared by: Christopher Tremalqia
Title: Program Finance Manager
Date Prepared: 2/25/2021

| FUNDING SOURCE |  | DMC-ODS |  | Grant |  | OTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Recovery Services - Outpatient Treatment |  |  |  |  |  |  |
| Cost - Individual Counseling | \$ | 21,760 | \$ | 5,718 | \$ | 27,478 |
| Units of Service (15 minute increment) |  | 418 |  | 110 |  | 528 |
| 1 Interim Rate (Cost/JOS)* | \$ | 52.00 | \$ | 52.00 | \$ | 52 |
| Cost - Group Counseling | \$ | 4.683 | \$ | 1.230 | \$ | 5,913 |
| Units of Service (15 minute increments) |  | 90 |  | 24 |  | 114 |
| Interim Rate (Cost/UOS)* | \$ | 52.00 | \$ | 52.01 | \$ | 52 |
| Recovery Services - Recovery Monitoring |  |  |  |  |  |  |
| Cost | \$ | 34,293 | \$ | 9,011 | \$ | 43,304 |
| Units of Service (15 minute increments) |  | 680 |  | 179 |  | 859 |
| Interim Rate (Cost/UOS)* | \$ | 50.44 | \$ | 50.44 | \$ | 50 |
| Recovery Services - Case Management |  |  |  |  |  |  |
| Cost | \$ | 31.126 | \$ | 8.179 | \$ | 39,305 |
| Units of Service (15 minute increments) |  | 617 |  | 162 |  | 779 |
| Interim Rate (Cost/UOS) | \$ | 50.44 |  | 50.44 | \$ | 50 |
| SUMMARY OF ALL RECOVERY SERVICE S COSTS |  |  |  |  |  |  |
| Total Net Service Expenses | \$ | 91,862 | \$ | 24,138 | \$ | 116,000 |
| Units of Service (15 minute increments) |  | 1.805 |  | 474 |  | 2.280 |
| Interim Rate (Cost/JOS) | \$ | 50.88 | \$ | 50.88 | \$ | 51 |
| Recovery Center (Non-Service Related Costs) |  |  |  |  |  |  |
| Total Expenditures |  | \% |  |  | \$ | 0 |
| Less reportable Revenue |  |  |  |  | \$ | 0 |
| Net Recovery Center Costs |  |  | \$ |  | \$ | 0 |
| Service Hours |  |  |  |  | \$ | 0 |
| Cost per Hour |  |  | \$ |  | \$ | 0 |
| CONTRACT TOTAL | \$ | 91,862 | \$ | 24,138 | \$ | 116,000 |

SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDRS)

## Community-Bas ed Recovery Service Centers Contract

Personnel Expense Detail

$$
\text { BUDGET PERIOD: } 07 / 01 / 21-12 / 31 / 21
$$

Providers Name: Mental Health Systems, Inc. Prepared by: Christopher Tremalgia
Facility Address:
Provider Number:

300 H Street Needles, CA 92363
3608

Title: Program Finance $M$ anager
Date Prepared: 2/25/2021

| Position/Classification | Annual Salary | Annual Benefits | Annual Salary and Benefits |  | FTE | Allocated Salary and Benefits |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Program M anager | \$ 33,530 | \$ 15,063 | \$ | 48,593 | 18.0\% | S | 8,747 |
| Substance Abuse Counselor | \$ 26,000 | \$ 11,681 | \$ | 37,681 | 80.0\% | S | 30,144 |
| Substance Abuse Counselor | \$ 27,040 | \$ 12,148 | \$ | 39,188 | 10.0\% | \$ | 3,919 |
| Peer Recovery Specialist | \$ 20,800 | \$ 9,344 | \$ | 30,144 | 50.0\% | \$ | 15,072 |
| Compliance Specialist | \$ 29,120 | \$ 13,082 | \$ | 42,202 | 5.0\% | \$ | 2,110 |
| Billing Clerk | \$ 20,800 | \$ 9,344 | \$ | 30,144 | 5.0\% | \$ | 1,507 |
| Administrative Assistant | \$ 18,720 | \$ 8,410 | \$ | 27,130 | 15.0\% | \$ | 4,070 |
| Program Financial Analyst | \$ 34,320 | \$ 15,418 | \$ | 49,738 | 7.0\% | \$ | 3,482 |
| Vice President of Clinical Services | \$ 64,480 | \$ 28,968 | \$ | 93,448 | 7.0\% | \$ | 6,541 |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | S | - |  | S | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | S | - |  | S | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | S | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |

SANBERNARDIND COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDR S)
Community-Based Recovery Service Centers Contract Budget Detail

BUDGET PERIOD: 07/01/21-12/31/21

| Providers Name: | Mental Heath Svstems, Inc. | Prepared by: Christopher Tremalqia |
| :---: | :---: | :---: |
| Facility Address: | 300 H Street Needles. CA 92363 | Tite: Program Finance Manager |
| Provider Number: | 11/16/1909 | Date Prepared: 2/25/2021 |


| Personnel Expenditures |  |  |  |  |
| :--- | :--- | :---: | :---: | :---: |
| Salaries and Benefits | $\$ \quad 75,592$ |  |  |  |


| Services and Supplies |  |  |
| :---: | :---: | :---: |
| Communications | \$ | 1.829 |
| Office Supplies | \$ | 963 |
| Utilities | \$ | 420 |
| Rent/Leases - Structures | \$ | 1,074 |
| Rent/Leases - Equipment | \$ | 108 |
| Insurance | \$ | 1.307 |
| Professional Services | \$ | 6,400 |
| Repair and Maintence | \$ | 1.236 |
| Food | \$ | 1,020 |
| Training \& Travel | \$ | 3.545 |
| Printing \& Publications | \$ | 200 |
| Curriculum \& Educational Training | \$ | 500 |
| Miscellaneous Supplies | \$ | 2,301 |
| Minor Equipment | \$ | 2,500 |
| Other Business Services | \$ | 1.962 |
| Other: |  |  |
| Other Expenditures |  |  |
| Administrative Indirect Costs (see "NOTE" below) | \$ | 15.043 |
| Other: |  |  |
| TOTAL OPERATING EXPENSES | \$ | 116,000 |


|  | Revenue |
| :--- | :--- |
| Agency Revenue-Fees/Other |  |

TOTAL NET EXPENDITURES $\$ 116,000$

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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUB STANCE USE DISORDER RECOVERY SERVICE S (SUDRS)
Community-Based Recovery Service Centers Contract
Schedule A - Proposed Budget
BUDGET PERIOD: $\qquad$
Providers Name: Mental Heath Svstems. Inc. $\qquad$ 07/01/21-12/31/21

Facilty Address: 58945 Business Center Drive. Suites J/PN Y
Provider Number: 8/17/1923

Prepared by: Christopher Tremalqia
Title: Program Finance Manager
Date Prepared: 2/25/2021

| FUNDING SOURCE |  | DMC-ODS |  | Grant |  | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Recovery Services - Outpatient Treatment |  |  |  |  |  |  |
| Cost - Individual Counseling | \$ | 12,325 | \$ | 3,208 | \$ | 15,533 |
| Units of Service (15 minute increment) |  | 262 |  | 68 |  | 330 |
| Interim Rate (Cost/UOS)* | \$ | 47.00 | \$ | 47.00 | \$ | 47 |
| Cost - Group Counseling | \$ | 2.641 | \$ | 687 |  | 3,329 |
| Units of Service (15 minute increments) |  | 56 |  | 15 |  | 71 |
| Interim Rate (Cost/UOS)* | \$ | 47.00 | \$ | 46.99 | \$ | 47 |
| Recovery Services - Recovery Monitoring |  |  |  |  |  |  |
| Cost | \$ | 23,015 | \$ | 5,991 | \$ | 29,006 |
| Units of Service (15 minute increments) |  | 505 |  | 131 |  | 636 |
| Interim Rate (Cost/JOS)* | \$ | 45.59 | \$ | 45.59 | \$ | 46 |
| Recovery Services - Case Management |  |  |  |  |  |  |
| Cost | \$ | 22.261 | \$ | 5.794 | \$ | 28,055 |
| Units of Service (15 minute increments) |  | 488 |  | 127 |  | 615 |
| Interim Rate (Cost/UOS) | \$ | 45.59 | \$ | 45.59 | \$ | 46 |
| SUMMARY OF ALL RECOVERY SERVICE S COSTS |  |  |  |  |  |  |
| Total Net Service Expenses | \$ | 60,242 | \$ | 15,681 | \$ | 75,923 |
| Units of Service (15 minute increments) |  | 1.312 |  | 341 |  | 1.653 |
| Interim Rate (Cost/JOS) | \$ | 45.93 | \$ | 45.93 | \$ | 46 |
| Recovery Center (Non-Service Related Costs) |  |  |  |  |  |  |
| Total Expenditures |  | \%, \% \% \% |  |  | \$ | 0 |
| Less reportable Revenue |  |  |  |  | \$ | 0 |
| Net Recovery Center Costs |  |  | \$ |  | \$ | 0 |
| Service Hours |  |  |  |  | \$ | 0 |
| Cost per Hour |  |  | \$ | 0 | \$ | 0 |
| CONTRACT TOTAL | \$ | 60,242 | \$ | 15,681 |  | 75,923 |

## Personnel Expense Detail

BUDGET PERIOD: $\qquad$

| Providers Name: | Mental Health Systems, Inc. | Prepared by: | Christopher Tremalgia |
| :---: | :---: | :---: | :---: |
| Facility Address: | 58945 Business Center Drive, Suites J/P/N Yu | Title: | Program Finance M anager |
| Provider Number: | 8630 | Date Prepared: | 2/25/2021 |


| Position/Classification | Annual Salary | Annual Benefits | Annual Salary and Benefits |  | $\begin{aligned} & \text { FTE } \\ & \hline 5.0 \% \end{aligned}$ | Allocated Salary and Benefits |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Program M anager | \$ 36,098 | \$ 9,025 | \$ | 45,123 |  | \$ | 2,256 |
| Substance Abuse Counselor | \$ 21,840 | \$ 5,460 | \$ | 27,300 | 50.0\% | \$ | 13,650 |
| Peer Recovery Specialist | \$ 18,720 | \$ 4,680 | S | 23,400 | 50.0\% | \$ | 11,700 |
| Administrative Assistant | \$ 18,720 | \$ 4,680 | S | 23,400 | 10.0\% | \$ | 2,340 |
| Billing Coordinator (Not in budget) | \$ 20,800 | \$ 5,200 | \$ | 26,000 | 5.0\% | \$ | 1,300 |
| Compliance Specialist | \$ 29,463 | \$ 7,366 | \$ | 36,829 | 3.0\% | \$ | 1,105 |
| Clinical Supervisor | \$ 52,000 | \$ 13,000 | \$ | 65,000 | 5.0\% | \$ | 3,250 |
| Program Financial Analyst | \$ 34,320 | \$ 8,580 | S | 42,900 | 7.0\% | \$ | 3,003 |
| Vice President of Clinical Services | \$ 64,480 | \$ 16,120 | \$ | 80,600 | 7.0\% | \$ | 5,642 |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | S | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
|  |  |  | \$ | - |  | \$ | - |
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|  |  |  | \$ | - |  | \$ | - |
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|  |  |  | \$ | - |  | \$ | - |

Providers Name: Mental Health Svstems. Inc.
Facility Address: 58945 Business Center Drive. Suites J/P/N Yucs
Provider Number: 8/17/1923

Prepared by: Christo pher Tremalqia
Tite: Program Finance Manager
Date Prepared: 2/25/2021

| Personnel Expenditures |  |
| :--- | :--- |
| Salaries and Benefits | $\$ \quad 44,246$ |



|  | Revenue |  |
| :--- | :--- | :--- |
| Agency Revenue-Fees/Other |  |  |



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