

AMENDMENT II TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment II, is made and entered into this 10th day of December, 2008, 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 private non-profit corporation, whose remit to address is 9465 Farnham Street, San Diego, CA 92123 and service address is 3333 E. American Ave., Fresno, CA 93725 hereinafter referred to as "CONTRACTOR".

WHEREAS the parties entered into that certain Agreement, identified as COUNTY Agreement No. 06-172, effective July 1, 2006 and Amendment I No. 08-011 effective on January 15, 2008 .

WHEREBY CONTRACTOR agreed to provide substance abuse treatment services for adolescents incarcerated at COUNTY'S Juvenile Hall (now known as Juvenile Justice Campus – JJC) as well as intensive outpatient services for adolescents upon release from the JJC; and mental health services for adolescents.

WHEREAS the parties desire to amend the Agreement to include Juvenile Justice Campus New Horizon's Program services for adolescent males as further stated below and restates 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. 06-172, beginning with Paragraph One (1), Line Twenty-One (21) with the word "Services" and ending on Page Two (2) Line Sixteen (16) with the word "referrals" will be deleted and the following will be inserted in its place:

"1. SERVICES

A. CONTRACTOR shall perform all services and fulfill all responsibilities for the provision of substance abuse treatment services, as it pertains to adolescents incarcerated at COUNTY'S Juvenile Justice Campus and as it pertains to outpatient drug free treatment services for adolescents in juvenile drug court, in a manner consistent with Exhibit A, which is attached hereto and incorporated herein by reference.

B. Contractor shall maintain, at Contractor's cost, a computer system

1 compatible with COUNTY's DBH Substance Abuse Information System (SAIS) for the provision of
2 submitting information required under the terms and conditions of this Agreement. Registrations and
3 admissions must be complete with one (1) business day of entry into the program and discharges within
4 one (1) business day of program completion or dismissal.

5 C. CONTRACTOR shall perform all services and fulfill all responsibilities
6 for the provision of mental health services, as it pertains to adolescents incarcerated at COUNTY'S
7 Juvenile Justice Campus and as it pertains to outpatient mental health services, in a manner consistent
8 with Exhibit A-1, which is attached hereto and incorporated herein by reference.

9 D. CONTRACTOR shall perform all services and fulfill all responsibilities
10 for the provision of Juvenile Justice Campus New Horizon's Program services, in a manner consistent
11 with Exhibit A-2 as it pertains to adolescent males incarcerated at COUNTY'S JJC.

12 E. CONTRACT'S administrative level agency representative, who is duly
13 authorized to act on behalf of CONTRACTOR, shall attend, as determined necessary by COUNTY'S
14 Department of Children and Family Services Director, or designee regularly scheduled (monthly)
15 Mental Health Board meeting.

16 F. CONTRACTOR shall perform substance abuse, mental health treatment
17 and Juvenile Justice Campus New Horizon's Program services at COUNTY'S JJC in accordance to
18 Exhibit B No Hostage Facility, which is attached hereto and incorporated herein by reference.

19 G. CONTRACTOR shall perform its post release outpatient services at 3122
20 North Millbrook Avenue, Suite A, Fresno, CA 93703. Addition or deletion of service sites may be
21 made with the written approval of COUNTY's Department of Behavioral Health (DBH) Director or
22 designee. CONTRACTOR may add or delete service sites with thirty (30) days advance written notice
23 to COUNTY's DBH Director or designee. It is understood that all new service sites must be licensed
24 or certified by the State Alcohol and Drug Programs (ADP) or the State Department of Mental Health
25 as appropriate, prior to being added to this Agreement and before CONTRACTOR receives referrals."

26 2. That the existing COUNTY Agreement No. 06-172, page four (4), beginning
27 with paragraph Four (4) Line Two (2) with the word "Services" and ending on page four (4), Line
28 Eleven (11) with the word "appropriate" be deleted and the following inserted in its place:

1 "For substance abuse related services funding shall be in accordance with the budget
2 identified as Exhibit C, which is attached hereto and incorporated herein by reference and made part of
3 this Agreement. In no event shall the maximum compensation for said substance abuse services
4 performed under this Agreement be in excess of Four Hundred Seventy Thousand and No/100 Dollars
5 (\$470,000.00) during each twelve (12) month period of this Agreement.

6 For mental health related services funding shall be in accordance with the budget
7 identified as Exhibit C-1, which is attached hereto and incorporated herein by reference and made part
8 of this Agreement. In no event shall the maximum compensation for said mental health services
9 performed under this Agreement be in excess of Three Hundred One Thousand One Hundred
10 Seventeen and No/100 Dollars (\$301,117.00) during each twelve (12) month period of this Agreement.

11 For the provision of Juvenile Justice Campus New Horizon's Program COUNTY agrees to pay
12 CONTRACTOR and CONTRACTOR agrees to receive as compensation for the provision of the New
13 Horizon's Program services performed by CONTRACTOR in accordance to the budget identified as
14 Exhibit C-2, attached hereto and by this reference incorporated herein. Pursuant to this Agreement, In
15 no event shall the maximum compensation for said Juvenile Justice Campus New Horizon's Program
16 services performed under this Agreement be in excess of Five Hundred Thousand Three Hundred
17 Eighty-Nine and No/100 Dollars (\$500,389.00) during each twelve (12) month period of this
18 Agreement. In no event shall the maximum compensation for services performed under this
19 Amendment II be in excess of One Million Two Hundred Seventy-One Thousand Five Hundred Six
20 and No/100 Dollars (\$1,271,506.00) during each twelve (12) month period of this Amendment II.

21 CONTRACTOR'S reimbursement for the substance abuse, mental health and Juvenile
22 Justice Campus New Horizon's Program services provided under this Agreement shall be reconciled at
23 the end of the fiscal year to reflect the lower of CONTRACTOR'S actual cost or contract maximum,
24 whichever is less. Within forty-five (45) days of the reconciliation by COUNTY, CONTRACTOR
25 shall make payment to COUNTY or COUNTY shall reimburse CONTRACTOR as appropriate".

26 3. That the following be added to existing COUNTY Agreement No. 06-172, page
27 Six (6) line Seventeen (17).
28

1 **“5. PROHIBITION ON PUBLICITY**

2 None of the funds, materials, property or services provided directly or indirectly under this Agreement
3 shall be used for PROVIDER’S advertising, fundraising, or publicity (i.e., purchasing of tickets/tables,
4 silent auction donations, etc.) for the purpose of self-promotion. Notwithstanding the above, publicity
5 of the services described in Paragraph 1 of this Agreement shall be allowed as necessary to raise public
6 awareness about the availability of such specific services when approved in advance by the Director or
7 designee and at a cost as provided in Exhibit C-2 for such items as written/printed materials, the use of
8 media (i.e., radio, television, newspapers) and any other related expense(s)”.

9 4. That the existing COUNTY Agreement No. 06-172, page Six (6), beginning
10 with Paragraph Five (5) Line Seventeen (17) with the word “Invoicing” and ending on page Seven (7),
11 Line Five (5) with the word “Agreement” be deleted and the following inserted in its place:

12 **“6. INVOICING:**

13 “For substance abuse services CONTRACTOR shall invoice COUNTY in arrears with
14 the County-approved format by the twentieth (20th) of each month via electronic mail (Email), for
15 actual services rendered in the previous month, to: sas@co.fresno.ca.us For Juvenile Justice Campus
16 New Horizon’s Program CONTRACTOR shall submit to the COUNTY, monthly, an itemized invoice
17 showing the total number of clients served and total number of client contacts by service function in
18 accordance with Exhibit C-2. The invoice shall be submitted to the COUNTY by the twentieth (20th) of
19 each month, for the prior month’s expenses, addressed to the Fresno County Department of Behavioral
20 Health, Substance Abuse Services Division 515 S. Cedar, Fresno, CA 93702, Attention: Staff Analyst.

21 CONTRACTOR shall be responsible for audit exceptions to ineligible dates of services
22 or incorrect application of utilization review requirements. It is understood that each claim is subject to
23 audit for compliance with Federal and State regulations, and that COUNTY may be making payments
24 on claims in advance of said review. In the event that a claim is disapproved, COUNTY may, at its
25 sole discretion, withhold compensation or set off from other payments due in the amount of said
26 disapproved claims.

27 Invoices shall be accompanied by the Outcome Evaluation monthly reports reflecting
28

1 services supported by the invoiced expenditures and be in a form and in such detail as acceptable to
2 COUNTY'S Department of Behavioral Health Services Administrative Office and Department of
3 Probation Services Administrative Office, as appropriate. No reimbursement for services shall be made
4 until the invoice and the Outcome Evaluation monthly reports are received, reviewed, and approved by
5 COUNTY."

6 5. That Paragraphs Five (5) through Twenty-Eight (28) of existing COUNTY Agreement
7 No. A-06-172 be renumbered to read Paragraphs Six (6) through Twenty-Nine (29).

8 6. COUNTY and CONTRACTOR agree that this Amendment II is sufficient to amend
9 Agreement No. A-06-172 and Amendment I No. 08-011 and that upon execution of this Amendment II,
10 the Agreement, Amendment I and this Amendment II together shall be considered the Agreement.

11 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 II shall become effective on December 16, 2008.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to Agreement as of the
2 day and year first hereinabove written.

3 ATTEST:

4 PROVIDER:

COUNTY OF FRESNO

5 MENTAL HEALTH SYSTEMS, INC.

6
7 By 

By 

Chairman, Board of Supervisors

8 Print Name Arville Coonce

9 Title Sr. Vice President

Date DEC 16 2008

10 Chairman of the Board, or President or
11 any Vice President

12 Date 11/20/08

BERNICE E. SEIDEL, Clerk
Board of Supervisors

13 By 

By 

14 Print Name Michael L. Hawkey

Date: 12/16/08

15 Title SR. VP-Finance & Administration

16 Secretary (of Corporation), or any
17 Assistant Secretary or Chief Financial
18 Officer or any Assistant Treasurer

19 Date 11/20/08


20
21
22 Mailing Address:

PLEASE SEE ADDITIONAL
SIGNATURE PAGE ATTACHED

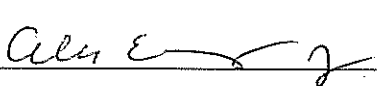
23 9465 Farnham Street,
24 San Diego, CA 92123
25 Phone No: (858) 573-2600
26 Contact: Executive Director

27 Agenda Item # 40
28 Agreement # 06-172-2

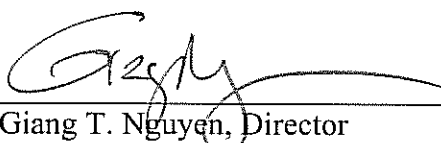
1 APPROVED AS TO LEGAL FORM:
2 JANELLE KELLEY,
3 INTERIM COUNTY COUNSEL

4 By  _____

6 APPROVED AS TO ACCOUNTING FORM:
7 VICKI CROW, C.P.A., AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

9 By  _____

11 REVIEWED AND RECOMMENDED FOR
12 APPROVAL:

13
14 By  _____
15 Giang T. Nguyen, Director
16 Department of Behavioral Health

17 By  _____
18 Linda Penner, Chief Probation Officer

19 Fund/Subclass: 0001/10000

20 Organization:	56022081	2008-09 (\$470,000)
	56022081	2008-09 (\$500,389)
	56402235	2008-09 (\$ 301,117)

22
23 Account/Program: 7294/0
24 7295/0

**NEW HORIZONS PROGRAM
SCOPE OF SERVICES PROPOSAL
MENTAL HEALTH SYSTEMS, INC.
FRESNO JUVENILE JUSTICE CAMPUS
JULY 2008-09**

SCOPE OF SERVICES

INTRODUCTION

MHS, Inc. has been contracted by the County of Fresno to provide substance abuse treatment in-custody and post-release since November 2000. Until March 2008 Mental Health Services had been provided by Fresno County's Department of Children and Family Services utilizing SAMHSA funding. In March 2008 the SAMHSA grant funding was transferred to MHS allowing for a fully integrated delivery of both substance abuse and mental health services by MHS. This visionary collaboration of treatment services and integrated model within the Substance Abuse Unit has resulted in positive outcomes for the juveniles served.

For the fiscal year of 2006-2007:

- 67% of the juveniles who participated in the FFSAU were drug free 6 months after completion of in-custody
- 95% have no new convictions and 74% were attending school, working, or engaged in a vocational program.
- Prior to the FFSAU program no individual had graduated from the Ashjian Community School where our Post Release Out-Patient Services (PROPS) attend. In the last seven years we have approximately 40 students achieve their High School Diploma while in our program.
- A recent client satisfaction survey completed by MHS, Inc found that over 70% of incarcerated youth in the program stated that they would refer the program to a friend.

The model offers a continuum of treatment and intervention incorporating sanctions, social learning, therapeutic community, family involvement and gender responsive treatment and specialized curriculums.

MHS, Inc intends to utilize the same successful creative, visionary and integrated delivery of treatment services in the New Horizons Program (NHP) that addresses the populations individualized and specialized need. MHS, Inc recognizes the critical importance of providing these youth with the opportunity to learn new and adaptive skills and coping strategies and values that provide a foundation for post-release successful community reintegration. The program will incorporate an integrated treatment model with the primary focus being the delivery of comprehensive assessment, necessary treatment interventions, rehabilitation and successful community reintegration. At the core of the program will be the belief that minors in the program can, with additional skills, values, insight and resources, reintegrate into their communities with greater stability and success. The program will utilize foundations of Therapeutic Community, Normative Culture and the cognitive learning model of “Thinking for Change” and individualized strength based treatment. In addition the program will incorporate at every level of treatment and intervention the Fresno Juvenile Justice Center “Character Counts Pillars”. The program will incorporate the California’s Division of Juvenile Justice Principles (Reforming California’s Juvenile Corrections System, Farrell v. Hickman Nov.30, 2005) of 1) effective rehabilitative treatment to reduce recidivism; 2) assist the youth in preparation for re-entry into the community and provide opportunities to address personal, social, physical and educational and vocational needs and 3) evaluation of program quality, outcomes and effectiveness. The New Horizon’s program will be specifically designed to be fluid and adaptable to clients needs. It is MHS’s experience and belief, as demonstrated by our successful SAU, that these young people have both the potential and capability for bettering their lives and successfully re-entering their neighborhood and communities. We also understand that it takes diligent collaboration with Probation, communities and families/caretakers.

CORE PRINCIPLES

All adolescents served within the New Horizons Program (NHP) will be treated with compassion, courtesy and recognition of their individuality, based on these guidelines:

Principal 1: Gender: Acknowledge that gender makes a difference.

Principal 2: Environment: Create an environment based in safety, respect, and dignity

Principal 3: Relationships: Develop policies, practices, and programs that are relational and promote healthy connections to family, significant others, and the community.

Principal 4: Services and supervision: Address substance abuse, trauma, mental health issues through comprehensive, integrated and culturally relevant services and appropriate supervision.

Principal 5: Socioeconomic status: Provide (all adolescents) with opportunities to improve their socioeconomic conditions.

Principal 6: Community: Establish a system of community supervision to improve their collaborative services.

Principal 7: Best and Promising Practices: Service delivery will be guided by an adherence and commitment to the use of best and evidence based practices that have proven to be successful, beneficial and meet the individualized needs of youth and families served

CORE ELEMENTS

The NHP Program will incorporate a range of services based on eight critical elements. Every youth and family will have the support of every element described here. Cognitive behavioral models have proven to be the most beneficial in working with delinquent youth. The design incorporates all elements necessary for effective adolescent treatment.

Element 1: All youth will receive a comprehensive mental health assessment by the clinician assigned to their case upon their intake. Referrals for medication evaluation will be made to a JJC psychiatrist.

Element 2: A multidisciplinary treatment team of mental health and substance abuse, school, and probation staff coordinate the treatment plan to address the multiple needs of youth and family.

Element 3: Family involvement is crucial to the child's success, especially because most youth return home after incarceration or live at home during outpatient treatment. The multidisciplinary team, including a Family Support Partner will engage the family upon their child's intake to our program with a welcome phone call and a home visit. Family Awareness and Family Progress groups will be provided on a weekly basis. Individualized Family Therapy will be provided by the clinician on a bi-weekly basis.

Element 4: Curriculum is adjusted to the adolescent's developmental needs and to meet educational, cultural, and gender specific requirements. Certain values and structures must be maintained to support the effect of group-based programs, but each treatment plan will be individualized.

Element 5: Program staff integrates extracurricular and therapeutic activities to stimulate interest while supporting the message that rehabilitation is a positive and attainable goal. In the current program there have been talent shows, holiday celebrations, after-care field trip, family potlucks and barbecues as a means of engaging clients and families. Youth in the NHP and their families will experience an atmosphere of acceptance and trust, demonstrated by the number of families involved in the program.

Element 6: Teams of mental health clinicians and MHS substance abuse counselors provide a low client-to-staff ratio and a wide range of diversity and expertise to improve client outcomes.

Element 7: The staff is varied as to gender and ethnic/cultural make-up. MHS requires that all staff participate in ongoing cultural competence staff training.

Element 8: The recognition that a majority of youth in the Juvenile Justice System have experienced early and on-going exposure to a broad range of trauma which plays a significant role in their development, emotional stability, value orientation and high risk behaviors. The staff and program will be trauma informed and sophisticated in addressing these histories with gender responsive interventions.

Element 8: MHS has developed a Post Release Outpatient Services program, or PROPS to address the mental health and substance abuse issues of the youth after discharge from the Juvenile Justice Campus, and their families. MHS Family & Youth Alternatives (FYA) provides mental health services for Medical eligible probation and dependent youth and the families at the same site. Co-location of these programs offers access to dual treatment (Mental Health and AOD), life skills training, case management and referral, relapse prevention training, and

required 12-step meetings. The NHP will incorporate the FYA Program and other community aftercare/post-release resources into the youths Discharge Community Reintegration Plan as a means of offering post-release services.

NEW HORIZONS PROGRAM DESCRIPTION AND COMPONENTS

Program Description

The NHP will provide a local, long term commitment program for an additional 30 male minors between the ages of 14-17 years 11 months, who have had the benefit of all other local less restrictive commitment options; or have a violent offense which precludes acceptance to the Elkhorn Correctional Facility. The primary population to be served in the New Horizons Program is those minors who are no longer eligible for commitment to the Department of Juvenile Justice. The Program is a 365-day commitment, with a probationary period of 12 months. The minimum length of stay is eight months; however the actual release date will not be set until the program requirements have been completed. Minors will not be eligible for furloughs until they have served at least half of their commitment and are stage-eligible.

Our services will include all elements shown above as well as a full range of additional, high-intensity treatment and support services, integrated into a comprehensive continuum of care. The proposed services described below, designed specifically for adolescents in the New Horizons Juvenile Justice Campus (JJC) Program, are based on the multi-faceted nature of substance abuse, mental health issues and other biopsychosocial issues associated with this population. In addition, a core element of the program will be to assess for and respond to the implications of childhood and adolescent trauma. Trauma during the early developmental years is now so common as to be normative, and with many risk factors for conduct disorder also constituting increased risk factors for trauma (e.g., exposure to negligent, coercive, pathological and/or substance abusing parents; and exposure to poverty-related violence and crime), trauma history must be nearly universal in this population. There is a significant body of literature documenting the relationship between

trauma/maltreatment and subsequent aggressive/criminal acting out (Malinosky-Rummeel & Hansen, 1993; Widom, 1989) including several studies specifically addressing adolescent delinquent behavior. The effects of unresolved traumatic experiences can become permanently locked in, possibly leading to a variety of post-traumatic symptoms. The program will implement a core program model in which intervention strategies and methods are individually matched to the minors identified risks. An additional significant challenge for clients participating in an in-custody program is the eventual need to transition back into the community. Moving from a highly structured, secure setting like Juvenile Justice Campus to an environment that supported addiction and delinquent behavior can be stressful and highly problematic. Many times youths return to homes in which family members are engaged in behaviors that the youth is trying to avoid, or to gang activities that do not foster newly developing healthy, crime-free lifestyles. The New Horizons program is committed to bringing family and or caretakers into the treatment process as a means of assisting in a reduction of post release risks and a decrease in recidivism rate. MHS, Inc. believes that discharge and community reintegration planning begins at admission. To help assure post-release stability, in-custody treatment services are designed to help adolescents build and internalize skill sets that will sustain their commitment to sobriety and emotional and behavioral stability during and after the transition phase. MHS, Inc. will address this concept through a variety of services, program structure, proven interventions and foundational philosophies that together provide a comprehensive array of interventions and program resources that are responsive and individualized

Therapeutic Community (TC)

True rehabilitation is a process that occurs within a “healing community”. This approach puts participants in a setting that teaches, rewards, and reinforces the pro-social skills and attitudes necessary for successful reintegration into society. It also addresses negative attitudes and behaviors by a series of interventions, learning experiences and possible disciplinary measures including temporary exclusion from the community, depending on the severity of the conduct. The New Horizons Program will combine strong and intensive treatment with the tools of the TC to affect cognitive, emotional, and behavioral restructuring of participating

adolescents. Only by such a complete restructuring of beliefs, attitudes, and behaviors will it be possible to avoid relapse and/or recidivism.

MHS combines the most effective aspects of a Therapeutic Community with a curriculum proven effective with incarcerated youth who face the challenges associated with mental health and/or substance abuse . MHS has been providing “coerced” and “voluntary” treatment to offenders for more than a decade. That experience demonstrates that this approach to in-custody treatment is effective.

However, regardless of the technique used in any program, there needs to be a *genuine and empathic* treatment and recovery environment...*even if that environment occurs in custody*.

Most incarcerated youth have only known negative relationships. There are countless examples of youths who will join a gang rather than feel as if they don't belong. Others are involved in abusive relationships in order to feel “in control.” These facts are fundamentally important in a therapeutic community because most adolescents entering the program will have had many negative influences and relationships, but few, if any, positive or healthy relationships. Thus, they will have belonged only to negative communities, such as gangs, and social circles where crime and drug abuse were the norm. The primary function of a therapeutic community is to change these past behaviors by teaching participants to identify, build, and maintain healthy, positive relationships.

Community is what helps engage the participant from intake through release, and provides the motivation to be successful. Both individually, and as a group, empowerment is learned through changing one's thinking from anti-social to pro-social; by changing self-destructive thoughts and behaviors into constructive and responsible behaviors; and by converting self-pity and hopelessness into self-respect and hope. The objective is to use the therapeutic community methodology to create a truly recovering community. MHS' experience and research support the effectiveness of strengths-based, family-focused treatment in the context of such a Community, using positive peer culture to encourage and reinforce personal change. Because adolescents are more responsive to positive peer culture than to lectures from adults, this modality fosters motivation and participation. Youth also learn how to develop positive

relationships supportive of a drug-free, crime-free lifestyle during the in-custody phase of treatment, and they take those skills to community post-release programs and resources.

Normative Culture

In conjunction with the Therapeutic Community (TC) foundation the program will also incorporate similar “normative culture” processes and practices found to be both effective and successful with incarcerated youth. Similar to TC, Normative Culture is a way of behaving rather than a system of rules. In congruence with therapeutic community it uses positive peer pressure among both staff and youth to create shared expectations regarding attitudes, behaviors and milieu values. Normative culture principles use four norms to guide behavior which include responsibility/accountability, respect for others, keeping situations safe and working towards goal achievement. This allows for both adults and youth to serve as positive role models for one another. It also provides a common language for staff, youth and parents/caretakers when talking about expectations. The goal of Normative Culture is to develop within each individual an internal guide of behavior that is helpful in any environment.

Character Counts

The NHP will incorporate the six pillars of Character Counts throughout the program. The Fresno Juvenile Justice Center’s foundational principles of Trustworthiness, Respect, Responsibility, Fairness, Caring and citizenship will be fully incorporated into every element of service delivery. We are well versed in the integration of these pillars as evidence by the success of our SAU Program.

Motivational Interviewing (M.I.)

MHS will also utilize Motivational Interviewing as a means of engaging and motivating the youth and families we work with. MHS, Inc. maintains a group of MI trainers on staff, certified by the national Motivational Interviewing Network of Trainers. Motivational Interviewing (MI) is an evidence-based interactive counseling approach proven effective in assisting individuals and families to mobilize internal resources for change by enhancing intrinsic motivation. It is empathic, combines directive and non-directive

responses, reduces argumentation, and promotes client self-efficacy. Program staff will be trained in MI counseling style, including interviewing and brief intervention techniques, and will facilitate the stages of change which include pre-contemplation, contemplation, preparation, action, and maintenance. Clinicians will receive extensive training in MI.

Screening and Assessment

All screenings and assessments will screen for co-occurring issues of mental health, substance abuse and trauma. The NHP will continue to use the Youth Assessment of Severity Index (Y-ASI) for youth admitted to the program. In collaboration with Fresno's Juvenile Court, NHP will utilize this screening to expedite availability of the information. The mental health clinician will complete a comprehensive biopsychosocial and trauma assessment upon placement in the program.

Treatment Plan

The initial treatment plan will be developed by the youth, the youth's family, and counselors within the first 30 days of admission integrating information from the mental health assessment. The plan will be goal focused and build on the minors identified strengths. The plan will be reviewed by the full treatment team for approval. The plan will be individualized and address any developmental issues, barriers, cultural, sexual orientation and other relevant information that may be significant toward the youth's successful completion of the program. It will include a description of problems, define goals, and specify an action plan for the attainment of goals. The plan will address areas of family discord, education, housing, family financial status, identified mental health issues, trauma history physical health of the youth and family, gang history, anger management/violence propensity and history and other areas which impact the youth's treatment. The plan will also specify the start and end dates of the intervention and goal attainment, and will be updated as needed or at least every ninety days.

Treatment Team

The team will consist of individuals significantly involved in the youth's treatment, including the youth, family, mental health clinician, substance abuse counselor, probation officer, Juvenile Justice Campus and education staff, and others who may be involved in the youth's aftercare plan. The treatment team will approve the treatment plan within thirty days of admission and review and modify the plan every ninety days or as needed.

An additional member of the NHP team will be Family Support Partner. MHS has extensive experience in utilizing these positions within our Wraparound and children's mental health programs. Family Support Partners have personal life experience with special needs youth, often having had a child in the system. Because of this life experience and unique perspective they are able to engage families, develop unique rapport and assist families in overcoming the challenges and barriers many of them face when a child has specialized needs. The NHP Family Support Partner will be an integral part of the team and are trained in advocating, educating and training families in service linkages, information, navigating systems and addressing basic needs. In addition they will assist in addressing the stigma families often experience having a child with multiple challenges and, through this specialized relationship, encourage parents to engage and actively participate in the program. The Family Support Partner provides a unique position that we have found increases family engagement. Each case will be assessed for the need for Family Support Partner participation/involvement.

Education

Many youth in the juvenile justice system have histories of academic failure that increases their risk of substance abuse, mental health challenges, delinquency, and violence. In most cases the reason for failure is not for lack of ability, but rather the experience of failure itself. MHS believes that youth must not be allowed to fail, and will work with the youth and educational system to ensure success. Incremental academic success serves to enhance self-esteem, confidence and academic motivation. During the youth's time in the program, this may mean specialized tutoring, incentive programs, advocating for diagnostic educational assessment for learning

disabilities, or shadowing the youth in the classroom. Academic success is a key predictor for maintaining a drug and crime free life and, as such, is a key component of the youth's discharge and outpatient treatment plan. Designated staff, in close coordination with Court School teachers will coordinate school placement at discharge, arrange mentoring/tutoring, and other support services as necessary.

Recreational and Social Activities

Organized, interactive social and recreational activities are a key feature and are built into the program structure. Such activities help the participants to explore new, healthy and proactive interests. Progress is monitored and documented by the counselor. Supervised activities may include basketball, flag football, kickball, aerobics, and social events such as holiday and cultural celebrations. We will utilize our current collaboration with Focus Forward for specialized classes such as poetry and art which offer incarcerated youth another means of self-expression and exploration. If the youth is in recovery he/she will be encouraged to attend sober and clean social and recreational events during all phases of treatment. Community resources for these activities, when available, will be integrated into the Discharge Community Reintegration Plan..

NHP SERVICE DELIVERY

The Program Coordinator will report to the NHP Program Manager and will be responsible for the clinical supervision of the two master level clinicians and any program interns. In addition to being responsible for clinical oversight of service delivery the Program Coordinator will also carry a caseload, oversee day to day program operations and assist in monitoring data collection..

The (2) Mental Health clinicians and the Program Coordinator will each also carry a maximum case load of 10 adolescents.

The program will continue to utilize strength and evidenced based model that incorporates therapeutic community, motivational interviewing, gender responsive services, cultural sensitivity and trauma informed services.

Each juvenile entering the program will be assigned to a mental health clinician. In addition a primary substance abuse counselor will be part of the team when co-occurring issues are identified. This team will be responsible for providing services to the juvenile and his/her family through the continuum of treatment. The assigned team will follow the family through all phases of treatment and be available as needed during periods of crisis, instability and challenges.

The Substance Abuse counselors, Mental Health clinicians and the Family Support Partner will also work as a team in providing case management, including “welcome” phone calls to the families upon the minor’s intake to the program, scheduling and participating in home visits as needed allowing for a continuum of care which begins immediately upon the first family/juvenile contact. This consistent treatment provider model facilitates a sense of security and trust for the family and enhances the propensity for engagement and success.

Clinicians and Counselors will facilitate and/or co-facilitate process groups including Family Night. Clinicians will facilitate one group per week focusing on mental health issues with the juveniles. Clinicians will co-facilitate with the counselor in Family Therapy group and focus on providing education to the families who are struggling with understanding mental health issues with their juveniles.

The Clinical Supervisor Consultant (contracted) will provide the needed individual and group supervision for clinical hours of unlicensed mental health clinicians as well as mental health interns.

NHP will incorporate integrated Clinical Supervision for both Mental Health and Drug and Alcohol staff providing comprehensive insight into clients’ needs and individualized service delivery.

Case Management

The multidisciplinary team will provide case management services for the youth and his/her family. This will include coordination of services from various agencies, collaboration on discharge planning to ensure youth and family have a complete and appropriate plan for post-release community reintegration, access to outpatient services that address language and cultural needs, and identify barriers to obtaining services.

Process Groups

Process Groups will address issues of personal responsibilities, such as journals, daily self-responsibility, behavior on the unit, and progress toward goals. They will also deal with evaluations, level advancement, and disciplinary actions. Group size will be eight to 12 youth, depending on the nature of the group.

Community/Socialization Groups

Community Groups, utilizing a Therapeutic Community model allow youth to have an active voice in the treatment community. They can discuss concerns or make suggestions during the meeting. Youth are encouraged to address peer behaviors that are not supportive of the community or healthy living as a group, with staff oversight. Participants come together to resolve shared problems, plan activities, give and receive feedback to shape pro-social behavior, enhance communication skills and share successes and failures.

Family Counseling/Psycho-educational Groups

Family group counseling will be provided weekly in a multi-family group setting. During the first portion of the group parents will be given the opportunity to speak with the clinician and/or counselor to address any concerns they have regarding their youth in the program, ask questions. Following this initial contact the youth and families are brought together for family process group that is co-facilitated by the clinician and the counselor. Group sessions allow families to share experiences. Many families fear talking about “family secrets.” Some “secrets” include other members using drugs, stigma’s associated mental health, violence in the home, financial struggles, judicial problems, parenting skills, concerns about post-release challenges, gang involvements and fears of losing

their children. The group is designed to allow members to speak freely, and fosters mutual identification of possible solutions to common problems. Many issues, such as domestic violence/incest, are referred for further assistance to appropriate resources as needed for specialized intervention and support.. Family members are asked to sign information release forms when using outside resources, to allow communication between agencies and maximize support for the client(s). Group size will vary according to attendance but is generally limited to twelve families.

PSYCHO-EDUCATIONAL CORE FOCUSES

Process educational focuses are designed to provide insight, education and the development of increased coping skills in a variety of areas that present challenges and barriers to emotional and behavioral stability and the successful reintegration into the community. A variety of interventions will be utilized to incorporate focuses into the daily schedule and program milieu which will adapt and respond to the changing needs of the clients in the program. These interventions may include groups, activities, guest speakers, cultural exposure, art, music, recreational activities, curriculum and multi-media presentations.

AOD Specific

The program consists of AOD education groups and process groups for those minors identified with substance abuse issues.. An effective adolescent AOD program must address four principal areas: 1) symptoms and patterns of behavior common to all addictive diseases; 2) issues specific to adolescents; 3) unique issues directly related to culture or ethnicity; and 4) issues related to family dynamics. The program's Educational Component addresses issues using age-appropriate methods that educate youth in a manner relevant to their lives. Exercises from the curriculum workbook are incorporated in adolescent groups.

The curriculum workbooks, "A New Direction," combine years of experience between two organizations, the Hazelden Foundation and the Minnesota Department of Corrections. The cognitive/behavioral treatment curriculum maps a life of recovery and freedom for

chemically dependent offenders. Assignments are step by step through intake and orientation, criminal and addictive thinking, drug and alcohol education, socialization, relapse prevention, and release and reintegration preparation.

The curriculum is designed to help clients see how thought processes lock in destructive behaviors, recognize links between addiction and criminal activity, develop healthier ways of relating to others, and learn to keep recovery strong. They are incorporated into treatment plans based on the individual's strengths, and supported through workbook study groups, peer discussions, school activities, individual check-ins with counselors, and a self-monitored system to encourage individual responsibility. Workbook completion is part of the program requirements for successful graduation and serves as a concrete, visual measurement for clients and an outcome measurement tool for the program.

Gang Prevention

For those minors associated with identified gang association and/or challenges the NHP will utilize specially designed interventions that utilize a cognitive behavioral and evidence based curriculum. The intervention will be designed to assist minors in addressing issues underlying their gang involvement and help the young person identify a plan for community integration gang avoidance and recovery skills.

Anger Management and Violence Reduction

The NHP will utilize a variety of curriculums and approaches to assist clients in developing understanding and skill development in the areas of anger management, conflict resolution and violence reduction.

For those clients with a history of aggressive offenses and/or violence towards others, the group is designed to address violence reduction, anger management and appropriate adaptive behavior replacement. Our group will address the gender responsive needs of our clients by utilizing "Young Men's Work-Stopping Violence and Building Community (The Oakland Men's Project/Allen Creighton & Paul Kivel). This curriculum equips young men with the ability to form allies and develop positive relationships with both men and women. It also addresses the need for young men to recognize and identify the social context in which violence occurs

community promotes the Six Pillars of Character values of Trustworthiness, Respect, Caring, Citizenship, Responsibility, and Fairness. The goal is to provide a safe, supportive and positively structured environment for adolescents to work a program of recovery in all areas of life, including school, work, home, social relationships, leisure and play, promoting personal responsibility for one's own behaviors.

Orientation

Before entering the NHP, the youth completes a thorough assessment that includes the ASI (Addiction Severity Index) and a Bio-psychosocial Assessment. After assessment, the client is assigned to a treatment team consisting of an MHS Mental Health Clinician and Substance Abuse Counselor who will take into consideration the language and cultural needs of the youth and family. Upon admission to the program the Mental Health Clinician will complete a comprehensive Mental Health Assessment on each client. The treatment team, including the Family Support Partner will initiate contact with the family and/or caretaker as a means of connecting with and engaging the family in the treatment process. The youth and family are oriented to the program and participate in treatment plan development. Youth will be assigned "buddies" to help during their adjustment to the program.

Level I

Clients advance to Level I by a decision of their peers based on whether they know and understand group process and rules well enough to have the privilege of voting on group issues. Youth are expected to attend all components of the daily program. During this intensive treatment phase the clients will be assigned to groups focusing on their core needs, including gender specific groups, life skills, anger management, art therapy, recreational therapy, community meetings, activity groups, psycho-educational groups and process groups with emphasis on Mental Health and/or Substance Abuse. Individual and family counseling as indicated. Clients are expected to be active group members, begin to take risks, express feelings, and to be accountable for their own behavior. Clients learn how their core issues relate to being incarcerated and how their choices have affected them at school and at home. Clients and

families establish goals for what they want to accomplish while in NHP. *Level I is devoted to overcoming denial, and building a sense of trust and safety.*

Level II

This Level requires accepting greater responsibility within the community. For example, a participant may take a leadership role in TC government. They expand on tools to manage anger and frustration, recognize and respect boundaries (their own and those of others), and identify triggers. Each new skill is reinforced during group sessions and practiced and modeled in the TC. Clients work to be honest about their own feelings and in their feedback to others, and to not condone negative behavior. Clients evaluate their family's involvement and participation and develop a Treatment Plan. It becomes a living document during the next level of treatment. *Level II has goals of broaching honesty, accountability, and responsibility.*

Level III

Clients at this level of treatment solidify the gains they've made and serve as leaders and role-models for the community. They use group process through acknowledgement of their own problems and ability to give and take feedback. By publicly practicing these healthy lifestyles and receiving support from the community, these behaviors begin to be internalized. Clients refine their Treatment Plan and focus on plans to deal with problems their choices have caused in their life and the lives of those close to them.

Level IV

Clients practice their new skills and strengthen their own commitment by teaching these skills to others. The focus is finalizing their Discharge Community Reintegration Plan to identify potential problem areas and solution alternatives. Each youth meets with his/her mental health clinician and substance abuse counselor (if warranted) to finalize the Plan. Each young person's plan contains detailed strategies for remaining crime free, continuing in his education or vocation, and continuing services for identified mental health and/or substance abuse issues. Topics include relapse prevention, positive family and peer interaction, education, employment, and

supportive social activities. The family participates in plan development to include support activities for parents or other significant adults in the young person's life. The full treatment team, including the youth, family and professional staff discuss and agree upon the plan.

Graduation

Movement from one level to the next requires passing milestones, including peer panel interviews. This ensures that the youth feels that he/she has earned the promotion, and that his/her achievements have been acknowledged. Successful completion of the program is finalized with a graduation ceremony, a positive, re-affirming event that includes family members, the treatment team, and others in the youths' community.

From Discharge to Community Reintegration

This final phase of treatment begins at discharge, but planning begins at intake. Upon successful completion of the NHP, youth return to their communities. MHS recognizes that individual, family, and community re-integration is an ongoing process. To assist with reintegration, the Discharge Community Reintegration Plan is developed to provide post release referrals, services, and supportive resources in the community to sustain continued success and decreased recidivism.

TRAINING AND ORIENTATION

All NHP staff are fully trained and oriented to provide quality treatment and meet all compliance standards for MHS, Inc, County of Fresno, Fresno Department of Juvenile Justice, and the State of California. In addition MHS, Inc and the NHP provide a range of ongoing comprehensive training for our staff as a means of providing the highest quality of services, adherence to best and evidence based practices and model fidelity. Upon approval of the NHP program MHS will provide a detailed training plan to Fresno Juvenile Probation for review and approval.

Additional Staff Training Opportunities

MHS, Inc. will provide additional on-going training for clinical staff. MHS, Inc. provides a variety of training opportunities including an accredited Training Academy, CEU's and Conference attendance. Clinicians will receive extensive AOD and education. All clinical staff will be trained in ethics, cultural diversity, child trauma, child and adolescent psychopathology, child and adolescent development, therapeutic community, motivational interviewing, behavioral intervention, cognitive behavioral, utilization of strength and evidence based models.

MHS, Inc. has utilized **Minkoff and Kline** in developing additional organizational co-occurring expertise. MHS, Inc. will continue to integrate our pillars of "Cultural Diversity and Inclusion", "Gender Responsiveness" and "Co-Occurring Disorders."

Proposed Program Staffing

.10 FTE	Program Manager
1.0 FTE	Program Coordinator
2.0 FTE	Mental Health Clinicians, MA level
2.0 FTE	Substance Abuse Counselors
.50 FTE	Family Support Partners
1.0 FTE	Administrative Assistant
.07 FTE	Program Accountant
.05 FTE	Quality Assurance Specialist

MHS will incorporate the use of creative staffing to enhance services and maintain budget viability including the use of unpaid or stipend MSW and MFT interns.

PROGRAM MILESTONES

Objectives:

Crime Free Lifestyle

Drug Free Lifestyle

Program:

New Horizons Program

Educational/Vocational

Program Activity	Client Milestones	Number	Days to Achieve	Verification Measure
1 Mental Health Clinician and/or Substance Abuse Counselor will meet with participant	Makes initial contact with program and agrees to participation	45	5	Initial Mental Health/Substance Abuse assessment, including referral for medication evaluation (if needed)
2a Process and Psycho-Ed core focus interventions/groups utilizing strength based interventions, problems solving and decision making skills.	Minor will gain awareness on how criminal behaviors, substance abuse and/or mental health issues have negatively impacted them and their families	40	100-120	Minor makes progress in program's levels, staff observe public presentation in group of peers in acceptance by vote to the next level
2b Bi-weekly Individual Therapy utilizing gender responsiveness, motivational interviewing, positive lifestyle, goal setting, positive peer pressure.	Model positive behaviors and be a "role model" to new youth in program	35	100-120	Maintain a score of 80 points a day
2c Bi-weekly Family Therapy focusing on communication, and building a positive family relationship. Family outreach including welcoming phone call inviting family to the program, family outreach including home visits and referrals for family services.	Family attends family therapy sessions, family awareness and family support at least once	25	30	Program attendance records

2d	Therapeutic milieu using motivational interviewing, cognitive behavioral therapy, and rewards for positive achievements.	Attends treatment groups/activities and school 90% of the time making progress on treatment goals including academic progress	35	60-365	The school report card and attendance records and treatment progress notes.
3a	Minor will incorporate healthy coping skills by participation in Process and Psycho-Ed focus core groups..	Minor will demonstrate healthy coping skills.	30	100-365	Staff observation, clean UA tests results (if warranted), attendance roster and follow up with family and psychiatrist (if needed).
3b	Minor demonstrates an increased emphasis on leadership in milieu, participating as a role-model in groups focused on values and goal setting	The youth will publicly (to peers) support a crime free and drug free lifestyle	25	180-365	Staff observation, public presentation in group of peers
3c	Family Counseling/Support activities	Family participation/attendance in Family Therapy Session at least once per month	20	60-365	Program attendance record
3d	Rewards for school achievement	Academic gains/credits	20	120-360	Pre-post academic testing by school/and report card.

OUTCOME EVALUATION FRAMEWORK

Program:		New Horizon Program		
Outcome	Indicator(s) (may be more than one per outcome)	Data Source	Data Collection Method	
Participants will lead a crime free lifestyle	No new convictions six months after completing in-custody programs	Follow up telephone contact records (arrests) contained in Probation data system	-Mental Health Clinician to ask or telephone clients and record response -Obtain special report from Probation data system	
Participants will be attending school, working, or in a vocational program	Number of youth working, in school, or vocational program at six months	-Follow up telephone contact -Collaboration with family -School/Employment records	Telephone or call direct contact	
Participant will maintain mental health stability (if warranted)	-Number of participants who are still attending therapy who reached the six month marker -Number of participants who are still complying with prescribed medications (if needed) who reached the six month marker	-Follow up telephone contact or direct contact -Collaboration with the family	-Mental Health Counselor to ask or telephone participant and record response -Direct contact with family or telephone call	
Participant will maintain a drug free lifestyle (if warranted)	-Number of participants who reach six month marker -Number of clean during the last three months -Number clean at six months	-Follow up telephone contact -Record (urinalysis results) contained in Probation Data System	-Substance abuse counselor to ask or telephone client and record response -Obtain special report from Probation data system	

RESEARCH AND OUTCOME

MHS, Inc. takes pride in being a “learning organization” and is committed to making contributions in the areas of service delivery and model development. We have participated in conversations with faculty at California State Fresno and Focus Forward regarding the eventuality of designing research on our Juvenile Justice SAU and New Horizon models as an additional means of program and model evaluation.

NO HOSTAGE FACILITY

SECURITY: County of Fresno Juvenile Justice Campus, Elkhorn Boot Camp, Fresno County South Annex Jail, Fresno County North Annex Jail, Fresno County Main Jail, Fresno County Satellite Jail and Claremont Custody Center are no hostage facilities operated by the County's Sheriff and Probation Departments.

The security of each Detention Facility is paramount and takes precedence over all processes. Before the start of any work, the Contractor and any subcontractors shall review with a representative of the Sheriff's Department, Probation Department and County Coordinator, the proposed process and how his work will interface with the respective Detention Facility's operations. The Detention Facility's operations shall take precedence. Contractor shall perform his work in accordance with the procedures established by the Sheriff's and Probation Departments. Should any revisions to any procedures become necessary, such revisions shall be reviewed and approved by Sheriff's and Probation Departments and the County Coordinator before execution of such revisions. Exit facilities, distress warning devices and similar devices and similar devices and equipment shall remain operable at times in accordance with regulations of the State Fire Marshall.

The Contractor shall plan and execute his work in such a manner so as to prevent a breach of the Detention Facilities Security or allowing an inmate to escape. This maintenance of security shall remain in effect for the duration of the project.

The Contractor shall be responsible for preventing the introduction of any material or equipment into the facility that could be deemed contraband. Such contraband shall include, but not be limited to tools, equipment, supplies, construction waste, and construction materials.

Only tools, supplies and equipment necessary to complete a given task shall be taken into an inmate occupies space. Such tools, supplies, materials shall be inventoried in and out of the secured area by the Coordinator. Any discrepancy shall be called to the attention of the Sheriff's Department or Probation Department representative immediately.

The Sheriff's Department or Probation Department may want to limit the number of workmen in any one area at one time. Only workers with proper identification as issued by the Sheriff's Department shall be allowed into the work area within the Detention Facilities. The appropriate identification will be issued on an as needed basis.

The Detention Facilities have no "Off Hours". The Contractor shall confer with the Sheriff's Department's representative and County Coordinator on a case by case basis for all work to be performed outside normal hours.

Any violations of security procedures which result in extraordinary man hour expenditures by the County, such as for unscheduled searches to retrieve contraband or man hours costs expended to report and/or recapture in escapee, will be the responsibility of the Contractor.

**FRESNO COUNTY
FY 2008-2009 BUDGET**

Fiscal Year: FY 2008-2009
 Provider Name: Mental Health Systems, Inc.
 Program: Fresno Rollup (664, 681, 692)
 Mailing Address: 9465 Farnham Street
 Street Address: 9465 Farnham Street
 Phone Number: 858 573-2600

Submitted by: James Lepanto
 Date: October 14, 2008
 Approved by: Mindy L. Maille, Director of Program Accounting
 Signature: _____
 Date: October 14, 2008
 Fax Number: 858 573-2602
 E-Mail Address: jllepanto@mhinc.org

No. of Budgeted FTE Administration: 4.56

Direct Service: 14.35

Budget Categories:- Line Item Description (Must be licensed)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget					
				County Funding Admin. Direct	FJT Admin. Direct	Mental Health (JJC) Admin. Direct	New Horizons Admin. Direct	Total Proposed Budget Admin. Direct	
PERSONNEL/SALARIES									
0101 Program Manager	\$49,774	25%	90%	\$11,200	\$1,244	\$11,200	\$1,244	\$11,200	\$1,244
0102 Program Assistant	\$33,571	50%	100%	\$16,786		\$16,786		\$16,786	
0103 Clinical Supervisor	\$68,806	25%	100%	\$17,202	\$17,202			\$17,202	\$17,202
0104 Counselor - Substance Abuse	\$39,023	100%	100%	\$39,023	\$39,023			\$39,023	\$39,023
0105 Counselor - Substance Abuse	\$36,430	100%	100%	\$36,430	\$36,430			\$36,430	\$36,430
0106 Counselor - Substance Abuse	\$33,862	100%	100%	\$33,862	\$33,862			\$33,862	\$33,862
0107 Counselor - Substance Abuse	\$32,115	100%	100%	\$32,115	\$32,115			\$32,115	\$32,115
0108 Quality Assurance Specialist	\$41,600	5%	100%	\$2,080		\$2,080		\$2,080	
0109 Program Accountant	\$54,985	7%	100%	\$3,850		\$3,850		\$3,850	
0110 Program Supervisor	\$37,128	100%	20%	\$7,426	\$29,702	\$7,426		\$7,426	\$29,702
0111 Counselor (DCC PR)	\$37,128	100%	100%	\$37,128	\$37,128			\$37,128	\$37,128
0112 Counselor (DCC PR)	\$34,944	100%	100%	\$34,944	\$34,944			\$34,944	\$34,944
0113 Northern Reg Admin Coord	\$42,528	10%	100%	\$4,253		\$4,253		\$4,253	
0114 Billing Clerk	\$30,576	100%	100%	\$30,576				\$30,576	
0115 Clinical Supervisor	\$68,806	25%	90%	\$15,481	\$1,720	\$15,481		\$15,481	\$1,720
0116 Unlicensed MH Clinician (Bilingual)	\$52,312	100%	20%	\$10,462	\$41,850	\$10,462		\$10,462	\$41,850
0117 Unlicensed MH Clinician	\$48,152	100%	100%	\$48,152	\$48,152			\$48,152	\$48,152
0118 Unlicensed MH Clinician	\$48,152	100%	100%	\$48,152	\$48,152			\$48,152	\$48,152
0119 Program Accountant	\$55,000	7%	100%	\$3,850		\$3,850		\$3,850	
0120 Program Manager	\$49,774	25%	90%	\$11,199	\$1,244			\$11,199	\$1,244
0121 Program Manager	\$49,774	50%	90%	\$22,398	\$2,489			\$22,398	\$2,489
0122 Clinical Supervisor	\$68,806	50%	100%	\$34,403				\$34,403	
0123 Therapist, Lic elig, MA level	\$46,509	100%	100%	\$46,509				\$46,509	\$46,509
0124 Therapist, Lic elig, MA level	\$46,509	100%	100%	\$46,509				\$46,509	\$46,509
0125 Substance Abuse Counselor	\$34,944	100%	100%	\$34,944				\$34,944	\$34,944
0126 Substance Abuse Counselor	\$34,944	100%	100%	\$34,944				\$34,944	\$34,944
0127 Family Support Partner	\$30,576	50%	100%	\$15,288				\$15,288	
0128 Administrative Assistant	\$33,571	50%	100%	\$16,786				\$16,786	
0129 Program Accountant	\$55,000	7%	100%	\$3,850				\$3,850	
0130 QA Specialist	\$41,600	5%	100%	\$2,080				\$2,080	
SALARIES TOTAL				\$188,577	\$591,554	\$71,918	\$265,903	\$37,142	\$144,968
PAYROLL TAXES									
0151 State Unemployment Insurance									
0152 F.I.C.A./O.A.S.D.I.				\$14,426	\$45,254	\$5,502	\$20,342	\$2,841	\$11,090
0153 State Disability Insurance									
0154 Workers' Compensation Insurance									
PAYROLL TAXES TOTAL				\$14,426	\$45,254	\$5,502	\$20,342	\$2,841	\$11,090
EMPLOYEE BENEFITS									
0201 Health Insurance				\$18,574	\$56,269	\$7,084	\$26,191	\$3,658	\$14,280
0202 Life Insurance									
0203 Retirement				\$10,371	\$32,536	\$3,956	\$14,625	\$2,043	\$7,973
0204 Benefits Other - Specify									
EMPLOYEE BENEFITS TOTAL				\$28,945	\$90,805	\$11,039	\$40,816	\$5,701	\$22,253

**FRESNO COUNTY
FY 2008-2009 BUDGET**

Fiscal Year: FY 2008-2009
 Provider Name: Mental Health Systems, Inc.
 Program: Fresno Rollup (664, 681, 692)
 Date: October 10, 2008

Approved by: Mindy L. Maille, Director of Program Accounting
 Date: October 10, 2008

Budget Categories-Line Item Description (Must Be Itemized)	Current Agency Budget	FJT Budget	Mental Health (JJC) Budget	New Horizons Budget	Proposed Program Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL		\$415,520	\$223,995	\$320,046	\$959,561
INSURANCE					
0251 Worker's Compensation Insurance		\$17,736	\$9,561	\$13,661	\$40,958
0252 Liability Insurance		\$3,519	\$1,656	\$2,752	\$7,927
0253 Insurance Other-Specify		\$1,600	\$753	\$1,251	\$3,604
INSURANCE TOTAL		\$22,855	\$11,970	\$17,664	\$52,489
COMMUNICATIONS					
0301 Telecommunications/data lines		\$6,000	\$2,940	\$5,000	\$13,940
0302 Answering Service					
COMMUNICATIONS TOTAL		\$6,000	\$2,940	\$5,000	\$13,940
OFFICE EXPENSE					
0351 Office Supplies		\$15,500	\$2,350	\$8,000	\$25,850
0352 Soc Rec., Workbooks					
0353 Printing/Reproduction		\$2,500	\$2,000	\$1,500	\$6,000
0354 Publications		\$2,000		\$400	\$2,400
0355 Legal Notices/Advertising					
OFFICE EXPENSE TOTAL		\$20,000	\$4,350	\$9,900	\$34,250
EQUIPMENT					
0401 Purchase of Equipment		\$5,410	\$3,500	\$5,000	\$13,910
0402 Equipment Rent/Lease		\$2,800	\$100	\$3,000	\$5,900
0403 Equipment Maintenance		\$4,000	\$730	\$2,800	\$7,530
EQUIPMENT TOTAL		\$12,210	\$4,330	\$10,800	\$27,340
FACILITIES					
0451 Rent/Lease Building		\$31,000			\$31,000
0452 Facilities Maintenance		\$5,000			\$5,000
0453 Utilities		\$6,000	\$1,200		\$7,200
FACILITIES TOTAL		\$42,000	\$1,200		\$43,200
TRAVEL COSTS					
0501 Staff Mileage		\$3,000	\$6,888	\$10,392	\$20,280
0502 Staff Travel (Out of County)		\$6,500		\$2,000	\$8,500
0503 Staff Training/Registration		\$4,000	\$2,000	\$3,450	\$9,450
0504 Transportation		\$10,148			\$10,148
TRAVEL COSTS TOTAL		\$23,648	\$8,888	\$15,842	\$48,378

**FRESNO COUNTY
FY 2008-2009 BUDGET**

Fiscal Year:

FY 2008-2009

Provider Name:

Mental Health Systems, Inc.

Program:

Fresno Rollup (664, 681, 692)

Date:

October 10, 2008Approved by: Mindy L. Mallie, Director of Program AccountingDate: October 10, 2008

Budget Categories-Line Item Description (Must Be Itemized)	Current Agency Budget	FJT Budget	Mental Health (JJC) Budget	New Horizons Budget	Proposed Program Budget
PROGRAM SUPPLIES					
0551 Program Supplies-Client Incentives			\$450	\$9,581	\$10,031
0552 Program Supplies-Curriculum		\$5,500	\$1,127	\$12,381	\$19,008
0553 Program Supplies-RT/OT Supplies		\$5,000	\$3,600	\$5,381	\$13,981
PROGRAM SUPPLIES TOTAL		\$10,500	\$5,177	\$27,343	\$43,020
CONSULTANCY					
0601 Consultant Services		\$3,150		\$22,880	\$26,030
0602 Contracted Services					
CONSULTANCY TOTAL		\$3,150		\$22,880	\$26,030
FISCAL AND AUDITS					
0651 Accounting/Bookkeeping		\$200	\$200	\$200	\$600
0652 External Audit					
FISCAL AND AUDITS TOTAL		\$200	\$200	\$200	\$600
OTHER COSTS					
0701 Indirect Costs		\$76,111	\$35,817	\$59,518	\$171,446
0702 Licenses/Taxes		\$200	\$200	\$200	\$600
0703 County Administration Fee					
0749 Other Business Services		\$7,502	\$2,050	\$10,996	\$20,548
OTHER COSTS TOTAL		\$83,813	\$38,067	\$70,714	\$192,594
TOTAL PROGRAM EXPENDITURES		\$639,896	\$301,117	\$500,389	\$1,441,403
REVENUE/MATCH					
3120 Medi-Cal		\$169,896			\$169,896
3130 State Grant					
3140 Private Donations					
3150 Client Fees					
REVENUE/MATCH TOTAL		\$169,896			\$169,896
NET PROGRAM BUDGET		\$470,000	\$301,117	\$500,389	\$1,271,507

Outpatient Mental Health Services for Adolescents at Juvenile Justice Campus (JJC)
Mental Health Systems, Inc.
Program Budget
February 1, 2008 through June 30, 2008

OPERATING EXPENSES:		Total
1060	Telephone	\$1,225
1061	Answering Service	\$0
1062	Postage	\$83
1070	Printing/Reproduction	\$0
1071	Publications	\$0
1072	Legal Notices/Advertising (Includes recruitment)	\$833
1080	Office Supplies & Equipment	\$854
1090	Household Supplies	\$0
1100	Clothing, Food and Hygiene	\$0
1120	Program Supplies - Therapeutic	\$1,500
1122	Program Supplies - Medical	\$0
1130	Transportation of Clients	\$0
1140	Staff Mileage/vehicle maintenance	\$2,870
1141	Staff Travel (Out of County)	\$0
1150	Staff Training/Registration	\$833
1151	Housing/Lodging	\$0
1151	Lodging	\$0
1152	Other - Other Business Services	\$740
1153	Other - Depreciation (Building & Equipment)	\$0
1154	other Curriculum	\$42
1155	Communication cell phone, internet	\$0
OPERATING EXPENSES TOTAL		\$8,980
FINANCIAL SERVICES EXPENSES:		
1160	Accounting/Bookkeeping	\$104
1161	External Audit	\$0
1170	Worker's Compensation Insurance*	\$4,163
1171	Professional Liability Insurance	\$628
1173	Other - Insurance/General Liability	\$1,255
FINANCIAL SERVICES TOTAL		\$6,150
SPECIAL EXPENSES (Consultant/Etc.):		
1180	Consultants	
1181	other Indirect Costs	\$14,434
1182	other	\$0
1183	other	\$0
SPECIAL EXPENSE TOTAL		\$14,434
FIXED ASSETS:		
2000	Computers & Software	\$833
2001	Furniture & Fixtures	\$625
FIXED ASSETS TOTAL		\$1,458
Total Program Expenses		\$125,466

Outpatient Mental Health Services for Adolescents at Juvenile Justice Campus (JJC)					
Mental Health Systems, Inc.					
Program Budget					
July 1, 2008 through June 30, 2009					
Budget Categories -			Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct	Total
PERSONNEL SALARIES					
0001	Clinical Supervisor	0.50		\$32,240	\$32,240
0002	Unlicensed MH Clinician (Bilingual)	1.00		\$52,000	\$52,000
0003	Unlicensed MH Clinician	1.00		\$47,840	\$47,840
0004	Unlicensed MH Clinician	1.00		\$47,840	\$47,840
0005	Accountant	0.05	\$2,184		\$2,184
0006					\$0
0007					
SALARY TOTAL		3.55	\$2,184	\$179,920	\$182,104
PAYROLL TAXES					
0030	OASDI				
0031	FICA/MEDICARE		\$159	\$13,134	\$13,294
0032	U.I.				
PAYROLL TAX TOTAL			\$159	\$13,134	\$13,294
EMPLOYEE BENEFITS					
0040	Retirement		\$87	\$7,197	\$7,284
0041	Health Insurance (medical vision, life, dental, disability)		\$131	\$10,795	\$10,926
0042	Life Insurance				\$0
0043	Sick/Vacation time		\$131	\$10,795	\$10,926
0044					\$0
EMPLOYEE BENEFITS TOTAL				\$28,787	\$29,136
SALARY & BENEFITS GRAND TOTAL					\$224,534
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Maintenance Building				
1020	other Equipment repair/maintenance				\$730
1030	Rent/Lease Equipment				\$100
1050	Utilities				\$1,200
1051	Janitorial				\$100
FACILITY/EQUIPMENT TOTAL					\$2,130

Outpatient Mental Health Services for Adolescents at Juvenile Justice Campus (JJC)					
Mental Health Systems, Inc.					
Program Budget					
July 1, 2008 through June 30, 2009					
OPERATING EXPENSES:					
				Total	
1060	Telephone			\$2,940	
1081	Answering Service			\$0	
1082	Postage			\$200	
1070	Printing/Reproduction				
1071	Publications				
1072	Legal Notices/Advertising (Includes recruitment)			\$2,000	
1080	Office Supplies & Equipment			\$2,050	
1090	Household Supplies			\$0	
1100	Clothing, Food and Hygiene			\$0	
1120	Program Supplies - Therapeutic			\$3,600	
1122	Program Supplies - Medical			\$0	
1130	Transportation of Clients				
1140	Staff Mileage/Vehicle maintenance			\$8,888	
1141	Staff Travel (Out of County)				
1150	Staff Training/Registration			\$2,000	
1151	Housing/Lodging			\$0	
1151	Lodging				
1152	Other - Other Business Services			\$1,778	
1153	Other - Depreciation (Building & Equipment)			\$0	
1154	Other - Curriculum			\$100	
1155	Communication cell phone, Internet			\$0	
	OPERATING EXPENSES TOTAL			\$21,554	
FINANCIAL SERVICES EXPENSES:					
1160	Accounting/Bookkeeping			\$250	
1161	External Audit			\$0	
1170	Worker's Compensation Insurance*			\$9,990	
1171	Professional Liability Insurance			\$1,508	
1173	Other - Insurance/General Liability			\$3,011	
	FINANCIAL SERVICES TOTAL			\$14,757	
SPECIAL EXPENSES (Consultant/Etc.):					
1180	Consultants				
1181	Other - Indirect Costs			\$34,642	
1182	Other			\$0	
1183	Other			\$0	
	SPECIAL EXPENSE TOTAL			\$34,642	
FIXED ASSETS:					
2000	Computers & Software			\$2,000	
2001	Furniture & Fixtures			\$1,500	
	FIXED ASSETS TOTAL			\$3,500	
			Total Program Expenses	\$301,117	