

STATE OF CALIFORNIA

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 14 Pages

AGREEMENT NUMBER	AMENDMENT NUMBER
12-78008-000	2
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:
STATE AGENCY'S NAME
Department of State Hospitals
CONTRACTOR'S NAME
Orange County Mental Health Services
- The term of this Agreement is July 1, 2012 through June 30, 2015
- The maximum amount of this Agreement after this amendment is: \$ 3,588,528.00
Three Million, Five Hundred Eighty-Eight Thousand, Five Hundred Twenty-Eight Dollars and Zero Cents
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - This amendment extends the Agreement's end date of December 31, 2013 by eighteen (18) months. The new Agreement term shall be July 1, 2012 through June 30, 2015.
 - This amendment increases the Agreement amount of \$1,708,210.00 by \$1,880,318.00 for a new maximum Agreement amount of \$3,588,528.00.
 - Exhibit B-1, Budget Detail and Payment Provisions, is replaced in its entirety with Exhibit B-2, attached hereto.

APPROVED AS TO FORM
 OFFICE OF THE COUNTY COUNSEL
 ORANGE COUNTY CALIFORNIA

By [Signature]
Deputy
 Date: 2/5/14

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only <input checked="" type="checkbox"/> Exempt per: WIC 4360(a) & (b)
<small>CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)</small> <u>Orange County Mental Health Services</u>		
<small>BY (Authorized Signature)</small> <u>[Signature]</u>	<small>DATE SIGNED (Do not type)</small>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
<small>ADDRESS</small> <u>405 5th Street, Santa Ana, CA 92701</u>		
STATE OF CALIFORNIA		
<small>AGENCY NAME</small> <u>Department of State Hospitals</u>		
<small>BY (Authorized Signature)</small> <u>[Signature]</u>	<small>DATE SIGNED (Do not type)</small>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small> <u>Rob Cook, PCO, and Chief, Business Management Branch</u>		
<small>ADDRESS</small> <u>1600 9th Street, Room 101, Sacramento, CA 95814</u>		

DSH USE ONLY

State Master
 Contractor
 Contract Manager
 Accounting
 State Controller

EXHIBIT B-2

BUDGET DETAIL AND PAYMENT PROVISIONS

1. INVOICING AND PAYMENT

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor in accordance with the rates specified in section 5, Budget Detail.

The total amount payable by the State to the Contractor under this contract shall not exceed **\$3,588,528.00**. Of this amount, total payments for Negotiated Net Amount (NNA) Services shall not exceed **\$3,466,982.00**. The total payments for Negotiated Rate (NR) Services shall not exceed **\$121,546.00**. The Contractor may, with the written approval of the Project Coordinator, shift funds between the contract categories of NNA and NR.

Monthly for FY13-14, for the period of July 1, 2013 through December 31, 2013, the State will reimburse the Contractor for 1/6th of the net amount of the NNA from Amendment-1 (Fiscal Year Ending 12/31/2013) budget minus the NNA from the FY12-13 (Fiscal Year Ending 6/30/2013) budget, as specified in the Budget Detail. The Contractor may submit Summary Claim for Reimbursement (CRP 1701A), in triplicate, for NNA.

Monthly for FY13-14, for the period of January 1, 2014 through June 30, 2014, the State will reimburse the Contractor for 1/6th of the net amount of the NNA from Amendment-2 (Fiscal Year Ending 6/30/2014) budget minus the NNA from the period of July 1, 2013 thru December 31, 2013, as specified in the Budget Detail. The Contractor may submit Summary Claim for Reimbursement (CRP 1701A), in triplicate, for NNA.

Monthly for FY14-15, the State will reimburse the Contractor for 1/12th of the NNA amount as specified in the FY14-15 Budget. The Contractor may submit Summary Claim for Reimbursement (CRP 1701A), in triplicate, for NNA.

Any questions on these calculations should be directed to CONREP Operations as listed on Page 1 of Exhibit A-1.

Reimbursement for NR Services will be made using Summary Claim for Reimbursement (CRP 1701B), for actual expenditures in accordance with provisions of EXHIBIT A, Section 8c and the Budget, EXHIBIT B.

- B. Invoices shall be submitted not more frequently than monthly in arrears.
- C. Payment shall not be due until the later of: (a) The date of acceptance of goods or performance of services; or (b) receipt of an accurate invoice.
- D. For contracts which allow partial payments to be made, partial payments of the contract price during the progress of the work shall have a minimum 10% of the gross payment withheld pending satisfactory final completion of the entire contract.

2. INSTRUCTION TO THE CONTRACTOR

- A. To expedite the processing of invoices submitted to the Department of State Hospitals (DSH) for payment, all invoice(s) shall be submitted to the DSH Contract Manager for review and approval at the following address:

Department of State Hospitals

Orange County Mental Health Services
12-78008-000, Amendment 2
Exhibit B-2, Budget Detail and Payment Provisions

California Department of State Hospitals
Attention: Accounting Office
1600 Ninth Street, Room 141
Sacramento, CA 95814

- B. Invoices shall be submitted as one original and three copies.
- C. The following items are required on all invoices:
- i. Contractor name and address printed on company letterhead or on invoice template provided by DSH Contract Manager
 - ii. Services or deliverables provided should be itemized in accordance with the Budget Detail
 - iii. Date(s) of services or deliverables provided
 - iv. DSH contract number
 - v. Invoice date
 - vi. Invoice total
 - vii. Authorizing signature

3. BUDGET CONTINGENCY CLAUSE

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.
- C. If this contract overlaps Federal and State fiscal years, should funds not be appropriated by Congress or approved by the Legislature for the fiscal year(s) following that during which this contract was executed, the State may exercise its option to cancel this contract.

In addition, this contract is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this contract in any manner.

4. PROMPT PAYMENT CLAUSE

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

5. BUDGET DETAIL

Charges/rates shall be computed in accordance with the following budget on page 3 of Exhibit B. The cost of each major budget category may vary up to 15% within each Fiscal Year (FY) with DSH approval so long as the total amount budgeted for the FY is not exceeded.

Rev. 12-2013

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM - EXHIBIT B 2
NEGOTIATED NET AMOUNT AND RATE SERVICES SUMMARY
MH 7001 (05/00)

A-2

Contractor Name:	Orange County Mental Health Services	Type of Report	Submission:	11/24/2013
Contract No.	12-78008-000	<input checked="" type="checkbox"/> Contract Budget	Modification:	
Fiscal Year Ending:	6/30/2014	<input type="checkbox"/> Year End Cost Report	Amendment:	11/24/2013

Item 1. NNA Core Services Caseload Based on Phase and Level of Program						
Intensive	Intermediate	Support	Transitional	Aftercare		Total Caseload
4		33	7	3		47

Item 2. NNA State Hospital Liaison Services by Patient Visits and Trips						
	Napa	Metropolitan	Patton	Atascadero	Coalinga	Total
a. Patient Visits	4	34	148	68	6	260
b. No. of Trips	2	5	25	9	2	43

	<u>Contract Total Amount</u>	<u>Cost Report Total Amount</u>	<u>NNA Unexpended Funds</u>
Item 3. Total Negotiated Net Amount Services (NNA):	\$1,120,926	N/A	N/A
Item 4. Total Negotiated Rate Services Amount (NR): (NR total from MH 7002 & 7006)	\$40,516	N/A	
Item 5. Total Contract Amount:	\$1,161,442	N/A	

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM - EXHIBIT B 2

A-2

DISTRIBUTION OF CONDITIONAL RELEASE PROGRAM UNIT COSTS REPORT
MH 7002 (04/00)

Page 4 of 14

Contractor Name:	Orange County Mental Health Services	Type of Report	Submission:	11/24/2013
Contract Number:	12-78008-000	<input checked="" type="checkbox"/> Contract Budget	Modification:	
Fiscal Year Ending:	6/30/2014	<input type="checkbox"/> Year End Cost Report	Amendment:	11/24/2013

Mode & Service Function Codes Target Group <i>Line Items</i>	NNA Services Core Services	NNA Hospital Liaison	NNA Medication	NNA Total	Negotiated Rates Services (NR)		NR Total	TOTALS
					50/50 CRP	50/53 CRP		
1. Personnel Costs	\$839,428	\$28,550	\$48,636	\$916,614				\$916,614
2. Operating Expenses	76,613	6,326	52,958	135,896	35,040	5,476	40,516	176,412
3. Life Support	23,028			23,028				23,028
4. Equipment								
5. Administration Services & Overhead	125,914	4,283	7,295	137,492				137,492
6. Total Costs	\$1,064,983	\$39,158	\$108,889	\$1,213,030	\$35,040	\$5,476	\$40,516	\$1,253,546
7. Equipment Offset								
8. Subtotal	\$1,064,983	\$39,158	\$108,889	\$1,213,030	\$35,040	\$5,476	\$40,516	\$1,253,546
9. Revenues	92,104			92,104				92,104
10. Net Costs	\$972,879	\$39,158	\$108,889	\$1,120,926	\$35,040	\$5,476	\$40,516	\$1,161,442
11. Total Units of Service					5,840	366		
12. Net Cost Per Unit					6.00	14.98		
13. CONREP Units					5,840	366		
Lines 14-15 Are For Cost Report Purposes Only								
14. Actual Cost of CONREP Units								
15. Contracted NNA/NR								
16. Negotiated Rate Amount						\$35,040	\$5,476	\$40,516

Totals may not be exact due to rounding.

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM - EXHIBIT B 2

A-2

CONDITIONAL RELEASE PROGRAM UNIT COST
MH 7003 (04/00)

Contractor Name: Orange County Mental Health Services	Type of Report	Submission: 11/24/2013
Contract Number: 12-78008-000	<input checked="" type="checkbox"/> Contract Budget	Modification:
Fiscal Year Ending: 6/30/2014	<input type="checkbox"/> Year End Cost Report	Amendment: 11/24/2013

LINE ITEMS	Core Services	Hospital Liaison	Med. Support	Residential Services	Total
1. Personnel Costs	\$839,428	\$28,550	\$48,636		\$916,614
2. Operating Expenses	76,613	6,326	52,958	40,516	\$176,412
a. Office Services & Supplies	6,777				
b. Communications	6,500				
c. Travel (excluding State Hospital Visits)	5,570				
d. Facility	52,080				
e. Medical procedures, Supplies, Pharmacy			52,958		
f. Consulting Fees					
g. Other: Insurance (Prof)	5,286				
h. Other: Training	400				
i. Travel (State Hospital Visits-airfare,mileage,etc.)		6,326			
j. Other: Supp. Res. Care (Rate 50/50)				35,040	
k. Other: Supp. Res. Care (Rate 50/53)				5,476	
l. Other:					
3. Life Support Costs	23,028				\$23,028
a. Emergency Life Support	5,004				
b. Life Support - Residential Care (05/90)	18,024				
c. Life Support - Independent Living (05/85)					
4. Equipment Over \$500 Per Unit					
5. Administrative Services & Overhead (15% of Personnel cost)	125,914	4,283	7,295		\$137,492
6. Total Cost of the CONREP Unit	\$1,064,983	\$39,158	\$108,889	\$40,516	\$1,253,546
7. Equipment Offset					
8. Subtotal	\$1,064,983	\$39,158	\$108,889	\$40,516	\$1,253,546
9. Revenues (Sum of items a through e)	92,104				92,104
a. Patient Fees/Patient Insurance					
b. Life-Sup Reim (05/85 & 05/90)					
c. Medicare/Medi-Cal					
d. Prior Years' Unexpended Funds	92,104				
e. Prior Years' Unexpended Funds-Equip.					
10. Net Cost	\$972,879	\$39,158	\$108,889	\$40,516	\$1,161,442

Totals may not be exact due to rounding.

CONREP PROGRAM-EXHIBIT B 2

PERSONNEL REPORT-CONDITIONAL RELEASE PROGRAM UNIT
MH 7004 (05/94)

Contractor Name: Orange County Mental Health Services	Type of Report	Submission: 11/24/2013
Contract Number: 12-78008-000	<input checked="" type="checkbox"/> Contract Budget	Modification:
Fiscal Year Ending: 6/30/2014	<input type="checkbox"/> Year End Cost Report	Amendment: 11/24/2013

		Salaried Personnel					Hourly Rate Personnel		
A	B	C	D	E	F	G	H	I	J
Classification	Degree/ License	Full Time Annual Salary	Full Time Benefits	Total of Col's C & D	FTE for Contract Serv's	Total Cost E Times F	Number of Hours	Hourly Rate	Total Cost H Times I
<u>CORE SERVICES</u>									
Clinical Psychologist II*	Ph.D.	\$88,233	\$39,125	\$127,358	0.6700	\$85,330			
Clinical Psychologist II*	Ph.D.	\$88,234	\$39,136	\$127,370	1.0000	\$127,370			
Marriage & Family Therapist	MFT	70,012	25,154	95,166	0.7000	66,616			
Marriage & Family Therapist	MFT	70,012	34,514	104,526	1.0000	104,526			
Comp Care Nurse II*	MSN	90,142	36,144	126,286	1.0000	126,286			
Psychiatrist (Clinical)*	MD						180	115.80	20,844
* Incl. money for pending union negotiations									
<u>ADMINISTRATION</u>									
Administrative Manager II*	RNC	121,388	53,808	175,196	1.0000	175,196			
<u>HOSPITAL LIAISON</u>									
Marriage & Family Therapist	MFT	70,012	25,154	95,166	0.3000	28,550			
<u>CLERICAL</u>									
Office Specialist*		43,974	24,440	68,414	1.0000	68,414			
Office Technician (A)*		37,376	21,470	58,846	1.0000	58,846			
<u>ON-CALL</u>									
Various		6,000		6,000		6,000			
<u>MEDICAL SUPPORT SERVICES</u>									
Psychiatrist	MD						420	115.80	48,636
Total						\$847,134			\$69,480
Individual Totals (Column G) may not be exact due to rounding.							Total Personnel Cost: \$916,614		

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM-EXHIBIT B 2

A-2

EQUIPMENT REPORT
MH 7005 (05/94)

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Contractor Name:	Orange County Mental Health Services	Type of Report	Submission:	11/24/2013
Contract Number:	12-78008-000	<input checked="" type="checkbox"/> Contract Budget	Modification:	
Fiscal Year Ending:	6/30/2014	<input type="checkbox"/> Year End Cost Report	Amendment:	11/24/2013

ITEM DESCRIPTION	Number of Items	Cost	Annual Lease Cost	Annual Depreciation	Total Equipment Cost	Amount Charged to Cont. Serv.
NONE						

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM - EXHIBIT B 2

A-2

**NEGOTIATED RATE SERVICES FOR CONDITIONAL RELEASE PROGRAM SUBCONTRACTORS
MH 7006 (05/94)**

Page 8 of 14

Contractor Name:	Orange County Mental Health Services	Type of Report	Submission:	11/24/2013
Contract No:	12-78008-000	<input checked="" type="checkbox"/> Contract Budget	Modification:	
Fiscal Year Ending:	6/30/2014	<input type="checkbox"/> Year End Cost Report	Amendment:	11/24/2013

Sub-Contractor Name								
Sub-Contractor Number								
Mode & Service Function Codes								
Target Group								
Line Items	NONE							
1. Personnel Costs								
2. Operating Expenses								
3. Other Expenses								
4. Total Costs								
5. Total Units of Service								
6. Cost Per Unit								
7. CONREP Units of Service								
8. Cost of CONREP Services								
9. CONREP Revenues								
10. Net Cost of CONREP Services								
11. Net Cost/CONREP Unit of Service								
Line 12 is for Cost Report Purposes Only								
12. Contracted Negotiated Rate								
13. Negotiated Rate Amount								

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM - EXHIBIT B 2
NEGOTIATED NET AMOUNT AND RATE SERVICES SUMMARY
MH 7001 (05/00)

A-2

Contractor Name:	Orange County Mental Health Services	Type of Report	Submission:	11/24/2013
Contract No.	12-78008-000	<input checked="" type="checkbox"/> Contract Budget	Modification:	
Fiscal Year Ending:	6/30/2015	<input type="checkbox"/> Year End Cost Report	Amendment:	11/24/2013

Item 1. NNA Core Services Caseload Based on Phase and Level of Program						
Intensive	Intermediate	Support	Transitional	Aftercare		Total Caseload
4		33	7	3		47

Item 2. NNA State Hospital Liaison Services by Patient Visits and Trips						
	Napa	Metropolitan	Patton	Atascadero	Coalinga	Total
a. Patient Visits	4	34	148	68	6	260
b. No. of Trips	2	5	25	9	2	43

	<u>Contract Total Amount</u>	<u>Cost Report Total Amount</u>	<u>NNA Unexpended Funds</u>
Item 3. Total Negotiated Net Amount Services (NNA):	\$1,213,028	N/A	N/A
Item 4. Total Negotiated Rate Services Amount (NR): (NR total from MH 7002 & 7006)	\$40,515	N/A	
Item 5. Total Contract Amount:	\$1,253,543	N/A	

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM - EXHIBIT B 2

A-2

**DISTRIBUTION OF CONDITIONAL RELEASE PROGRAM UNIT COSTS REPORT
MH 7002 (04/00)**

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Contractor Name:	Orange County Mental Health Services	Type of Report	Submission:	11/24/2013
Contract Number:		<input checked="" type="checkbox"/> Contract Budget	Modification:	
Fiscal Year Ending:	6/30/2015	<input type="checkbox"/> Year End Cost Report	Amendment:	11/24/2013

Mode & Service Function Codes Target Group <i>Line Items</i>	NNA Services Core Services	NNA Hospital Liaison	NNA Medication	NNA Total	Negotiated Rates Services (NR)		NR Total	TOTALS
					50/50 CRP	50/53 CRP		
1. Personnel Costs	\$839,428	\$28,550	\$48,636	\$916,614				\$916,614
2. Operating Expenses	76,611	6,325	52,958	135,894	35,040	5,475	40,515	176,409
3. Life Support Costs	23,027			23,027				23,027
4. Equipment								
5. Administration Services & Overhead	125,914	4,283	7,295	137,492				137,492
6. Total Costs	\$1,064,981	\$39,158	\$108,889	\$1,213,028	\$35,040	\$5,475	\$40,515	\$1,253,543
7. Equipment Offset								
8. Subtotal	\$1,064,981	\$39,158	\$108,889	\$1,213,028	\$35,040	\$5,475	\$40,515	\$1,253,543
9. Revenues								
10. Net Costs	\$1,064,981	\$39,158	\$108,889	\$1,213,028	\$35,040	\$5,475	\$40,515	\$1,253,543
11. Total Units of Service					5,840	365		
12. Net Cost Per Unit					6.00	15.00		
13. CONREP Units					5,840	365		
Lines 14-15 Are For Cost Report Purposes Only								
14. Actual Cost of CONREP Units								
15. Contracted NNA/NR								
16. Negotiated Rate Amount					\$35,040	\$5,475		\$40,515

Totals may not be exact due to rounding.

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM - EXHIBIT B 2

A-2

CONDITIONAL RELEASE PROGRAM UNIT COST
MH 7003 (04/00)

Contractor Name: Orange County Mental Health Services	Type of Report	Submission: 11/24/2013
Contract Number:	<input checked="" type="checkbox"/> Contract Budget	Modification:
Fiscal Year Ending: 6/30/2015	<input type="checkbox"/> Year End Cost Report	Amendment: 11/24/2013

LINE ITEMS	Core Services	Hospital Liaison	Med. Support	Residential Services	Total
1. Personnel Costs	\$839,428	\$28,550	\$48,636		\$916,614
2. Operating Expenses	76,611	6,325	52,958	40,515	\$176,409
a. Office Services & Supplies	6,776				
b. Communications	6,500				
c. Travel (excluding State Hospital Visits)	5,570				
d. Facility	52,079				
e. Medical procedures, Supplies, Pharmacy			52,958		
f. Consulting Fees					
g. Other: Insurance (Prof)	5,286				
h. Other: Training	400				
i. Travel (State Hospital Visits-airfare,mileage,etc.)		6,325			
j. Other: Supp. Res. Care (Rate 50/50)				35,040	
k. Other: Supp. Res. Care (Rate 50/53)				5,475	
l. Other:					
3. Life Support Costs	23,027				\$23,027
a. Emergency Life Support	5,004				
b. Life Support - Residential Care (05/90)	18,023				
c. Life Support - Independent Living (05/85)					
4. Equipment Over \$500 Per Unit					
5. Administrative Services & Overhead (15% of Personnel cost)	125,914	4,283	7,295		\$137,492
6. Total Cost of the CONREP Unit	\$1,064,981	\$39,158	\$108,889	\$40,515	\$1,253,543
7. Equipment Offset					
8. Subtotal	\$1,064,981	\$39,158	\$108,889	\$40,515	\$1,253,543
9. Revenues (Sum of items a through e)					
a. Patient Fees/Patient Insurance					
b. Life-Sup Reim (05/85 & 05/90)					
c. Medicare/Medi-Cal					
d. Prior Years' Unexpended Funds					
e. Prior Years' Unexpended Funds-Equip.					
10. Net Cost	\$1,064,981	\$39,158	\$108,889	\$40,515	\$1,253,543

Totals may not be exact due to rounding.

CONREP PROGRAM-EXHIBIT B 2

PERSONNEL REPORT-CONDITIONAL RELEASE PROGRAM UNIT
MH 7004 (05/94)

Contractor Name: Orange County Mental Health Services	Type of Report	Submission: 11/24/2013
Contract Number:	<input checked="" type="checkbox"/> Contract Budget	Modification:
Fiscal Year Ending: 6/30/2015	<input type="checkbox"/> Year End Cost Report	Amendment: 11/24/2013

		Salaried Personnel					Hourly Rate Personnel		
A	B	C	D	E	F	G	H	I	J
Classification	Degree/ License	Full Time Annual Salary	Full Time Benefits	Total of Col's C & D	FTE for Contract Serv's	Total Cost E Times F	Number of Hours	Hourly Rate	Total Cost H Times I
<u>CORE SERVICES</u>									
Clinical Psychologist II*	Ph.D.	\$88,233	\$39,125	\$127,358	0.6700	\$85,330			
Clinical Psychologist II*	Ph.D.	\$88,234	\$39,136	\$127,370	1.0000	\$127,370			
Marriage & Family Therapist	MFT	70,012	25,154	95,166	0.7000	66,616			
Marriage & Family Therapist	MFT	70,012	34,514	104,526	1.0000	104,526			
Comp Care Nurse II*	MSN	90,142	36,144	126,286	1.0000	126,286			
Psychiatrist (Clinical)*	MD						180	115.80	20,844
* Incl. money for pending union negotiations									
<u>ADMINISTRATION</u>									
Administrative Manager II*	RNC	121,388	53,808	175,196	1.0000	175,196			
<u>HOSPITAL LIAISON</u>									
Marriage & Family Therapist	MFT	70,012	25,154	95,166	0.3000	28,550			
<u>CLERICAL</u>									
Office Specialist*		43,974	24,440	68,414	1.0000	68,414			
Office Technician (A)*		37,376	21,470	58,846	1.0000	58,846			
<u>ON-CALL</u>									
Various		6,000		6,000		6,000			
<u>MEDICAL SUPPORT SERVICES</u>									
Psychiatrist	MD						420	115.80	48,636
Total						\$847,134			\$69,480
Individual Totals (Column G) may not be exact due to rounding.							Total Personnel Cost: \$916,614		

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM-EXHIBIT B 2

A-2

EQUIPMENT REPORT
MH 7005 (05/94)

Page 13 of 14

Contractor Name:	Orange County Mental Health Services	Type of Report	Submission:	11/24/2013
Contract Number:		<input checked="" type="checkbox"/> Contract Budget	Modification:	
Fiscal Year Ending:	6/30/2015	<input type="checkbox"/> Year End Cost Report	Amendment:	11/24/2013

ITEM DESCRIPTION	Number of Items	Cost	Annual Lease Cost	Annual Depreciation	Total Equipment Cost	Amount Charged to Cont. Serv.
NONE						

Department of State Hospitals

Forensic Services Conditional Release Program

CONREP PROGRAM - EXHIBIT B 2

A-2

**NEGOTIATED RATE SERVICES FOR CONDITIONAL RELEASE PROGRAM SUBCONTRACTORS
MH 7006 (05/94)**

Page 14 of 14

Contractor Name:	Orange County Mental Health Services	Type of Report	Submission:	11/24/2013
Contract No:		<input checked="" type="checkbox"/> Contract Budget	Modification:	
Fiscal Year Ending:	6/30/2015	<input type="checkbox"/> Year End Cost Report	Amendment:	11/24/2013

Sub-Contractor Name								
Sub-Contractor Number								
Mode & Service Function Codes								
Target Group								
Line Items	NONE							
1. Personnel Costs								
2. Operating Expenses								
3. Other Expenses								
4. Total Costs								
5. Total Units of Service								
6. Cost Per Unit								
7. CONREP Units of Service								
8. Cost of CONREP Services								
9. CONREP Revenues								
10. Net Cost of CONREP Services								
11. Net Cost/CONREP Unit of Service								
Line 12 is for Cost Report Purposes Only								
12. Contracted Negotiated Rate								
13. Negotiated Rate Amount								