



Contract Number

21-690 A-2

SAP Number

4400017817

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	Citrus Counseling Services, Inc. dba Family Service Agency of San Bernardino
Contractor Representative	Roger Uminski
Telephone Number	(909) 796-1078 ext. 101
Contract Term	October 1, 2021 – September 30, 2025
Original Contract Amount	\$1,875,000
Amendment Amount	\$625,000
Total Contract Amount	\$2,500,000
Cost Center	9206291000
Grant Number (If Applicable)	N/A

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Citrus Counseling Services, Inc. dba Family Service Agency of San Bernardino referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 21-690** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for General Mental Health outpatient services, which Contract first became effective October 1, 2021, the following changes are hereby made and agreed to:

I. ARTICLE II GENERAL CONTRACT REQUIREMENTS, paragraphs I and J, are hereby added to read as follows:

I. Contract Exclusivity

This is not an exclusive Contract. The County reserves the right to enter into a contract with other contractors for the same or similar services. The County does not guarantee or represent that the Contractor will be permitted to perform any minimum amount of work, or receive compensation other than on a per order basis, under the terms of this Contract.

J. Notice of Delays

Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this contract, that party shall, within twenty-four (24) hours, give notice thereof, including all relevant information with respect thereto, to the other party.

II. ARTICLE V FUNDING AND BUGETARY RESTRICTIONS, paragraph I and J are hereby amended and paragraph K is hereby added to read as follows:

I. The contract amendment amount of \$625,000 shall increase the total contract amount from \$1,875,000 to \$2,500,000 for the contract term.

J. This amendment hereby adds Schedules A and B for FY 2024-25 and 2025-26 as set forth in Exhibit I. All previously approved schedules remain in effect.

K. The allowable funding sources for this Contract may include: Federal Financial Participation Medi-Cal, 1991 Realignment, and 2011 Realignment. Federal funds may not be used as match funds to draw down federal funds.

III. ARTICLE VI PROVISIONAL PAYMENT, paragraph D.2 is hereby amended to read as follows:

D.2 Payments for partial fiscal years (FY 2021/22, FY 2024/25, and FY 2025/26) will be at different allocation rates. For FY 2021/22 and FY 2024/25, payments will be one-ninth (1/9) of the maximum allocations for the mode of service. For FY 2024/25 and FY 2025/26, payments will be one-third (1/3) of the maximum allocation for the mode of service.

IV. ARTICLE XIV DURATION AND TERMINATION, paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from October 1, 2021 through September 30, 2025 inclusive. The County may, but is not obligated to, extend awarded contract(s) for up to one (1) additional one-year period contingent on the availability of funds and Contractor performance.

V. Exhibit I Schedules A and B for FY 2024-25 and 2025-26 are hereby added.

VI. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

SAN BERNARDINO COUNTY

Citrus Counseling Services, Inc. dba Family
Service Agency of San Bernardino

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

By _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address 101 E. Redlands Blvd, Suite 215,
Redlands CA, 92373

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
of San Bernardino County

By _____
Deputy

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Dawn Martin, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►
Ellayna Hoatson, Contracts Supervisor
Date _____

Reviewed/Approved by Department
►
Georgina Yoshioka, Director
Date _____

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: Citrus Counseling Services, Inc. DBA Family Service
 Provider # 00288 36A1 RU36HS1
 Contract/RFP# RFP # 23-107
 Address: 215 Redlands, CA 92373
 Date Form Completed: 04/03/2024
 Date Form Revised:

Actual Cost Contract (cost reimbursement)

General Mental Health (GMH)

FY 2025 - 2026
July 1, 2025 - Sept 30, 2025

Prepared by: Valerie Vega
 Title: Financial Controller

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100% Distribution % Operating Expenses	6.83%	40.81%	62.20%	1.17%		
	100% Distribution % S&B	96.60%	0.60%	2.60%	0.60%		
EXPENSES							
2	SALARIES	50,298	261	1,303	261	0	52,122
3	BENEFITS	6,539	34	169	34	0	6,776
	(2+3 must equal total staffing costs)	56,837	294	1,472	294	0	58,898
4	OPERATING EXPENSES	2,401	16,808	21,499	480	0	41,187
5	TOTAL EXPENSES (2+3+4)	59,238	17,103	22,972	775	0	100,085
AGENCY REVENUES							
6	PATIENT FEES						0
7	PATIENT INSURANCE						0
8	MEDI-CARE						0
9	GRANTS/OTHER						0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	59,238	17,103	22,972	775	0	100,087
FUNDING							
	Mix %	Share %					
12	94.08% MEDI-CAL (FFP)	47.00%	26,194	7,562	10,158	343	44,257
13	3.08% EPSDT (2011 Realignment)	1.00%	17	5	7	0	29
14	1991 Realignment Match	52.00%	29,520	8,523	11,447	386	49,876
15			0	0	0	0	0
16	5.92% 1991 Realignment - Net County		3,507	1,012	1,360	46	5,925
17	FUNDING TOTAL		59,238	17,103	22,972	775	100,087
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
19	STATE FUNDING (Including Realignment)		33,044	9,541	12,814	432	55,830
20	FEDERAL FUNDING		26,194	7,562	10,158	343	44,257
21	TOTAL FUNDING		59,238	17,103	22,972	775	100,087
22	TARGET COST PER UNIT OF SERVICE		\$0.84	\$1.14	\$2.12	\$1.78	\$0.00
23	UNITS OF TIME (Minutes)		70,571	15,003	10,831	436	96,841

APPROVED:

<u>Roger Uminski II</u> Roger Uminski II (May 21, 2024 11:55 PDT)	05/21/2024	<u>Anthony Altamirano</u> Anthony Altamirano (May 21, 2024 12:19 PDT)	05/21/2024	<u>Joshua Taylor</u> Joshua Taylor (May 21, 2024 15:53 PDT)	05/13/2024
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Roger Uminski II		Anthony Altamirano		Joshua Taylor	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
CEO		Administrative Supervisor I DBH FISCAL		Roger Ma	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Prepared by: Valerie Vega
Title: Financial Controller

Citrus Counseling Services, Inc. DBA
Contractor Name: Family Service Agency of San
Provider # 00288 36A1 RU36HS1
Contract/RFP# RFP # 23-107
Address: 101 E. Redlands Blvd. STE 215
Redlands, CA 92373
Date Form Completed: 04/03/2024

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

July 1, 2025 - Sept 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Office Equipment & Supplies	\$6,750	99%	\$6,675	1%	\$75	0	75
2 Program Supplies	\$18,250	93%	\$16,973	7%	\$1,278	0	1,278
3 Rent	\$56,250	90%	\$50,625	10%	\$5,625	0	5,625
4 Staff Development	\$1,875	93%	\$1,744	7%	\$131	0	131
5 Travel/Mileage Reimbursement	\$3,807	98%	\$3,738	2%	\$69	0	69
6 IT Management	\$52,500	98%	\$51,608	2%	\$893	0	893
7 Utilities/Repair and Maintenance	\$18,750	93%	\$17,438	7%	\$1,313	0	1,313
8 Insurance	\$31,250	98%	\$30,625	2%	\$625	0	625
9 Audit/Accounting Cost	\$16,250	98%	\$15,925	2%	\$325	0	325
10 Executive Support	\$61,024	98%	\$59,803	2%	\$1,220	0	1,220
11 Admin Support (HR, Fiscal)	\$38,916	98%	\$38,138	2%	\$778	0	778
12 Clinical Contractor-Psychologist	\$118,100	86%	\$101,566	14%	\$16,534	0	16,534
13		100%	\$0	0%	\$0	0	0
14 Indirect 15%	\$12,321	0%	\$0	100%	\$12,321	0	12,321
SUBTOTAL B:	\$436,043		\$394,856		\$41,187	0	\$41,187
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$100,085	0	100,085

EXHIBIT I

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2025 - 2026

Citrus Counseling Services, Inc. DBA
 Contractor Name: Family Service Agency of San Bernardino -
 Provider # 00288 36A1 RU36HS1
 Contract/RFP# RFP # 23-107
 Address: 101 E. Redlands Blvd. STE 215
Redlands, CA 92373
 Date Form Completed: 04/03/2024

Prepared by: Valerie Vega
 Title: Financial Controller

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2025 - Sept 30, 2025

ITEM	Justification of Cost
1 Office Equipment & Supplies	Includes any major or minor equipment and office supplies that has an identified service life of more than one year. May include equipment or supplies that are expensed solely to this program, equipment that is expensed to select multiple programs, and/or equipment that benefits all CCS programs and is
2 Program Supplies	Items directly related to service delivery such as course curriculum, children's books, parenting materials, developmentally age appropriate toys, etc. Items purchased under this category directly benefit our clients; includes emergency goods and emergency travel vouchers. Cost associated directly with this
3 Rent	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
4 Staff Development	These costs are associated with registration fees, or other cost associated with attending staff training courses, conferences, seminars and other staff development activities. Costs associated directly with this project. Training is in addition to on-going staff training -- focus on working with program
5 Travel/Mileage Reimbursement	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
6 IT Management	Portion of agency costs to manage all phone, computer and system IT needs, including data runs for reporting. Manages client automated calls, and test scoring and tracking.
7 Utilities/Repair and Maintenance	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
8 Insurance	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
9 Audit/Accounting Cost	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
10 Executive Support	Portion of the agency costs of Executive support. CEO and Clinical Director/Compliance Officer.
11 Admin Support (HR, Fiscal)	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
12 Clinical Contractor- Psychologist	Subcontractors required by contract for additional clinical services
13	
14 Indirect 15%	Indirect costs are those costs of general management that are agency-wide. General management costs consist of expenditures for administrative activities

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)**

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.58	\$4.20
Productivity Expectation: 80%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$2.43	\$3.30	\$6.14	\$5.14
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$0.84	\$1.14	\$2.12	\$1.78

Contractor Name:	Citra Counseling Services, Inc. DBA Family Service Agency of San Bernardino - ADELANTO
Provider #	00288 36A1 RU36HS1
Contract/RFP#	RFP # 23-107
Address:	101 E. Redlands Blvd. STE 215 Redlands, CA 92373
Date Form Completed:	04/03/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		Monthly Census
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Oct-24	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Nov-24	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Dec-24	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Jan-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Feb-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Mar-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Apr-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
May-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Jun-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Jul-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Aug-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
Sep-25	8,070	1.80	\$4,936	\$1,425	\$1,914	\$65				1	1	18
TOTAL	96,841		\$59,238	\$17,103	\$22,972	\$775				12	12	180
Total Revenue									\$100,087	Unduplicated Clients Served		30
									Estimated Cost Per Client:	\$3,336		

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL

Avg Monthly Census	Expected Length of Program (months)
18	3

Total Minutes of Services	70,571	15,003	10,831	436	96,841
Total Monthly Minutes of Services (Average)	5881	1250	903	36	8070
Dosage (minutes) per client per month	327	69	50	2	448
Dosage (hours) per client per month	5.45	1.16	0.84	0.03	7.47

Total Hours Per Unduplicated Client for Duration of the Program: 22.42

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: Citrus Counseling Services, Inc. DBA Family Service
 Provider # 00288 36A1 RU36HS1
 Contract/RFP# RFP # 23-107
 Address: 215 Redlands, CA 92373
 Date Form Completed: 04/03/2024
 Date Form Revised:

Actual Cost Contract (cost reimbursement)

General Mental Health (GMH)

FY 2024 - 2025
Oct. 1, 2024 - June 30, 2025

Prepared by: Valerie Vega
 Title: Financial Controller

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL
1	Distribution % Operating Expenses	6.83%	38.38%	63.87%	1.18%	
	Distribution % S&B	86.60%	0.60%	2.60%	0.60%	
EXPENSES						
2	SALARIES	146,501	759	3,795	759	151,814
3	BENEFITS	19,044	99	493	99	19,735
	(2+3 must equal total staffing costs)	165,545	858	4,289	858	171,549
4	OPERATING EXPENSES	7,429	52,005	71,136	1,486	132,056
5	TOTAL EXPENSES (2+3+4)	172,974	52,862	75,425	2,344	303,605
AGENCY REVENUES						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	172,974	52,862	75,425	2,344	303,605
FUNDING						
12	MEDI-CAL (FFP)	76,485	23,374	33,351	1,036	134,246
13	EPSDT (2011 Realignment)	50	15	22	1	88
14	1991 Realignment Match	86,199	26,344	37,587	1,168	151,297
15		0	0	0	0	0
16	1991 Realignment - Net County	10,240	3,129	4,465	139	17,973
17	FUNDING TOTAL	172,974	52,862	75,425	2,344	303,605
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	96,489	29,488	42,074	1,308	169,359
20	FEDERAL FUNDING	76,485	23,374	33,351	1,036	134,246
21	TOTAL FUNDING	172,974	52,862	75,425	2,344	303,605
22	TARGET COST PER UNIT OF SERVICE	\$2.55	\$3.46	\$6.43	\$5.39	\$0.00
23	UNITS OF TIME (Minutes)	67,931	15,287	11,723	435	95,376

APPROVED: Roger Uminski II 05/21/2024 Anthony Altamirano 05/21/2024 Joshua Taylor 05/13/2024
 Roger Uminski II (May 21, 2024 11:55 PDT) Anthony Altamirano (May 21, 2024 12:19 PDT) Joshua Taylor (May 21, 2024 15:53 PDT)
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE
 Roger Uminski II Anthony Altamirano Joshua Taylor
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)
 CEO Administrative Supervisor I

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Prepared by: Valerie Vega
Title: Financial Controller

Citrus Counseling Services, Inc. DBA
Contractor Name: Family Service Agency of San
Provider # 00288 36A1 RU36HS1
Contract/RFP# RFP # 23-107
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Oct. 1, 2024 - June 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Office Equipment & Supplies	\$20,250	96%	\$19,526	4%	\$724	0	724
2 Program Supplies	\$54,750	90%	\$49,275	10%	\$5,475	0	5,475
3 Rent	\$168,750	90%	\$151,875	10%	\$16,875	0	16,875
4 Staff Development	\$5,625	93%	\$5,209	7%	\$416	0	416
5 Travel/Mileage Reimbursement	\$11,421	100%	\$11,421	0%	\$0	0	0
6 IT Management	\$157,500	96%	\$151,200	4%	\$6,300	0	6,300
7 Utilities/Repair and Maintenance	\$56,250	95%	\$53,438	5%	\$2,813	0	2,813
8 Insurance	\$93,750	97%	\$90,938	3%	\$2,813	0	2,813
9 Audit/Accounting Cost	\$48,750	97%	\$47,288	3%	\$1,463	0	1,463
10 Executive Support	\$177,740	97%	\$171,519	4%	\$6,221	0	6,221
11 Admin Support (HR, Fiscal)	\$113,349	97%	\$109,949	3%	\$3,400	0	3,400
12 Clinical Contractor-Psychologist	\$343,980	88%	\$295,823	14%	\$48,157	0	48,157
13		100%	\$0	0%	\$0	0	0
14 Indirect 15%	\$37,400	0%	\$0	100%	\$37,400	0	37,400
SUBTOTAL B:	\$1,289,514		\$1,157,458		\$132,056	0	\$132,056
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$303,605	0	303,605

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2024 - 2025

Citrus Counseling Services, Inc. DBA
Contractor Name: Family Service Agency of San Bernardino -
Provider # 00288 36A1 RU36HS1
Contract/RFP# RFP # 23-107
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Redlands, CA 92373
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3 Rent	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
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5 Travel/Mileage Reimbursement	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
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7 Utilities/Repair and Maintenance	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
8 Insurance	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
9 Audit/Accounting Cost	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
10 Executive Support	Portion of the agency costs of Executive support. CEO and Clinical Director/Compliance Officer.
11 Admin Support (HR, Fiscal)	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
12 Clinical Contractor- Psychologist	Subcontractors required by contract for additional clinical services
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14 Indirect 15%	Indirect costs are those costs of general management that are agency-wide. General management costs consist of expenditures for administrative activities

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2024 - 2025
Service Projections (Mode 15)**

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$2.43	\$3.30	\$6.14	\$5.14
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$2.55	\$3.46	\$6.43	\$5.39

Contractor Name:	Clara Counseling Services, Inc. DBA Family Service Agency of San Bernardino - ACSLAN/TC
Provider #	00288 36A1 RU36HS1
Contract/RFP#	RFP # 23-107
Address:	101 E. Redlands Blvd. STE 215 Redlands, CA 92373
Date Form Completed:	04/03/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		18
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Oct-24	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Nov-24	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Dec-24	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Jan-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Feb-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Mar-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Apr-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
May-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Jun-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Jul-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Aug-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
Sep-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195				1	1	18
TOTAL	95,376		\$172,974	\$52,862	\$75,425	\$2,344				12	12	18
Total Revenue									\$303,605	Unduplicated Clients Served		30
									Estimated Cost Per Client:	\$10,120		

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL

Total Minutes of Services	87,931	15,287	11,723	435	95,376
Total Monthly Minutes of Services (Average)	5661	1274	977	36	7948
Dosage (minutes) per client per month	314	71	54	2	442
Dosage (hours) per client per month	5.24	1.18	0.90	0.03	7.36

Avg Monthly Census	Expected Length of Program (months)
18	9

Total Hours Per Unduplicated Client for Duration of the Program: 66.23

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Family Service Agency of San Bernardino -CRESTLINE
Contractor Name:
Provider # 00288 36A1 RU36A11
Contract/RFP# RFP # 21-03
Address: 1889 North E Street
San Bernardino CA 92405
Date Form Completed:
Date Form Revised:

Actual Cost Contract (cost reimbursement)

General Mental Health (GMH)

FY 2025 - 2026

July 1, 2025 - Sept. 30, 2025

Prepared by: Valerie Vega
Title: Financial Controller

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100% Distribution % Operating Expense	8.88%	55.80%	35.83%	1.40%		
	100% Distribution % S&B	98.60%	0.60%	2.60%	0.60%		
EXPENSES							
2	SALARIES	26,762	139	693	139	0	27,733
3	BENEFITS	3,479	18	90	18	0	3,605
	(2+3 must equal total staffing costs)	30,241	157	783	157	0	31,338
4	OPERATING EXPENSES	1,732	13,854	8,894	346	0	24,827
5	TOTAL EXPENSES (2+3+4)	31,973	14,011	9,678	503	0	56,165
AGENCY REVENUES							
6	PATIENT FEES						0
7	PATIENT INSURANCE						0
8	MEDI-CARE						0
9	GRANTS/OTHER						0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	31,973	14,011	9,678	503	0	56,165
FUNDING							
	Mfr %	Share %					
12	94.08%	47.00%	14,138	6,195	4,279	222	24,834
13	3.08%	1.00%	9	4	3	0	16
14		52.00%	15,933	6,983	4,823	251	27,990
15			0	0	0	0	0
16	5.92%		1,893	829	573	30	3,325
17			31,973	14,011	9,678	503	56,165
18			0	0	0	0	0
19			17,835	7,816	5,399	281	31,331
20			14,138	6,195	4,279	222	24,834
21			31,973	14,011	9,678	503	56,165
22			\$1.02	\$1.39	\$2.56	\$1.95	\$0.00
23			31,298	10,075	3,775	257	45,405

APPROVED:

Roger Uminski II
Roger Uminski II (May 21, 2024 11:55 PDT)

05/21/2024

Anthony Altamirano
Anthony Altamirano (May 21, 2024 12:19 PDT)

05/21/2024

Joshua Taylor
Joshua Taylor (May 21, 2024 15:53 PDT)

05/21/2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Roger Uminski II

Anthony Altamirano

Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

CEO

Administrative Supervisor I DBH FISCAL

Roger Ma

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Family Service Agency of San Bernardino -
Contractor Name: CRESTLINE
Provider # 00288 36A1 RU36A11
Contract/RFP# RFP # 21-03
Address: 1669 North E Street
San Bernardino CA 92405

Prepared by: Valerie Vega
Title: Financial Controller

Date Form Completed: _____

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2025 - Sept. 30, 2025

ITEM	Justification of Cost
1 Office Equipment & Supplies	Includes any major or minor equipment and office supplies that has an identified service life of more than one year. May include equipment or supplies that are expensed solely to this program, equipment that is expensed to select multiple programs, and/or equipment that benefits all CCS programs and is
2 Program Supplies	Items directly related to service delivery such as course curriculum, children's books, parenting materials, developmentally age appropriate toys, etc. Items
3 Rent	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
4 Staff Development	These costs are associated with registration fees, or other cost associated with attending staff training courses, conferences, seminars and other staff
5 Travel/Mileage Reimbursement	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
6 IT Management	Portion of agency costs to manage all phone, computer and system IT needs, including data runs for reporting. Manages client automated calls, and test
7 Utilities/Repair and Maintenance	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
8 Insurance	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
9 Audit/Accounting Cost	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
10 Executive Support	Portion of the agency costs of Executive support. CEO and Clinical Director/Compliance Officer.
11 Admin Support (HR, Fiscal)	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
12 Clinical Contractor- Psychologist	Subcontractors required by contract for additional clinical services
13	
14 Indirect 15%	Indirect costs are those costs of general management that are agency-wide. General management costs consist of expenditures for administrative activities

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)**

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$3.10	\$4.22	\$7.78	\$5.93
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$1.02	\$1.39	\$2.56	\$1.95

Contractor Name:	Family Service Agency of San Bernardino -CRESTLINE
Provider #	00288 36A1 RU36A11
Contract/RFP#	RFP # 21-03
Address:	1669 North E Street San Bernardino CA 92405
Date Form Completed:	
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		2
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-25	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Aug-25	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Sep-25	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Oct-25	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Nov-25	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Dec-25	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Jan-26	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Feb-26	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Mar-26	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Apr-26	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
May-26	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
Jun-26	3,784	0.83	\$2,664	\$1,168	\$806	\$42				0	0	2
TOTAL	45,405		\$31,973	\$14,011	\$9,678	\$503				0	0	2
Total Revenue							\$56,165	Unduplicated Clients Served		2		
							Estimated Cost Per Client:	\$28,082				

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	31,298	10,075	3,775	257	45,405
Total Monthly Minutes of Services (Average)	2608	840	315	21	3784
Dosage (minutes) per client per month	1304	420	157	11	1892
Dosage (hours) per client per month	21.73	7.00	2.62	0.18	31.53
Total Hours Per Unduplicated Client for Duration of the Program:					94.59

Avg Monthly Census	Expected Length of Program (months)
2	3

DEPARTMENT OF BEHAVIORAL HEALTH

Family Service Agency of San Bernardino -CRESTLINE
 Contractor Name:
 Provider # 00288 36A1 RU36A11
 Contract/RFP# RFP # 21-03
 Address: 1669 North E Street
 San Bernardino CA 92405

Actual Cost Contract (cost reimbursement)

General Mental Health (GMH)

FY 2024 - 2025

Oct. 1, 2024 - June 30, 2025

Date Form Completed:
 Date Form Revised:

Prepared by: Valerie Vega
 Title: Financial Controller

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL	
1	Distribution % Operating Expenses	8.88%	55.80%	35.83%	1.40%		
	Distribution % S&B	98.60%	0.60%	2.60%	0.60%		
EXPENSES							
2	SALARIES	77,950	404	2,019	404	80,777	
3	BENEFITS	10,133	53	263	53	10,501	
	(2+3 must equal total staffing costs)	88,083	456	2,282	456	91,278	
4	OPERATING EXPENSES	5,153	41,220	26,463	1,031	73,867	
5	TOTAL EXPENSES (2+3+4)	93,236	41,677	28,745	1,487	165,145	
AGENCY REVENUES							
6	PATIENT FEES					0	
7	PATIENT INSURANCE					0	
8	MEDI-CARE					0	
9	GRANTS/OTHER					0	
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	
11	CONTRACT AMOUNT (5-10)	93,236	41,677	28,745	1,487	165,145	
FUNDING							
	Mix % Share %						
12	94.08% MEDI-CAL (FFP)	47.00%	41,227	18,428	12,711	657	73,023
13	3.08% EPSDT (2011 Realignment)	1.00%	27	12	8	0	47
14	1991 Realignment Match	52.00%	46,462	20,769	14,325	742	82,298
15			0	0	0	0	0
16	5.92% 1991 Realignment - Net County		5,520	2,467	1,702	88	9,777
17	FUNDING TOTAL		93,236	41,677	28,745	1,487	165,145
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
19	STATE FUNDING (Including Realignment)		52,009	23,249	16,034	830	92,122
20	FEDERAL FUNDING		41,227	18,428	12,711	657	73,023
21	TOTAL FUNDING		93,236	41,677	28,745	1,487	165,145
22	TARGET COST PER UNIT OF SERVICE		\$3.00	\$4.09	\$7.54	\$5.75	\$0.00
23	UNITS OF TIME (Minutes)		31,040	10,192	3,813	259	45,304

APPROVED:

Roger Uminski II
 Roger Uminski II (May 21, 2024 11:55 PDT)

Anthony Altamirano
 Anthony Altamirano (May 21, 2024 12:19 PDT)

05/21/2024

Joshua Taylor
 Joshua Taylor (May 21, 2024 15:53 PDT)

05/21/2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Roger Uminski II

Anthony Altamirano

Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

CEO

Administrative Supervisor I

DBH FISCAL

Roger Ma

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: Family Service Agency of San Bernardino -CRESTLINE
 Provider # 00288 36A1 RU36A11
 Contract/RFP# RFP # 21-03
 Address: 1669 North E Street
San Bernardino CA 92405
 Date Form Completed: _____

Prepared by: Valerie Vega
 Title: Financial Controller

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

Oct. 1, 2024 - June 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Office Equipment & Supplies	\$20,250	96%	\$19,501	4%	\$749	0	749
2 Program Supplies	\$54,750	94%	\$51,554	6%	\$3,196	0	3,196
3 Rent	\$168,750	100%	\$168,750	0%	\$0	0	0
4 Staff Development	\$5,625	96%	\$5,391	4%	\$234	0	234
5 Travel/Mileage Reimbursement	\$11,421	100%	\$11,421	0%	\$0	0	0
6 IT Management	\$157,500	96%	\$151,200	4%	\$6,300	0	6,300
7 Utilities/Repair and Maintenance	\$56,250	85%	\$47,813	15%	\$8,438	0	8,438
8 Insurance	\$93,750	96%	\$90,000	4%	\$3,750	0	3,750
9 Audit/Accounting Cost	\$48,750	96%	\$46,800	4%	\$1,950	0	1,950
10 Executive Support	\$177,740	96%	\$170,630	4%	\$7,110	0	7,110
11 Admin Support (HR, Fiscal)	\$113,349	97%	\$109,949	3%	\$3,400	0	3,400
12 Clinical Contractor-Psychologist	\$343,980	95%	\$326,781	5%	\$17,199	0	17,199
13		100%	\$0	0%	\$0	0	0
14 Indirect 15%	\$21,541	0%	\$0	100%	\$21,541	0	21,541
SUBTOTAL B:	\$1,273,655		\$1,199,788		\$73,867	0	73,867
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$165,145	0	165,145

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2024 - 2025

Family Service Agency of San Bernardino -
Contractor Name: CRESTLINE
Provider # 00288 36A1 RU36A11
Contract/RFP# RFP # 21-03
Address: 1669 North E Street
San Bernardino CA 92405
Date Form Completed: _____

Prepared by: Valerie Vega
Title: Financial Controller

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

Oct. 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Office Equipment & Supplies	Includes any major or minor equipment and office supplies that has an identified service life of more than one year. May include equipment or supplies that are expensed solely to this program, equipment that is expensed to select multiple programs, and/or equipment that benefits all CCS programs and is
2 Program Supplies	Items directly related to service delivery such as course curriculum, children's books, parenting materials, developmentally age appropriate toys, etc. Items
3 Rent	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
4 Staff Development	These costs are associated with registration fees, or other cost associated with attending staff training courses, conferences, seminars and other staff
5 Travel/Mileage Reimbursement	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
6 IT Management	Portion of agency costs to manage all phone, computer and system IT needs, including data runs for reporting. Manages client automated calls, and test
7 Utilities/Repair and Maintenance	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
8 Insurance	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
9 Audit/Accounting Cost	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
10 Executive Support	Portion of the agency costs of Executive support. CEO and Clinical Director/Compliance Officer.
11 Admin Support (HR, Fiscal)	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
12 Clinical Contractor- Psychologist	Subcontractors required by contract for additional clinical services
13	
14 Indirect 15%	Indirect costs are those costs of general management that are agency-wide. General management costs consist of expenditures for administrative activities

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2024 - 2025
Service Projections (Mode 15)**

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$3.10	\$4.22	\$7.78	\$5.93
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$3.00	\$4.09	\$7.54	\$5.75

Contractor Name:	Family Service Agency of San Bernardino -CRESTLINE
Provider #	00288 36A1 RU36A11
Contract/RFP#	RFP # 21-03
Address:	1669 North E Street San Bernardino CA 92405
Date Form Completed:	
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		2
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Oct-24	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Nov-24	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Dec-24	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Jan-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Feb-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Mar-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Apr-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
May-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Jun-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Jul-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Aug-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
Sep-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124				0	0	2
TOTAL	45,304		\$93,236	\$41,677	\$28,745	\$1,487				0	0	2
Total Revenue									\$165,145	Unduplicated Clients Served		2
									Estimated Cost Per Client:	\$82,572		

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL

Total Minutes of Services	31,040	10,192	3,813	259	45,304
Total Monthly Minutes of Services (Average)	2587	849	318	22	3775
Dosage (minutes) per client per month	1293	425	159	11	1888
Dosage (hours) per client per month	21.56	7.08	2.65	0.18	31.46

Total Hours Per Unduplicated Client for Duration of the Program: 283.15

Avg Monthly Census	Expected Length of Program (months)
2	9