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

**Contract Number** 

21-690 A-2

SAP Number 4400017817

# **Department of Behavioral Health**

Department Contract Representative Telephone Number	Christopher Carso (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:

SAN BERNARDINO

OUNTY

## 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 <u>GENERAL CONTRACT REQUIREMENTS</u>, 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 <u>FUNDING AND BUGETARY RESTRICTIONS</u>, 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 <u>DURATION AND TERMINATION</u>, 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					
Dawn Rowe, Chair, Board of Superv	isors	·	(Authorized signature - sign in blue ink)				
Dated: SIGNED AND CERTIFIED THAT A (	COPY OF THIS	Name					
DOCUMENT HAS BEEN DELIVERE CHAIRMAN OF THE BOARD							
Lynna Monell Clerk of the Boar of San Bernard		······	(Print or Type)				
By Deput	-	Dated:					
Deput	У	Address	101 E. Redlands Blvd, Suite 215,				
			Redlands CA, 92373				
FOR COUNTY USE ONLY							
Approved as to Legal Form	Reviewed for Contra	ct Compliance	Reviewed/Approved by Department				
<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>				
Dawn Martin, Deputy County Counsel	Ellayna Hoatson, Co	ontracts Supervisor	Georgina Yoshioka, Director				
Date	Date		Date				

SCH	SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY						
		DEPA	RTMENT OF B	EHAVIORAL HE	ALTH Cor	tractor Name:	Citrus Counse Inc. DBA Fam	eling Services, ilv Service	
Actua	I Cost C	ontract (cost reimbursement)	General	Mental Health	00288 36A1 RU36HS1				
			(GI	MH)		Contract/RFP	RFP # 23-107	r	
				5 - 2026		Address:	215		
Prepar	red by:	Valerie Vega	July 1, 2025 -	Sept 30, 2025			Redlands, CA	92373	
	Title:	Financial Controller				m Completed:	04/03/2024		
LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	Date 1 15-Outpatient	Form Revised: 15-Outpatient			
LINE		MODE OF SERVICE	Case	Mental Health	Medication	Crisis	<b>├</b> ───┤		
		SERVICE FUNCTION	Management	Services	Support	Intervention		TOTAL	
#		Distribution M	(01-09)	(10-50)	(60)	(70)			
1	100%	Distribution % Operating Expenses Distribution % \$&B	5.83% 96.60%	40.81%	62.20% 2.60%	1.17%			
	100%	EXPENSES	86.60%	0.60%	2.60%	0.60%			
2	I	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 GRANTS/OTHER						0	
10		TOTAL AGENCY REVENUES (8+7+8+9)	0	0	0	0	0	0	
11	<u> </u>	CONTRACT AMOUNT (5-10)	59,238	17,103	22,972	775	ŏ	100.087	
	Mx%	FUNDING Share %							
12	94.08%	MEDI-CAL (FFP) 47.00%	26,194	7,562	10,158	343	0	44,257	
13	3.08%	EPSDT (2011 Realignment) 1.00%	17	5	7	0	0	29	
14		1991 Realignment Match \$2.00%	29,520	8,523	11,447	386	0	49,876	
15			0	0	0	0	0	0	
16	5.92%	1991 Realignment - Net County	3,507	1,012	1,360	46	0	5,925	
17		FUNDING TOTAL	59,238	17,103	22,972	775	0	100,087	
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	
19		STATE FUNDING (Including Realignment)	33,044	9,541	12,814	432	0	55,830	
20		FEDERAL FUNDING	26,194	7,562	10,158	343	0	44,257	
21		TOTAL FUNDING	59,238	17,103	22,972	775	0	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	0	96,841	
APPRO	WED-								
		Lea And				Archur 7	a utan	0543/2024	
Koge	er Omin	(1/1/1/ 05/21/2024 Anthony Alta	mirano (May 21, 2024 12:	L9 PDT)	05/21/2024	J <i>oshua Ti</i> Joshua Taylor (May 2	L 2024 15:53 PDT)	05/13/2024	
			FISCAL SERVIC	DES	DATE		RAM MANAG	ER DATE	
Rog							la Taylo	or	
PR	OVIDER		-	RVICES (PRINT	NAME)		· ·	R (PRINT NAME)	
		, , , , ,						,	
CEC		Adn	Administrative Supervisor I DBH FISCAL Roger Ma						

Schedule B

### SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

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

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

#### CONTRACTOR NAME: Citrus Counseling Services, Inc. DBA Family Service Agency of San Bernardino

Name	Degree/ License	Position Title	If Staff Position is <u>not</u> Clinical FTE Providing SMHS, change to " <u>N</u> "		Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services		Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
Clinic Supervisor	LCSW/LMFT	Clinic Supervisor	Y	D	23,175	3,013	26,188	60%	15,713		13,905	1,808	0.60
Case Manager		Case Manager	Y	D	17,653	2,295	19,948	100%	19,948		17,653	2,295	1.00
Montal Health Clinician-As	AMFT/ASW/APCC	Mental Health Clinici	Y	D	17,253	2,243	19,495	0%	0		0	0	0.00
LVN/Psych Tech	LVN, Psych Tech	LVN/Psych Tech	Y	D	21,424	2,785	24,209	20%	4,842		4,285	557	0.20
Intake Coordinator		Intake Coordinator	N	D	9,208	1,197	10,406	75%	7,804		6,906	898	0.00
Receptionist/Clerical Suppo	ort	Receptionist/Clerical	N	D	9,373	1,218	10,591	100%	10,591		9,373	1,218	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
											52,122	6,776	1.80
	TOTAL												

(3 months)

COST: 58,898

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position (4)

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

(3) Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

SAN BERNARDINO COUNTY		
DEPARTMENT OF BEHAVIORAL HEALTH		
SCHEDULE B		
		Citrus Counseling Services, Inc. DBA
	Contractor Name:	Family Service Agency of San
FY 2025 - 2026	Provider #	00288 36A1 RU36HS1
	Contract/RFP#	RFP # 23-107
Prepared by: Valerle Vega	Address:	101 E. Redlands Blvd. STE 215
Title: Financial Controller		Redlands, CA 92373
	Date Form Completed:	04/03/2024
Operating Expenses - Please list all operating costs charged to this program, including administrati	ive support costs and ma	nagement fees along with a
detail explanation of the categories below.		
J	uly 1, 2025 - Sept 30, 20	25

			25	Budget i	Revision			
	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	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
-	BTOTAL B:	\$436,043		\$394,856		\$41,187	0	\$41,187
GR	OSS COSTS TOTAL STAFFING	and operating exi	PENSES:			\$100,085	0	100,085

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

Prepared by: Valerie Vega Title: Financial Controller

Date Form Completed: 04/03/2024

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	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)							Contractor Name:	Othe Counseling Service	e, inc. DBA Family Seni	ke Agency of San Bernari	Sho - ADELANTO
Old County Contract (CCR) Rates:			\$2.20	\$2.99	\$5.56	\$4.20	Provider #	00288 36A1	RU36HS1		
Productiv	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	RFP # 23-107			
	Agen	cy Per Min Rates:	\$2.43	\$3.30	\$6.14	\$5.14	Address:	101 E. Redla	nds Blvd. ST	TE 215	
		NOTE: If no estat	calished agency per r	ninute rates, pleas	e input the CCR ra			Redlands, C/	A 92373		
		Per Unit of Service		\$1.14	\$2.12	\$1.78	Date Form Completed:	04/03/2024			
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV		ted Devenue Con	erated by Service	Date Form Revised:			lients Serve	A
	Estimated			Projec	ted Revenue Gen	erated by Service	rype			Census	18
MONTH	Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
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	
					Total Revenue		\$100,087	Undupl	icated Clie	nts Served	30
							Estimated C	ost Per Client:	\$3,336	ļ	

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

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

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

SCH	SCHEDULE A - Planning Estimates			SAN BERNAR	DINO COUNTY					
			DEPA	DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name:					eling Services, ally Service	
Actual	Cost C	ontract (cost reimbursement)					Provider #	00288 36A1 RU36HS1		
Actual	COSEC	ontract (cost reinbursement)				•				
				(G	MH)		Contract/RFP	RFP # 23-107	<u> </u>	
				FY 202	4 - 2025		Address:	: 215		
Prepar	ed by:	Valerie Vega		Oct. 1, 2024 -	June 30, 2025			Redlands, CA	92373	
	Title: Financial Controller						m Completed:			
						Date	Form Revised:			
LINE		MODE OF SERVICE		15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient			
#		SERVICE FUNCTION		Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL	
	100%	Distribution % Operating Expenses		6.83%	39,38%	63,87%	1,13%			
1	100%	Distribution % \$88		98.50%	0.60%	2,60%	0.60%			
		EXPENSES								
2		SALARIES		146,501	759	3,795	759	0	151,814	
3		BENEFITS		19,044	99	493	99	0	19,735	
		(2+3 must equal total staffing costs)		165,545	858	4,289	858	0	171,549	
4		OPERATING EXPENSES		7,429	52,005	71,136	1,486	0	132,056	
5		TOTAL EXPENSES (2+3+4)		172,974	52,862	75,425	2,344	0	303,605	
		AGENCY REVENUES								
6		PATIENT FEES							0	
7		PATIENT INSURANCE							0	
8		MEDI-CARE							0	
9		GRANTS/OTHER							0	
10 11		TOTAL AGENCY REVENUES (6+7+8+9)		0 172,974	0 52.862	0 75,425	2.344	0	303.605	
11	Mix %	CONTRACT AMOUNT (5-10) FUNDING		1/2,9/4	92,802	/0,420	2,344	0	303,000	
12	94.08%	MEDI-CAL (FFP)	Share % 47.00%	76,485	23.374	33.351	1.036	0	134,246	
13	3.08%	EPSDT (2011 Realignment)	1.00%	50	15	22	1,000	ŏ	88	
14		1991 Realignment Match	52.00%	86,199	26,344	37,587	1,168	0	151,297	
15				0	0	0	0	ŏ	0	
16	5.92%	1991 Realignment - Net County		10,240	3,129	4,465	139	0	17,973	
17		FUNDING TOTAL		172,974	52,862	75,425	2,344	0	303,605	
18		NET COUNTY FUNDS (Local Cost) MUST	= ZERO	0	0	0	0	0	0	
19		STATE FUNDING (Including Realignment)		96,489	29,488	42.074	1,308	0	169,359	
20		FEDERAL FUNDING		76,485	23,374	33,351	1,008	0	134,246	
20		TOTAL FUNDING		172,974	52,862	75,425	2,344	0	303,605	
		TARGET COST PER UNIT OF SERVICE						_	303,005	
22				\$2.55	\$3.46	\$6.43	\$5.39			
23		UNITS OF TIME (Minutes)		67,931	15,287	11,723	435	0	95,376	

Roger UMINSKI    Roger Uminski    (May 21, 2024 11:55 PDT)	05/21/2024	Anthony Attamirano (May 21, 2024 12:19 PDT)	05/21/2024	Joshua Taylor 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 (PRIN	DBH FISCAL SERVICES (PRI	NT NAME)	DBH PROGRAM MANAGER (PP	RINT NAME)	
CEO		Administrative Supervis	sor I		

Schedule B

### SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

### STAFFING DETAIL

### FY 2024 - 2025

### Oct. 1, 2024 - June 30, 2025 (9 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

### CONTRACTOR NAME: Citrus Counseling Services, Inc. DBA Family Service Agency of San Bernardino -

Name	Degree/ License	Position Title	If Staff Position is <u>not</u> Clinical FTE Providing SMHS, change to " <u>N</u> "	D/I/C <sup>(1)</sup>	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Clinic Supervisor	LCSW/LMFT	Clinic Supervisor	Y	D	67,500	8,775	76,275	60%	45,765		40,500	5,265
Case Manager		Case Manager	Y	D	51,418	6,684	58,102	100%	58,102		51,418	6,684
Mental Health Clinician-As	AMFT/ASW/APCC	Mental Health Clinici	Y	D	50,250	6,533	56,783	0%	0		0	0
LVN/Psych Tech	LVN, Psych Tech	LVN/Psych Tech	Y	D	62,400	8,112	70,512	20%	14,102		12,480	1,622
Intake Coordinator		Intake Coordinator	N	D	26,821	3,487	30,307	75%	22,731		20,116	2,615
Receptionist/Clerical Suppo	ort	Receptionist/Clerical	N	D	27,300	3,549	30,849	100%	30,849		27,300	3,549
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
							0	0%	0		0	0
-	-	-					-	TOTAL	-		151,814	19,735

TOTAL COST: 171,549

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

<sup>(2)</sup> Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

#### SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

	Cltrus Counsel	Ing Services, Inc. DBA
	Contractor Name: Family Service	Agency of San
FY 2024 - 2025	Provider # 00288 36A1 RU	36H\$1
	Contract/RFP# RFP # 23-107	
	Address: 101 E. Redland	s Blvd. STE 215
	Redlands, CA S	2373
	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.

Prepared by: Valerle Vega

Title: Financial Controller

		20	Budget F					
ITEM		TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE TO PROGRAM		TOTAL COST TO PROGRAM	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	(
6	IT Management	\$157,500	96%	\$151,200	4%	\$6,300	o	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	86%	\$295,823	14%	\$48,157	0	48,157
13			100%	\$0	0%	\$0	0	(
14	Indirect 15%	\$37,400	0%	\$0	100%	\$37,400	0	37,400
_	BTOTAL B:	\$1,289,514		\$1,157,458		\$132,056	0	\$132,056
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:	-		\$303,605	0	303,605

Oct. 1, 2024 - June 30, 2025

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 Address: 101 E. Rediands Blvd. STE 215 Rediands, CA 92373

Financial Controller

Valerie Vega

Prepared by:

Title:

Date Form Completed: 04/03/2024

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	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 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 2024 - 2025 Service Projections (Mode 15)

Prior fisc	al year Rates (Co	mpleted by DBH)					Contractor Name:	Othe Counseling Service	e, Inc. DBA Family Servi	te Agency of San Bernan	Sno-ADELANTO
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider #	00288 36A1 RU36HS1			
Producti	vity Expectation:	60%	CM Rate per Min. MHS Rate/Min MSS Rate/Min Crisis Rate/Min Con					RFP # 23-107			
	Agen	cy Per Min Rates:	\$2.43	\$3.30	\$6.14	\$5.14	Address:	101 E. Redla	nds Blvd. S1	TE 215	
		NOTE: If no estat	calished agency per r	minute rates, pleas	e input the CCR ra			Redlands, C	A 92373		
		Per Unit of Service	-	\$3.46	\$6.43	\$5.39	Date Form Completed:	04/03/2024			
ALL YELL	ow Highlighte	D AREAS REQUI	RE INPUT BY PROV		ted Deverse Con	erated by Service	Date Form Revised:			lients Serve	-
	Estimated			Projec	ted Revenue Gen	erated by Service	e Type			Census	-18
MONTH	Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admis sions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
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	<b>\$</b> 195			1	1	18
Dec-24	7,948	1.80	\$14,415	\$4,405	\$6,285	<b>\$</b> 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	<b>\$</b> 195			1	1	18
Jun-25	7,948	1.80	\$14,415	\$4,405	\$6,285	<b>\$</b> 195			1	1	18
Jul-25	7,948	1.80	\$14,415	\$4,405	\$6,285	<b>\$</b> 195			1	1	18
Aug-25	7,948	1.80	\$14,415	\$4,405	\$6,285	<b>\$</b> 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	
					Total Revenue		\$303,605	Undupl	icated Clie	nts Served	30
							Estimated C	ost Per Client:	\$10,120	ļ	

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	67,931	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

SCH	EDULE /	A - Planning Estimates	SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Family Service Agency of San								
		DEPA	RIMENTOFE	SEHAVIORAL HE	EALTH Co	ntractor Name:	Bernardino -CR				
Actual	Cost C	ontract (cost reimbursement)	General	00288 36A1 RU36A11							
			(GMH) Contract/RFP#					RFP # 21-03			
				25 - 2026							
D	ad bur	Valaria Vana				Address:	1669 North E Si San Bernardino				
Prepar	Title:	Valerie Vega Financial Controller	July 1, 2025	- Sept. 30, 2025	Date Eo	rm Completed:		CA 92400			
	True.					Form Revised:					
LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient					
#		SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL			
	100%	Distribution % Operating Expenses	6.98%	55.80%	35.83%	1,40%					
1	100%	Distribution % \$8B	86.60%	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 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			
	Mx %	FUNDING Share %	01,010		0,010						
12	94.08%	MEDI-CAL (FFP) 47.00%	14,138	6,195	4,279	222	0	24,834			
13	3.08%	EPSDT (2011 Realignment) 1.00%	9	4	3	0	0	16			
14		1991 Realignment Match 52.00%	15,933	6,983	4,823	251	0	27,990			
15		× · · · ·	0	0	0	0	0	0			
16	5.92%	1991 Realignment - Net County	1,893	829	573	30	0	3,325			
17		FUNDING TOTAL	31,973	14,011	9,678	503	0	56,165			
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0			
19		STATE FUNDING (Including Realignment)	17,835	7,816	5,399	281	0	31,331			
20		FEDERAL FUNDING	14,138	6,195	4,279	222	0	24.834			
21		TOTAL FUNDING	31,973	14,011	9,678	503	0	56,165			
22		TARGET COST PER UNIT OF SERVICE	\$1.02	\$1.39	\$2.56	\$1,95	\$0.00				
23		UNITS OF TIME (Minutes)	31,298	10.075	3,775	257	0	45,405			
		oraris of think (minutes)	51,200	10,070	3,773	201	Ŭ	45,465			
	ved: • <i>Umins</i> •• (May 21, 20)		rano (May 21, 2024 12:19 PD	D	05/21/2024	Joshua Taj Ioshua Taylor (May 21, 2	024 15:53 PDT)	05/21/2024			
PROVI	DER AU	JTHORIZED SIGNATURE DATE DBH	FISCAL SERVI		DATE	DBH PROG	RAM MANAGER	R DATE			
Rog	ger l	Jminski II Anth	ony Altamir	ano		Joshua	Taylor				
PR	OVIDER	AUTHORIZED SIGNER (PRINT NAME)	BH FISCAL SE	RVICES (PRINT	NAME)	DBH PROGR	AM MANAGER	(PRINT NAME)			
CEO		Adm	inistrative S	Supervisor I	DBH FISCAL		Roger Ma				

#### SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL FY 2025 - 2026

July 1, 2025 - Sept. 30, 2025 (3 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

#### CONTRACTOR NAME: Family Service Agency of San Bernardino -CRESTLINE

Name	Degree/ License	Position Title	If Staff Position is <u>not</u> Clinical FTE Providing SMHS, change to " <u>N</u> "		Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
Clinic Supervisor	LCSW/LMFT	Clinic Supervisor	Y	D	23,175	3,013	26,188	20%	5,238		4,635	603	0.20
Case Manager		Case Manager	Y	D	17,653	2,295	19,948	55%	10,972		9,709	1,262	0.55
Mental Health Clinician-Ast	AMFT/ASW/APCC	Mental Health Clinic	Y	D	17,253	2,243	19,495	0%	0		0	0	0.00
LVN/Psych Tech	LVN, Psych Tech	LVN/Psych Tech	Y	D	21,424	2,785	24,209	8%	1,937		1,714	223	0.08
Intake Coordinator		Intake Coordinator	N	D	9,208	1,197	10,406	25%	2,601		2,302	299	0.00
Receptionist/Clerical Support	rt	Receptionist/Clerica	N	D	9,373	1,218	10,591	100%	10,591		9,373	1,218	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
										,	27,733	3,605	0.83

TOTAL COST:

31,339

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

### Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

<sup>2)</sup> Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

SAN BERNARDING COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

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

Prepared by: Valerie Vega Title: Financial Controller

detail explanation of the categories below.

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a

		Budget Revision						
ITEM		TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1	Office Equipment & Supplies	\$6,750	95%	\$6,419	5%	\$331	0	331
2	Program Supplies	\$18,250	93%	\$16,973	7%	\$1,278	0	1,278
3	Rent	\$56,250	100%	\$56,250	0%	\$0	0	0
4	Staff Development	\$1,875	91%	\$1,697	9%	\$178	0	178
5	Travel/Mileage Reimbursement	\$3,807	100%	\$3,807	0%	\$0	0	0
6	IT Management	\$52,500	97%	\$50,925	3%	\$1,575	0	1,575
7	Utilities/Repair and Maintenance	\$18,750	85%	\$15,938	15%	\$2,813	0	2,813
8	Insurance	\$31,250	97%	\$30,313	3%	\$938	0	938
9	Audit/Accounting Cost	\$16,250	97%	\$15,763	3%	\$488	0	488
10	Executive Support	\$81,024	96%	\$58,583	4%	\$2,441	0	2,441
11	Admin Support (HR, Fiscal)	\$38,916	96%	\$37,360	4%	\$1,557	0	1,557
12	Clinical Contractor-Psychologist	\$118,100	95%	\$112,195	5%	\$5,905	0	5,905
13			100%	\$0	0%	\$0	0	0
	Indirect 15%	\$7,326	0%	\$0	100%	\$7,326	0	7,326
	TOTAL B:	\$431,048		\$406,221		\$24,827	0	24,827
GRO	OSS COSTS TOTAL STAFFING A	AND OPERATING EXP	PENSES:			\$58,166	0	56,16

July 1, 2025 - Sept. 30, 2025

Page 16 of 24

EXHIBIT I

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

Valerie Vega Financial Controller

Prepared by:

Title:

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
	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
_ Travel/Mileage	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel,
<sup>3</sup> Reimbursement	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 fisc	al year Rates (Co	mpleted by DBH)					Contractor Name:	Family Service	Agency of Sa	an Bernardino -	-CRESTLINE
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider #	00288 36A1	RU36A11		
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	RFP # 21-03	RFP # 21-03		
	Agen	cy Per Min Rates:	\$3.10	\$4.22	\$7.78	\$5.93	Address:	1669 North E	Street		
		NOTE: If no estat	calished agency per r	minute rates, pleas	se input the CCR r	ates in the highligh	ed cells	San Bernard	ino CA 9240	5	
	-	Per Unit of Service		\$1.39	\$2.56	\$1.95	Date Form Completed:				
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV		ted Deverse Con		Date Form Revised:			Easte Carrie	-
	Estimated			Projec	ted Revenue Gen	erated by Service	e Type			Census	2
MONTH	Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
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	
					Total Revenue		\$56,165	Undupl	icated Clie	nts Served	2
							Estimated C	ost Per Client:	\$28,082	Į	

	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

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

Total Hours Per Unduplicated Client for Duration of the Program: 94.59

		DEF	PARTMENT OF E	EHAVIORAL HE	ALTH Cor	ntractor Name:	Family Service / Bernardino -CR	
Actual	I Cost C	ontract (cost reimbursement)	General	Mental Health	ı	Provider #	00288 36A1 RU	J36A11
			(G	MH)		Contract/RFP#	RFP # 21-03	
				4 - 2025		Address	1669 North E S	treet
Prepar	ed by:	Valerie Vega	Oct. 1, 2024	June 30, 2025		Address.	San Bernardino	
	Title:	Financial Controller			Date Fo	rm Completed:		
	-					Form Revised:		
LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		
#		SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL
1	100%	Distribution % Operating Expenses	6.88%	65.80%	35.83%	1.40%		
	100%	Distribution % S&B	96.50%	0.60%	2.60%	0.60%		
		EXPENSES	77.050					
2		SALARIES	77,950	404	2,019	404	0	80,777
3		BENEFITS	10,133	53	263	53	0	10,501
4		(2+3 must equal total staffing costs)	88,083	456	2,282	456	0	91,278
4		OPERATING EXPENSES TOTAL EXPENSES (2+3+4)	5,153 93,236	41,220 41,677	26,463 28,745	1,031	0	73,867
-		AGENCY REVENUES	80,200	41,077	20,745	1,407		103,143
6	1	PATIENT FEES						0
7		PATIENT INSURANCE						ŏ
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)	93,236	41,677	28,745	1,487	0	165,145
	Mbx %	FUNDING Share 9	6					
12	94.08%	MEDI-CAL (FFP) 47.009		18,428	12,711	657	0	73,023
13	3.08%	EPSDT (2011 Realignment) 1.00%	27	12	8	0	0	47
14		1991 Realignment Match 52.00%	46,462	20,769	14,325	742	0	82,298
15			0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County	5,520	2,467	1,702	88	0	9,777
17		FUNDING TOTAL	93,236	41,677	28,745	1,487	0	165,145
18		NET COUNTY FUNDS (Local Cost) MUST = ZERC	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	52,009	23,249	16,034	830	0	92,122
20		FEDERAL FUNDING	41,227	18,428	12,711	657	0	73,023
21		TOTAL FUNDING	93,236	41,677	28,745	1,487	0	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	0	45,304
APPRO	WED.	•						
Roae	VED: <u>r Omin</u> httl://www.st.co	[//i // 04 11-55 PDT) Artificity A	L. tamirano (May 21, 2024 12:19 P	07)	05/21/2024	Joshua Ta Joshua Taylor (May 23,	4/04 2004 15:53 PDT)	05/21/2024
PROV	IDER AU	THORIZED SIGNATURE DATE DBI	H FISCAL SERVI	CES	DATE		RAM MANAGER	
Rog	ger U	Iminski II Ant	hony Altamiran	0		Joshu	ia Tayloi	r

 PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 DBH FISCAL SERVICES (PRINT NAME)
 DBH PROGRAM MANAGER (PRINT NAME)

 CEO
 Administrative Supervisor I
 DBH FISCAL
 Roger Ma

#### Schedule B

### SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

Oct. 1, 2024 - June 30, 2025 (9 months)

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

#### CONTRACTOR NAME: Family Service Agency of San Bernardino -CRESTLINE

Name	Degree/ License	Position Title	If Staff Position is <u>not</u> Clinical FTE Providing SMHS, change to " <u>N</u> "	D/I/C <sup>(1)</sup>	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
Clinic Supervisor	LCSW/LMFT	Clinic Supervisor	Y	D	67,500	8,775	76,275	20%	15,255		13,500	1,755	0.20
Case Manager		Case Manager	Y	D	51,418	6,684	58,102	55%	31,956		28,280	3,676	0.55
Mental Health Clinician-Ast	AMFT/ASW/APCC	Mental Health Clinic	Y	D	50,250	6,533	56,783	0%	0		0	0	0.00
LVN/Psych Tech	LVN, Psych Tech	LVN/Psych Tech	Y	D	62,400	8,112	70,512	8%	5,641		4,992	649	0.08
Intake Coordinator		Intake Coordinator	N	D	26,821	3,487	30,307	25%	7,577		6,705	872	0.00
Receptionist/Clerical Support	rt	Receptionist/Clerical	N	D	27,300	3,549	30,849	100%	30,849		27,300	3,549	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
											80,777	10,501	0.83

TOTAL COST:

91,278

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

### Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position (2)

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

<sup>(2)</sup> Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

Burdnet Revision

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

	Family Service Agency of San
Contractor Name:	Bernardino -CRESTLINE
	00288 36A1 RU36A11
Contract/RFP#	
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.

_							Duugeri	Kevision
	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	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
	BTOTAL B:	\$1,273,655		\$1,199,788		\$73,867	0	73,867
GR/	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:			\$165,145	0	165,145

Oct. 1, 2024 - June 30, 2025

Page 22 of 24

EXHIBIT I

### 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

Valerie Vega Financial Controller

Prepared by:

Title:

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.

Oct. 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Office Equipment & Supplies	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
E Travel/Mileage	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel,
<sup>o</sup> Reimbursement	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.
	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 fisc	al year Rates (Co	mpleted by DBH)					Contractor Name:	Family Service	Agency of Sa	an Bernardino	CRESTLINE
		ract (CCR) Rates:		\$2.99	\$5.56	\$4.20	Provider #	00288 36A1	RU36A11		
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	RFP # 21-03	RFP # 21-03		
	Agen	cy Per Min Rates:	\$3.10	\$4.22	\$7.78	\$5.93	Address	1669 North E	1669 North E Street		
		NOTE: If no estat	alished agency per r	minute rates, pleas	se input the CCR r	ates in the highligh	ed cells	San Bernard	ino CA 9240	5	
	-	Per Unit of Service		\$4.09	\$7.54	\$5.75	Date Form Completed:				
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV		ted Devenue Con	erated by Service	Date Form Revised:			lients Serve	4
	Estimated			Projec	ted Revenue Gen	lerated by Service	rype			Census	2
MONTH	Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
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	
					Total Revenue		\$165,145	Undupl	icated Clie	nts Served	2
							Estimated C	ost Per Client:	\$82,572	]	

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient 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

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

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