



Contract Number

18-348-A-2

SAP Number

4400008354

Department of Behavioral Health

Department Contract Representative	Jesus Maciel
Telephone Number	909-388-0887
Contractor	Victor Community Support Services, Inc.
Contractor Representative	Edward Hackett
Telephone Number	(530) 893-0758
Contract Term	July 1, 2018 – September 30, 2024
Original Contract Amount	\$30,994,564
Amendment Amount	\$1,499,711
Total Contract Amount	\$32,494,275
Cost Center	9203212200

THIS AMENDMENT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Victor Community Support Services, Inc. referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 18-348** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for 0-5 Comprehensive Treatment Services (CTS): Screening, Assessment, Referral and Treatment (SART) and Early Intervention and Identification Services (EIS), which Contract first became effective July 1, 2018, the following changes are hereby made and agreed to:

- I. **ARTICLE IV FUNDING AND BUDGETARY RESTRICTIONS**, paragraphs E and K are hereby amended, and paragraph L is hereby added to read as follows:
 - E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.

- K. The Contract amendment amount of \$1,499,711 shall increase the total contract amount from \$30,994,564 to \$32,494,275 for the contract term.
 - L. The allowable funding sources for this Contract may include: the Children and Families Commission for San Bernardino County (First 5), Federal Financial Participation Medi-Cal, and Mental Health Services Act Prevention and Early Intervention funds.
- II. ARTICLE XIII DURATION AND TERMINATION, paragraph A is hereby amended to read as follows:
- A. The term of this Agreement shall be from July 1, 2018, through September 30, 2024 inclusive.
- III. ARTICLE XVI PERSONNEL, paragraphs L and M are hereby added to read as follows:
- L. Executive Order N-6-22 Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.
 - M. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor's proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.
- IV. This amendment hereby adds Schedules A and B for FY 2024/25. All previously approved schedules remain in effect.
- V. This amendment hereby adds ATTACHMENT III "Campaign Contribution Disclosure Form" (SB 1439).

VI. All other terms, conditions and covenants in Contract No. 18-348 remain in full force and effect.

This Amendment 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 Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (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 Amendment upon request.

SAN BERNARDINO COUNTY

VICTOR COMMUNITY SUPPORT SERVICES, INC.

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

Dawn Rowe, Chair, Board of Supervisors

By  _____
(Authorized signature - sign in blue ink)

Dated: _____

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

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

Title _____
(Print or Type)


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


By _____
Deputy


Dated: _____

Address _____
1360 East Lassen Avenue
Chico, CA. 95973

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

Early Identification and Intervention Services
(EIIS)

Contractor Name: **Victor Community Support Services, Inc.**
 Provider RU #: **36CNEI**
 Contract/RFP#: **EIIS East Valley Region**
 Address: **1360 E. Lassen Avenue
Chico, CA 95973**
 Date Form Completed: **5/1/24**
 Date Form Revised:

Actual Cost Contract (cost reimbursement)

Prepared by: **Matt Jafari**
 Title: **Senior Financial Analyst**

FY 2024 - 2025
 July 1, 2024 - September 30, 2024

LINE #	MODE OF SERVICE	SERVICE FUNCTION	Early Intervention Services					Prevention Services		TOTAL		
			Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	15-Outpatient Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	60 - Client Support Client Flexible Support (72)	Non-Medi-Cal Client Support (78)			
1	100%	Distribution %										
1	100%	Distribution %	5.59%	84.60%	0.92%	1.14%	0.14%	0.49%	7.61%			
EXPENSES												
2		SALARIES	0	14,465	218,792	2,376	2,943	352		19,690	258,618	
3		BENEFITS	0	4,368	66,076	717	889	106		5,946	78,103	
		(2+3 must equal total staffing costs)	0	18,833	284,868	3,093	3,832	459	0	25,636	336,721	
4		OPERATING EXPENSES	0	5,724	86,582	940	1,165	139	500	7,792	102,843	
5		TOTAL EXPENSES (2+3+4)	0	24,557	371,450	4,033	4,997	598	500	33,428	439,564	
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	0	0	0	
11		CONTRACT AMOUNT (5-10)	0	24,557	371,450	4,033	4,997	598	500	33,428	439,564	
FUNDING												
12	Mix % 99.44%	MEDI-CAL (FFP)	Share % 50.00%	0	12,210	184,688	2,005	2,485	297		201,685	
13												
14		PEI Matching Funds (BHSA)	100.00%	0	12,210	184,688	2,005	2,485	297		201,685	
15		Provider Matching Funds (If applicable)		0	0	0	0	0			0	
16												
17		FIRST-5 (Non-Medi-Cal)	8.23%		137	2,075	23	28	3	500	33,428	36,194
18		FUNDING TOTAL		0	24,557	371,450	4,033	4,997	598	500	33,428	439,564
19		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0	0	0	0
20		STATE FUNDING (Including Realignment)		0	12,210	184,688	2,005	2,485	297	0	0	201,685
21		AGENCY FUNDING (non-DBH)		0	0	0	0	0	0	0	0	0
22		FEDERAL FUNDING		0	12,347	186,763	2,028	2,512	301	500	33,428	237,879
23		TOTAL FUNDING		0	24,557	371,450	4,033	4,997	598	500	33,428	439,564
24		TARGET COST PER UNIT OF SERVICE			\$2.58	\$3.34	\$3.34	\$6.15	\$4.96			
25		UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))			9,529	111,325	1,209	812	121			122,995

Client Days 0

APPROVED:

Angie Wiechert
 Angie Wiechert (May 13, 2024 14:14 PDT)

May 13, 2024 Anthony Altamirano
 Anthony Altamirano (May 13, 2024 14:18 PDT)

May 13, 2024 Allison Cunningham LCSW SPM

May 13, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FIS (DBH FISCAL SERVICES)

DATE

DBH PROGRAM MANAGER

DATE

Angie Wiechert

Anthony Altamirano

Allison Cunningham

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

PREPARED BY:

DBH FISCAL SERVICES

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

FY 2024 - 2025

Prepared by: Matt Jafari
Title: Senior Financial Analyst

Contractor Name: Victor Community Support Services, Inc
 Provider RU# 36CNEI
 Contract/RFP# ELIS East Valley Region
 Address: 1360 E. Lassen Avenue
Chico, CA 95973
 Date Form Completed: 5/1/24

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, 2024 - September 30, 2024

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Professional Fees	\$977	75%	\$732	25%	\$244
2 Software Maintenance	\$21,184	75%	\$15,888	25%	\$5,296
3 Employment Expense	\$3,925	75%	\$2,944	25%	\$981
4 Office Supplies	\$7,675	75%	\$5,757	25%	\$1,919
5 Program Supplies	\$3,000	75%	\$2,250	25%	\$750
6 Rent	\$59,544	75%	\$44,658	25%	\$14,886
7 Utilities	\$18,586	75%	\$13,939	25%	\$4,646
8 Building Maintenance	\$3,403	75%	\$2,552	25%	\$851
9 Equipment Expense	\$21,219	75%	\$15,914	25%	\$5,305
10 Transportation	\$17,092	75%	\$12,819	25%	\$4,273
11 General & Administrative Costs	\$2,326	75%	\$1,744	25%	\$581
12 Conference & Meetings	\$7,398	75%	\$5,549	25%	\$1,850
13 Taxes & Insurance	\$4,342	75%	\$3,256	25%	\$1,085
14 Client Assistance	\$2,000	75%	\$1,500	25%	\$500
15 Administrative Support/Indirect Expense	\$188,384	75%	\$141,288	25%	\$47,097
16 Contractors	\$998,400	99%	\$985,822	1%	\$12,578
17		100%	\$0		\$0
54		100%	\$0		\$0
55		100%	\$0		\$0
SUBTOTAL B:	\$1,359,454		\$1,256,613		\$102,843
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$439,565

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

Contractor Name: Victor Community Support Services, Inc.
 Provider RU#: 36CWEI
 Contract/RFP#: EBS East Valley Region
 Address: 1360 E. Lassen Avenue
Chico, CA 95973
 Date Form Completed: 5/1/24

Prepared by: Matt Jafari
 Title: Senior Financial Analyst

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, 2024 - September 30, 2024

ITEM	Justification of Cost
1 Professional Fees	Direct costs associated with any professional service needs associated with program operations, interpreter services, staff training materials, and guest speakers for training.
2 Software Maintenance	Direct costs associated with technical support services as well as annual software licenses and maintenance costs. Software maintenance includes costs associated with our EHR, as well as correcting, updating and enhancing our other agency software.
3 Employment Expense	Direct cost associated with recruiting, advertising, completion of 3rd party physical, drug testing, fingerprinting, clinical license renewals, and continuing education.
4 Office Supplies	Direct costs associated with general office supplies, such as paper, pens, pencils, envelopes, folders, tape, printed brochures, checks, business cards, kitchen supplies, toner for copier, fax machine, paper for fax machine, copier and computer printers, postage and shipping costs, and subscription expense. Other supply costs include staff recognition.
5 Program Supplies	Direct costs associated with general program support supplies such as, ESL materials, orientation and treatment packets, tutoring materials, craft supplies, therapeutic toys, videos, games, instructional supplies, and food provided to clients. This also includes curriculums and required assessment measures which includes PSI-FF, TSCYC, BRIEF P, ECBI, NCAST, Bailey's protocol, Sensory Profile, DAYC-2, DC 0-5 manuals, Incredible Years, Parent-Child Interactive Therapy, Parent-Child Dyadic Therapy, Sensory Integration Treatment, Thera-play, Nurturing Fathers, Nurturing Parenting, and Watch, Wait, and Wonder.
6 Rent	Direct costs associated with facility rental: the rental cost of a leased building and depreciation costs related to leasehold improvements. Facility rent is captured monthly in a directly allocable cost pool and allocated out to the service cost centers based on % of direct service compensation.
7 Utilities	Direct costs associated with general utility costs, such as telephone, water, natural gas, electricity, cable, internet, and garbage service.
8 Building Maintenance	Direct costs associated with janitorial, maintenance, building and ground supplies, licenses and permits.
9 Equipment Expense	Direct costs associated with equipment maintenance, office equipment, furnishings, computer equipment, and equipment lease expenses such as postage and copier machines.
10 Transportation	Direct costs associated with staff mileage reimbursements (using the current IRS federal mileage reimbursement rate) as well as agency vehicle operating, repair, maintenance, and licensing costs. This is budgeted to cover the cost of staff travel related to service delivery, training, and meetings.
11 General & Administrative Costs	Direct costs associated with other operating expenses including bank fees, interest expense, dues and membership.
12 Conference & Meetings	Direct costs associated with meetings, staff events, and conferences, such as airfare, food and lodging to attend conferences and training.
13 Taxes & Insurance	Direct costs associated with property tax as well as property, liability, and vehicle insurance expense.
14 Client Assistance	Direct costs to assist our clients and their families to meet basic needs determined as urgent or necessary for immediate relief. This includes emergency supplies for unmet basic needs/living supports such as a clothes closet, emergency food supplies and other personal necessities. An example would be bus passes or taxi service for medical appointments. As well as funds to assist our clients and their families in achieving specific treatment goals. Including assistance around client/family resilience, parenting resources, assistance in the development of parenting skills, and transportation. We have not budgeted a lot of funds in this area due to our prior history of providing this support and these services. We focus on linkages to community resources as well as promoting recovery and resilience.
15 Administrative Support/Indirect Expense	Budgeted for the indirect costs that support our administrative services which includes, but may not be limited to, the following: CEO, COO, CFO, Agency-wide Human Resource functions, Agency-wide Administrative and Executive support functions, Agency-wide Technology services, Agency-w
16 Contractors	Direct Costs associated with contractors providing direct service to clients. Includes: Public Health Nurse, Registered Nurse, Occupational Therapist, and Psychiatrist.
17	
54	
55	

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

Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$2.07	\$2.68	\$4.94	\$3.98
Target Cost Per Unit of Service	\$2.58	\$3.34	\$6.15	\$4.96

Contractor Name:	Victor Community Support Services, Inc.
Provider RU#	36CNEI
Contract/RFP#	EIIS East Valley Region
Address:	1360 E. Lassen Avenue Chico, CA 95973
Date Form Completed:	5/1/24
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 and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Starting Census		Monthly Census	
								Admissions (Episodes Opened)	Discharges (Episodes Closed)		
Jul-22	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50	23	12	28	
Aug-22	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50	23	12	39	
Sep-22	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50	23	12	50	
Oct-22	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
Nov-22	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
Dec-22	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
Jan-23	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
Feb-23	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
Mar-23	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
Apr-23	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
May-23	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
Jun-23	10,250	2.58	\$2,046	\$30,954	\$336	\$416	\$50			50	
TOTAL	122,995		\$24,557	\$371,450	\$4,033	\$4,997	\$598	69	36	86	
Total Revenue						\$405,636	Unduplicated Clients Served				
								Estimated Cost Per Client:	\$4,700		

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

Total Minutes of Services	9,529	112,533	812	121	122,995
Total Monthly Minutes of Services (Average)	794	9378	68	10	10250
Dosage (minutes) per client per month	17	197	1	0	216
Dosage (hours) per client per month	0.28	3.29	0.02	0.00	3.59

Total Hours Per Unduplicated Client for Duration of the Program: 28.74

Avg Monthly Census	Expected Length of Program (months)
48	8

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Screening, Assessment, Referral, and Treatment
(SART)

Contractor Name:

Victor Community Support
Services, Inc.

Provider RU #

36CNST

Contract/RFP#

SART East Valley Region

Address:

1360 E. Lassen Avenue
Chico, CA 95973

Date Form Completed:
Date Form Revised:

5/1/24

Actual Cost Contract (cost reimbursement)

Prepared by: Matt Jafari
Title: Senior Financial Analyst

FY 2024 - 2025
July 1, 2024 - September 30, 2024

LINE #	MODE OF SERVICE	Early Intervention Services					Prevention Services				TOTAL
		15-Outpatient					45 - Outreach		60 - Client Support		
	SERVICE FUNCTION	Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Mental Health Promotion (10-19)	Community Client Services (20-29)	Client Flexible Support (72)	Non-Medi-Cal Client Support (78)	
1	100% Distribution %	10.02%	62.65%	1.50%	0.31%	0.01%	2.04%	6.12%	0.00%	17.35%	
1	100% Distribution %	10.01%	62.55%	1.50%	0.31%	0.01%	2.04%	6.11%	0.15%	17.32%	
EXPENSES											
2	SALARIES	56,127	350,808	8,420	1,728	62	11,418	34,253		97,150	559,967
3	BENEFITS	16,951	105,947	2,543	522	19	3,448	10,345		29,340	169,114
	(2+3 must equal total staffing costs)	73,078	456,755	10,963	2,250	81	14,866	44,598		126,490	729,081
4	OPERATING EXPENSES	33,134	207,093	4,970	1,020	37	6,740	20,221	500	57,351	331,066
5	TOTAL EXPENSES (2+3+4)	106,212	663,848	15,933	3,270	118	21,606	64,819	500	183,841	1,060,147
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	0	0	0	0
11	CONTRACT AMOUNT (5-10)	106,212	663,848	15,933	3,270	118	21,606	64,819	500	183,841	1,060,147
FUNDING											
12	Mix % FUNDING Share %										
12	90.07% MEDI-CAL (FFP) 50.00%	47,831	298,954	7,175	1,473	53					355,486
13											0
13	Agency Match Funds (if applicable) 0.00%	0	0	0	0	0					0
14	PEI Matching Funds (BHSA) 100.00%	47,831	298,954	7,175	1,473	53					355,486
15	Prevention & Early Intervention (Non-MediCal) 75.00%	7,913	49,455	1,187	244	9	16,205	48,614	375	137,881	261,881
16											0
17	FIRST-5 (Non-Medi-Cal) 25.00%	2,638	16,485	396	81	3	5,402	16,205	125	45,960	87,294
18	FUNDING TOTAL	106,212	663,848	15,933	3,270	118	21,606	64,819	500	183,841	1,060,147
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0	0	0
20	STATE FUNDING (Including Realignment)	58,381	364,894	8,758	1,797	65	21,606	64,819	500	183,841	704,661
21	FEDERAL FUNDING	47,831	298,954	7,175	1,473	53	0	0	0	0	355,486
22	TOTAL FUNDING	106,212	663,848	15,933	3,270	118	21,606	64,819	500	183,841	1,060,147
23	TARGET COST PER UNIT OF SERVICE	\$ 2.77	\$ 3.59	\$ 3.59	\$ 6.61	\$ 5.33					
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	38,339	185,083	4,442	495	22					228,380

Client Days 38,339

APPROVED:

Angie Wiechert
Angie Wiechert (May 13, 2024 14:15 PDT)

May 13, 2024

Anthony Altamirano
Anthony Altamirano (May 13, 2024 14:18 PDT)

May 13, 2024 Allison Cunningham LCSW SPM

May 13, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Angie Wiechert

Anthony Altamirano

Allison Cunningham

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

PREPARED BY:

DBH FISCAL SERVICES

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

FY 2024 - 2025

Prepared by: Matt Jafari
Title: Senior Financial Analyst

Contractor Name: Victor Community Support Services, Inc.
 Provider RU#: 36CNST
 Contract/RFP#: SART East Valley Region
 Address: 1360 E. Lassen Avenue
Chico, CA 95973
 Date Form Completed: 5/1/24

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, 2024 - September 30, 2024

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Professional Fees	\$2,115	75%	\$1,586	25%	\$529
2 Software Maintenance	\$45,869	75%	\$34,402	25%	\$11,467
3 Employment Expenses	\$8,499	75%	\$6,374	25%	\$2,125
4 Office Supplies	\$16,619	75%	\$12,464	25%	\$4,155
5 Program Supplies	\$10,000	75%	\$7,500	25%	\$2,500
6 Rent	\$128,926	75%	\$96,694	25%	\$32,231
7 Utilities	\$39,737	75%	\$29,803	25%	\$9,934
8 Building Maintenance	\$7,367	75%	\$5,526	25%	\$1,842
9 Equipment Expense	\$45,943	75%	\$34,458	25%	\$11,486
10 Transportaton	\$67,726	75%	\$50,794	25%	\$16,931
11 General & Administrative Costs	\$5,036	75%	\$3,777	25%	\$1,259
12 Conference & Meetings	\$16,019	75%	\$12,014	25%	\$4,005
13 Taxes & Insurance	\$9,527	75%	\$7,145	25%	\$2,382
14 Client Assistance	\$2,000	75%	\$1,500	25%	\$500
15 Administrative Support/Indirect Expense	\$454,349	75%	\$340,762	25%	\$113,587
16 Contractors	\$2,080,000	94%	\$1,963,867	6%	\$116,133
17		100%	\$0		\$0
18		100%	\$0		\$0
54		100%	\$0		\$0
55		100%	\$0		\$0
SUBTOTAL B:	\$2,939,732		\$2,608,666		\$331,066
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$1,060,148

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

Contractor Name: Victor Community Support Services, Inc.
 Provider RU#: 36CNST
 Contract/RFP#: SART East Valley Region
 Address: 1360 E. Lassen Avenue
Chico, CA 95973
 Date Form Completed: 5/1/24

Prepared by: Matt Jafari
 Title: Senior Financial Analyst

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, 2024 - September 30, 2024

ITEM	Justification of Cost
1 Professional Fees	Direct costs associated with any professional service needs associated with program operations, interpreter services, staff training materials, and guest speakers for training.
2 Software Maintenance	Direct costs associated with technical support services as well as annual software licenses and maintenance costs. Software maintenance includes costs associated with our EHR, as well as correcting, updating and enhancing our other agency software.
3 Employment Expenses	Direct cost associated with recruiting, advertising, completion of 3rd party physical, drug testing, fingerprinting, clinical license renewals, and continuing education.
4 Office Supplies	Direct costs associated with general office supplies, such as paper, pens, pencils, envelopes, folders, tape, printed brochures, checks, business cards, kitchen supplies, toner for copier, fax machine, paper for fax machine, copier and computer printers, postage and shipping costs, and subscription expense. Other supply costs include staff recognition.
5 Program Supplies	Direct costs associated with general program support supplies such as, ESL materials, orientation and treatment packets, tutoring materials, craft supplies, therapeutic toys, videos, games, instructional supplies, and food provided to clients. This also includes curriculums and required assessment measures which includes PSI-FF, TSCYC, BRIEF P, ECBI, NCAST, Bailey's protocol, Sensory Profile, DAYC-2, DC 0-5 manuals, Incredible Years, Parent-Child Interactive Therapy, Parent-Child Dyadic Therapy, Sensory Integration Treatment, Thera-play, Nurturing Fathers, Nurturing Parenting, and Watch, Wait, and Wonder.
6 Rent	Direct costs associated with facility rental: the rental cost of a leased building and depreciation costs related to leasehold improvements. Facility rent is captured monthly in a directly allocable cost pool and allocated out to the service cost centers based on % of direct service compensation.
7 Utilities	Direct costs associated with general utility costs, such as telephone, water, natural gas, electricity, cable, internet, and garbage service.
8 Building Maintenance	Direct costs associated with janitorial, maintenance, building and ground supplies, licenses and permits.
9 Equipment Expense	Direct costs associated with equipment maintenance, office equipment, furnishings, computer equipment, and equipment lease expenses such as postage and copier machines.
10 Transportaton	Direct costs associated with staff mileage reimbursements (using the current IRS federal mileage reimbursement rate) as well as agency vehicle operating, repair, maintenance, and licensing costs. This is budgeted to cover the cost of staff travel related to service delivery, training, and meetings.
11 General & Administrative Costs	Direct costs associated with other operating expenses including bank fees, interest expense, dues and membership.
12 Conference & Meetings	Direct costs associated with meetings, staff events, and conferences, such as airfare, food and lodging to attend conferences and training.
13 Taxes & Insurance	Direct costs associated with property tax as well as property, liability, and vehicle insurance expense.
14 Client Assistance	Direct costs to assist our clients and their families to meet basic needs determined as urgent or necessary for immediate relief. This includes emergency supp
15 Administrative Support/Indirect Expense	Budgeted for the indirect costs that support our administrative services which includes, but may not be limited to, the following: CEO, COO, CFO, Agency-wide Human Resource functions, Agency-wide Administrative and Executive support functions, Agency-wide Technology services, Agency-wide Fiscal and Accounting functions, along with the operating expenses associated with supporting these positions. This is calculated at an estimated rate of 12% of total direct costs. This estimated rate is trued-up to the Agency's actual indirect cost rate as part of our yearend closing procedure.
16 Contractors	Direct Costs associated with contractors providing direct service to clients. Includes: Public Health Nurse, Registered Nurse, Occupational Therapist, Speech T
17	
54	
55	

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

Contractor Name:	Victor Community Support Services, Inc.
Provider #	36CNST
Contract/RFP#	SART East Valley Region
Address:	1360 E. Lassen Avenue
	Chico, CA 95973
Date Form Completed:	5/1/24
Date Form Revised:	

Productivity Expectation: 60%

Agency Per Min Rates:	CM Rate per Min. \$2.07	MHS Rate/Min \$2.68	MSS Rate/Min \$4.94	Crisis Rate/Min \$3.98
Target Cost Per Unit of Service	\$2.77	\$3.59	\$6.61	\$5.33

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 and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Starting Census		Monthly Census			
								Admissions (Episodes Opened)	Discharges (Episodes Closed)				
Jul-22	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10	50	30	28			
Aug-22	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10	50	30	48			
Sep-22	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10	50	30	68			
Oct-22	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
Nov-22	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
Dec-22	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
Jan-23	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
Feb-23	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
Mar-23	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
Apr-23	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
May-23	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
Jun-23	19,032	5.78	\$8,851	\$55,321	\$1,328	\$273	\$10			68			
TOTAL	228,380		\$106,212	\$663,848	\$15,933	\$3,270	\$118	150	90				
Total Revenue						\$789,381	Unduplicated Clients Served		158				
								Estimated Cost Per Client:	\$5,000				

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	38,339	189,525	495	22	228,380
Total Monthly Minutes of Services (Average)	3195	15794	41	2	19032
Dosage (minutes) per client per month	51	251	1	0	303
Dosage (hours) per client per month	0.85	4.19	0.01	0.00	5.04

Total Hours Per Unduplicated Client for Duration of the Program: 40.36

Avg Monthly Census	Expected Length of Program (months)
63	8



**Campaign Contribution Disclosure
(SB 1439)**

DEFINITIONS

Actively supporting the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: Victor Community Support Services, Inc.
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
 Yes If yes, skip Question Nos. 3-4 and go to Question No. 5
 No
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: N/A
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded (“closed corporation”), identify the major shareholder(s): N/A
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
Victor Treatment Centers, Inc.	Shared Management

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
Not Applicable		

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and//or Agent(s):
Not Applicable		

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
Not Applicable	

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No If **no**, please skip Question No. 10.

Yes If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: Not Applicable

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members/County elected officer to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.