



Contract Number
16-430 A-2

SAP Number
4400009471

Department of Behavioral Health

Department Contract Representative	Deborah Forthun
Telephone Number	909-388-0862
Contractor	South Coast Community Services
Contractor Representative	Scott McGurik
Telephone Number	(714) 966-8650
Contract Term	July 1, 2016 – September 30, 2021
Original Contract Amount	\$11,200,000
Amendment Amount	\$3,500,000
Total Contract Amount	\$14,700,000
Cost Center	9206291000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and South Coast Community Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-430** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for General Mental Health services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2020:

- I. ARTICLE III Performance, paragraph T. Internal Control is hereby added to read as follows:
 - T. South Coast Community Services must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

II. ARTICLE IV Funding and Budgetary Restrictions paragraphs B, E, and J are hereby amended to read as follows:

B. The maximum financial obligation of the County under this Agreement shall not exceed the sum referenced in the Schedules A and B. The maximum financial obligation is further limited by fiscal year, funding source and service modalities as delineated on the Schedules A and B. Contractor may not transfer funds between funding sources, modes of services, or exceed 15% of a budgeted line item without the prior written approval from DBH. Budget line items applicable to the 15% rule are: (1) Total Salaries & Benefits and (2) Individual Operating Expense items. The County has the sole discretion of transferring funds between funding sources or modes of services.

1. It is understood between the parties that the Schedules A and B are budgetary guidelines. Contractor must adhere to the budget by funding outlined in the Schedule A of the Contract as well as track year-to-date expenditures. Contractor understands that costs incurred for services not listed or in excess of the funding in the Schedule A shall result in non-payment to Contractor for these costs.

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.

J. This amendment shall increase the total contract from \$11,200,000 to \$14,700,000.

III. ARTICLE V Provisional Payment is hereby amended to read as follows:

A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.

B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, annual cost report, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, annual cost report and audits, as such payments, are subject to future County, State and/or Federal adjustments.

C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:

1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.
 2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.
 3. Reimbursement Rates for Institutions for Mental Diseases: Pursuant to Section 5902 of the WIC, Institutions for Mental Diseases (IMD), which are licensed by the DHCS, will be reimbursed at the rate(s) established by DHCS.
 4. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.
 5. County will send Contractor a year-to-date Medi-Cal denied claims report on a monthly basis. It is the responsibility of Contractor to make any necessary corrections to the denied services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
 6. In the event that the denied claims cannot be corrected, and therefore the DHCS will not adjudicate and approve the denied claims, the County will recover the paid funds from Contractor's current invoice payment(s). DBH Fiscal recovers denied claim amounts at a minimum quarterly basis.
- D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' general ledger with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.
1. For each fiscal year period (FYs 2016-17, 2017-18, 2018-19, 2019-20, and 2020-21) no single monthly payment for Outreach, Education, and Support services (Modes 45 and 60) shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
 2. For each fiscal year period (FYs 2021-22) no single monthly payment for Outreach, Education, and Support services (Modes 45 and 60) shall exceed one-third (1/3) of the maximum allocations for the mode of service unless there have been payments of less than one-third (1/3) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-third (1/3) of the maximum for that

mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.

- E. Monthly payments for Short-Doyle Medi-Cal services will be based on actual units of time (minutes, hours, or days) reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system. The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs as reported in the year-end cost report. All approved provisional rates will be superseded by actual cost per unit rate as calculated during the cost report cost settlement. In the event of a conflict between the provisional rates set forth in the most recent cost report and those contained in the Schedules A and B, the rates set forth in the most recent cost report or County Contract Rate (CCR), whichever is lower, shall prevail.
 - 1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges, Contractor's actual cost and the CCR.
- I. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement as described in the Annual Cost Report Settlement Article.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.

- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA. Contractor will be required to reimburse funds to the County.
- O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/oqa> (U.S. Office of Personnel Management).
- P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.
- R. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis ten percent (10%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates", the contractor must also obtain concurrence in writing from DBH of such rate.
- For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a "Federal Agency Acceptance of Negotiated Indirect Rates."
- The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but, may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual instead of estimated costs.
- S. Prohibited Payments
1. County shall make no payment to Contractor other than payment for services covered under this Contract.
 2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
 3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:

- a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.
- b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
- c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
- d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.

T. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.

IV. ARTICLE VII Annual Cost Report Settlement Paragraphs A, C, D and E are hereby amended to read as follows:

- A. Section 14705 (c) of the Welfare and Institutions Code (WIC) requires contractors to submit fiscal year-end cost reports. Contractor shall provide DBH with a complete and correct annual cost report not later than sixty (60) days at the end of each fiscal year and not later than sixty (60) days after the expiration date or termination of this Contract, unless otherwise notified by County.
- C. These cost reports shall be the basis upon which both a preliminary and a final settlement will be made between the parties to this Agreement. In the event of termination of this Contract by Contractor pursuant to Duration and Termination Article, Paragraph C, the preliminary settlement will be based upon the most updated State Medi-Cal approvals and County claims information.
 - 1. Upon initiation and instruction by the State, County will perform the Short-Doyle/Medi-Cal Cost Report Reconciliation and Settlement with Contractor.
 - a. Such reconciliation and settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies, procedures, and/or other requirements pertaining to cost reporting and settlements for Title XIX and/or Title XXI and other applicable Federal and/or State programs.
 - 2. Contractor shall submit an annual cost report for a preliminary cost settlement. This cost report shall be submitted no later than sixty (60) days after the end of the fiscal year and it shall be based upon the actual minutes/hours/days which have been approved by DHCS up to the preliminary submission period as reported by DBH.
 - 3. Contractor shall submit a reconciled cost report for a final settlement. The reconciled cost report shall be submitted approximately eighteen (18) months after the fiscal year-

end. The eighteen (18) month timeline is an approximation as the final reconciliation process is initiated by the DHCS. The reconciliation process allows Contractor to add additional approved Medi-Cal units and reduce disallowed or denied units that have been corrected and approved subsequent to the initial cost report submission. Contractors are not permitted to increase total services or cost during this reconciliation process.

4. Each Annual Cost Report shall be prepared by Contractor in accordance with the Centers for Medicare and Medicaid Services' Publications #15-1 and #15-02; "The Providers Reimbursement Manual Parts 1 and 2;" the State Cost and Financial Reporting Systems (CFRS) Instruction Manual; and any other written guidelines that shall be provided to Contractor at the Cost Report Training, to be conducted by County on or before October 15 of the fiscal year for which the annual cost report is to be prepared.
 - a. Attendance by Contractor at the County's Cost Report Training is mandatory.
 - b. Failure by Contractor to attend the Cost Report Training shall be considered a breach of this Agreement.
 5. Failure by Contractor to submit an annual cost report within the specified date set by the County shall constitute a breach of this Agreement. In addition to, and without limiting, any other remedy available to the County for such a breach, the County may, at its option, withhold any monetary settlements due Contractor until the cost report(s) is (are) complete.
 6. Only the Director or designee may make exception to the requirement set forth in the Annual Cost Report Settlement Article, Paragraph A above, by providing Contractor written notice of the extension of the due date.
 7. If Contractor does not submit the required cost report(s) when due and therefore no costs have been reported, the County may, at its option, request full payment of all funds paid Contractor under Provisional Payment Article of this Agreement. Contractor shall reimburse the full amount of all payments made by the County to Contractor within a period of time to be determined by the Director or designee.
 8. No claims for reimbursement will be accepted by the County after the cost report is submitted by the contractor. The total costs reported on the cost report must match the total of all the claims submitted to DBH by Contractor as of the end of the fiscal year which includes revised and/or final claims. Any variances between the total costs reported in the cost report and fiscal year claimed costs must be justified during the cost report process in order to be considered allowable.
 9. Annual Cost Report Reconciliation Settlement shall be subject to the limitations contained in this Agreement but not limited to:
 - a. Available Match Funds
 - b. Actual submitted and approved claims to those third-parties providing funds in support of specific funded programs.
- D. As part of its annual cost report settlement, County shall identify any amounts due to Contractor by the County or due from Contractor to the County.

1. Upon issuance of the County's annual cost report settlement, Contractor may, within fourteen (14) business days, submit a written request to the County for review of the annual cost report settlement.
2. Upon receipt by the County of Contractor's written request, the County shall, within twenty (20) business days, meet with Contractor to review the annual cost report settlement and to consider any documentation or information presented by Contractor. Contractor may waive such meeting and elect to proceed based on written submission at its sole discretion.
3. Within twenty (20) business days of the meeting specified above, the County shall issue a response to Contractor including confirming or adjusting any amounts due to Contractor by the County or due from Contractor to the County.
4. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor is due payment from the County, the County shall initiate the payment process to Contractor before submitting the annual Cost report to DHCS or other State agencies.
5. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor owes payments to the County, Contractor shall make payment to the County in accordance with Paragraph E below (Method of Payments for Amounts Due to the County).
6. Regardless of any other provision of this Paragraph D, reimbursement to Contractor shall not exceed the maximum financial obligation by fiscal year, funding source, and service modalities as delineated on the Schedules A and B.

E. Method of Payments for Amounts Due to the County

1. Within fourteen (14) business days after written notification by the County to Contractor of any amount due by Contractor, Contractor shall notify the County as to which payment option will be utilized. Payment options for the amount to be recovered will be outlined in the settlement letter.
- C. If Contractor does not so notify the County within such fourteen (14) business days, or if Contractor fails to make payment of any such amount to the County as required, then recovery of such amount from Contractor will be deducted in its entirety from immediate future claim(s) until recovered in.

V. ARTICLE XIII Duration and Termination Paragraphs A is hereby amended to read as follows:

- A. The term of this Agreement shall be from July 1, 2016 through September 30, 2021 inclusive.

VI. This amendment hereby adds Schedules A and B for FY 2020-21 and FY 2021-22. All previously approved schedules remain in effect.

VII. ADDENDUM I is hereby amended as follows:

Article VIII. ADMINISTRATIVE REQUIREMENTS paragraph B is hereby amended to read as follows:

- B. Services will be billed by the minute for all Mode 15 & Mode 60 services.

Article IX. REPORTING REQUIREMENTS article is hereby amended to read as follows:

Contractor shall work in collaboration with DBH for accurate data collections. The expectation is that the selected Contractor's staff will be available for collaboration for at least two (2) hours per month.

The collaboration will include, but is not limited to the following:

- A. Collect, analyze, and report on evaluation elements and their outcomes as defined by DBH.
- B. Provide support and assistance to DBH in any testing/evaluation efforts. This will minimally include the Child, Adolescent, Needs and Strengths Assessment, specifically, the Child, Adolescent Needs and Strengths Assessment: Comprehensive Multisystem Assessment – San Bernardino (CANS-SB), and the Adult Needs Strengths Assessment, (ANSA). Provide DBH Research and Evaluation Section (R&E) with important outcome information throughout the term of any contract awarded. R&E will notify the Agency(s) when its participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining needed information.

Participate in evaluating the progress of the overall program in regard to responding to the mental health needs of local communities. The evaluation may include: Audits, Annual Program Review, contract monitor site reviews or a review of special incident

Article X. PERFORMANCE OUTCOMES paragraph D is hereby revised and E is hereby added to read as follows:

- D. Adult Needs Strengths Assessment (ANSA)
 - 1. Within thirty (30) days of admission
 - 2. Every six (6) months, and
 - 3. Within thirty (30) days of discharge
- E. Clarifications:
 - 1. A CANS-SB or ANSA is not required at admission if the client did not meet criteria for services AND there is deemed insufficient information to complete the CANS-SB accurately.
 - 2. In no case shall a period of more than six (6) months pass without completing a CANS-SB or ANSA.
 - 3. A CANS-SB or ANSA is not required at discharge if a six (6) month (i.e., update) CANS-SB, ANSA, was administered within the past thirty (30) days AND no significant change in client's presentation has occurred

VIII. 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.

COUNTY OF SAN BERNARDINO

South Coast Community Services

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

▶

Curt Hagman, Chairman, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

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

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

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

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

Reviewed for Contract Compliance
▶
Natalie Kessee, Contracts Manager
Date _____

Reviewed/Approved by Department
▶
Veronica Kelley, Director
Date _____

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: South Coast Community Services	
Actual Cost Contract (cost reimbursement)		GMH- Chino				Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2020 - 2021				Contract/RFP# 16-430 A1	
Title: Chief Executive Officer		July 1, 2020 - June 30, 2021				Address: 27261 Las Ramblas, Suite 220	
						Mission Viejo, CA 92391	
						Date Form Completed: 3/25/20	
						Date Form Revised:	
100%	Distribution %	3.00%	75.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
EXPENSES							
1	SALARIES	4,953	123,826	33,020	3,302		165,101
2	BENEFITS	892	22,289	5,944	594		29,718
	(1+2 must equal total staffing costs)	5,844	146,114	38,964	3,897		194,819
3	OPERATING EXPENSES	8,045	201,136	53,636	5,364		268,181
4	TOTAL EXPENSES (1+2+3)	13,890	347,250	92,600	9,260		463,000
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MEDI-CARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0
10	CONTRACT AMOUNT (4-9)	13,890	347,250	92,600	9,260		463,000
FUNDING							
	Mix %	Share %					
11	85.00%	50.00%	5,903	147,581	39,355	3,936	196,775
12	10.00%	36.03%	425	10,635	2,836	284	14,180
13			5,478	136,947	36,519	3,651	182,595
14							0
15							0
16	5.00%		2,083	52,088	13,890	1,389	69,450
17							0
18			13,890	347,250	92,600	9,260	463,000
19			0	0	0	0	0
20			5,903	147,582	39,355	3,935	196,775
21			7,986	199,669	53,245	5,325	266,225
22			13,890	347,250	92,600	9,260	463,000
23			2.20	2.99	5.56	4.20	
24			2.20	2.99	5.56	4.20	
25			6,314	116,137	16,655	2,205	141,311

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: South Coast Community Service		
Actual Cost Contract (cost reimbursement)		GMH- Chino				Provider # LE 00916		
		FY 2021 - 2022				Contract/RFP# 16-430 A1		
Prepared by: Scott McGuirk		July 1, 2021 - September 30, 2021				Address: 27261 Las Ramblas, Suite 220		
Title: Chief Executive Officer						Mission Viejo, CA 92391		
						Date Form Completed: 3/25/20		
						Date Form Revised:		
100%	Distribution %	3.00%	75.00%	20.00%	2.00%			
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL	
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			
EXPENSES								
1	SALARIES	1,238	30,956	8,255	826		41,275	
2	BENEFITS	223	5,572	1,486	149		7,429	
(1+2 must equal total staffing costs)		1,461	36,528	9,741	974		48,704	
3	OPERATING EXPENSES	2,011	50,285	13,409	1,341		67,046	
4	TOTAL EXPENSES (1+2+3)	3,472	86,813	23,150	2,315		115,750	
AGENCY REVENUES								
5	PATIENT FEES						0	
6	PATIENT INSURANCE						0	
7	MEDI-CARE						0	
8	GRANTS/OTHER						0	
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0	
10	CONTRACT AMOUNT (4-9)	3,472	86,813	23,150	2,315		115,750	
FUNDING								
	Mix %		Share %					
11	85.00%	MEDI-CAL (FFP)	50.00%	1,476	36,895	9,839	984	49,194
12	10.00%	EPSDT (2011 REALIGNMENT)	36.03%	106	2,659	709	71	3,545
13		1991 REALIGNMENT MATCH		1,369	34,237	9,130	913	45,649
14								0
15								0
16	5.00%	1991 REALIGNMENT - NET COUNTY		521	13,022	3,473	347	17,363
17								0
18		FUNDING TOTAL		3,472	86,813	23,150	2,315	115,750
19		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20		STATE FUNDING (Including Realignment)		1,475	36,896	9,839	984	49,194
21		FEDERAL FUNDING		1,997	49,917	13,312	1,331	66,557
22		TOTAL FUNDING		3,472	86,813	23,150	2,315	115,750
23		MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24		TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25		UNITS OF TIME (Minutes)		1,578	29,034	4,164	551	35,327

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

SCHEDULE "B" STAFFING DETAIL

FY 2020 - 2021

July 1, 2020 - June 30, 2021

(12 months)

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

CONTRACTOR NAME: South Coast Community Services

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	3.2%	5,592	66	4,739	853
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	12.0%	14,135	249	11,979	2,156
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	30.3%	30,354	629	25,724	4,630
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	8.7%	8,212	181	6,959	1,253
Admin Assistant		Admin Assistant	56,160	10,109	66,269	3.2%	2,094	66	1,774	319
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Bilingual/License Rate Variable			(18,747)	(3,375)	(22,122)	100%	(22,122)		(18,747)	(3,375)
Vacancy Factor		Vacancy Factor	(11,537)	(2,077)	(13,613)	100%	(13,613)		(11,537)	(2,077)
									165,101	29,718
						TOTAL COST:	194,819			

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

* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.

SAN BERNARDINO COUNTY							
DEPARTMENT OF BEHAVIORAL HEALTH							
SCHEDULE B							
				Contractor Name:	South Coast Community Services		
FY 2020 - 2021				Provider #	LE 00916		
				Contract/RFP#	16-430 A1		
Prepared by: Scott McGuirk				Address:	27261 Las Ramblas , Suite 220		
Title: Chief Executive Officer					Mission Viejo, CA 92391		
				Date Form Completed:	3/25/20		

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, 2020 - June 30, 2021

ITEM	TOTAL COST TO ORGANIZATIO	% 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 External Database - CANS/ANSA	\$1,204	0%	\$0	100%	\$1,204	0	1,204
2 Advertising & Recruitment	\$888	0%	\$0	100%	\$888		888
3 Client Flex Funds	\$0	0%	\$0	100%	\$0		0
4 Computer & Equipment Expense	\$5,749	0%	\$0	100%	\$5,749		5,749
5 Dues & Publications	\$0	0%	\$0	100%	\$0		0
6 EHR Support Fees	\$515	0%	\$0	100%	\$515		515
7 Furniture Expense	\$646	0%	\$0	100%	\$646		646
8 Insurance-Liability	\$4,319	0%	\$0	100%	\$4,319		4,319
9 Interest Expense	\$2,315	0%	\$0	100%	\$2,315		2,315
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
11 Office Expenses	\$5,178	0%	\$0	100%	\$5,178		5,178
12 Office Space/Occupancy	\$37,076	0%	\$0	100%	\$37,076		37,076
13 OMS - Billing Services	\$6,212	0%	\$0	100%	\$6,212		6,212
14 OMS - QA Services	\$9,659	0%	\$0	100%	\$9,659		9,659
15 OMS - Front Desk Svcs	\$10,096	0%	\$0	100%	\$10,096		10,096
16 OMS - Call Center	\$5,491	0%	\$0	100%	\$5,491		5,491
17 Program Expense: Other	\$65,756	0%	\$0	100%	\$65,756		65,756
18 Subcontractors (Psychiatrists)	\$55,385	0%	\$0	100%	\$55,385		55,385
19 Telephone & Internet	\$5,761	0%	\$0	100%	\$5,761		5,761
20 Training & Training Travel	\$301	0%	\$0	100%	\$301		301
21 Transportation Expense	\$2,022	0%	\$0	100%	\$2,022		2,022
22 Indirect Expense	\$49,607	0%	\$0	100%	\$49,607		49,607
23			\$0	100%	\$0		0
SUBTOTAL B:					\$268,181	0	268,181
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$463,000		

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2020 - 2021

Contractor Name: **South Coast Community Services**
 Provider # **LE 00916**
 Contract/RFP# **16-430 A1**
 Address: **27261 Las Ramblas, Suite 220**
Mission Viejo, CA 92391
 Date Form Completed: **3/25/20**

Prepared by: **Scott McGuirk**
 Title: **Chief Executive Officer**

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, 2020 - June 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to Indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$366 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
19 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OBM Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2020 - 2021													
										Contractor Name: South Coast Community Services			
										Provider # LE 00916			
										Contract/RFP# 16-430 A1			
										Address: 27261 Las Ramblas , Suite 220			
										Mission Viejo, CA 92391			
										Date Form Completed: 3/25/20			
Client Service Projections for:		July 1, 2020 - June 30, 2021											
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	141,311
Projected Cost per Unit													
Case Management (01-09)	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$13,890
Mental Health Services (10-50)	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$347,250
Medication Support (60)	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$92,600
Crisis Intervention (70)	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$9,260
Number of Unduplicated Clients Served	90	50	10	10	20	10	20	10	20	10	10	10	270

SAN BERNARDINO COUNTY							
DEPARTMENT OF BEHAVIORAL HEALTH							
SCHEDULE B							
		FY 2021 - 2022		Contractor Name:	South Coast Community Services		
				Provider #	LE 00916		
				Contract/RFP#	16-430 A1		
Prepared by: Scott McGuirk				Address:	27261 Las Ramblas , Suite 220		
Title: Chief Executive Officer					Mission Viejo, CA 92391		
				Date Form Completed:	3/25/20		

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, 2021 - September 30, 2021

							Budget Revision	
ITEM	TOTAL COST TO ORGANIZATIO	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget	
1	External Database - CANS/ANSA	\$301	0%	\$0	100%	\$300.95	0	301
2	Advertising & Recruitment	\$222	0%	\$0	100%	\$222.11		222
3	Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4	Computer & Equipment Expense	\$1,437	0%	\$0	100%	\$1,437.24		1,437
5	Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6	EHR Support Fees	\$129	0%	\$0	100%	\$128.65		129
7	Furniture Expense	\$162	0%	\$0	100%	\$161.53		162
8	Insurance-Liability	\$1,080	0%	\$0	100%	\$1,079.84		1,080
9	Interest Expense	\$579	0%	\$0	100%	\$578.75		579
10	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11	Office Expenses	\$1,295	0%	\$0	100%	\$1,295.00		1,295
12	Office Space/Occupancy	\$9,269	0%	\$0	100%	\$9,269.07		9,269
13	OMS - Billing Services	\$1,553	0%	\$0	100%	\$1,553.12		1,553
14	OMS - QA Services	\$2,415	0%	\$0	100%	\$2,414.66		2,415
15	OMS - Front Desk Svcs	\$2,524	0%	\$0	100%	\$2,523.95		2,524
16	OMS - Call Center	\$1,373	0%	\$0	100%	\$1,372.82		1,373
17	Program Expense: Other	\$16,439	0%	\$0	100%	\$16,439.04		16,439
18	Subcontractors (Psychiatrists)	\$13,846	0%	\$0	100%	\$13,846.15		13,846
19	Telephone & Internet	\$1,440	0%	\$0	100%	\$1,440.28		1,440
20	Training & Training Travel	\$75	0%	\$0	100%	\$75.23		75
21	Transportation Expense	\$506	0%	\$0	100%	\$505.58		506
22	Indirect Expense	\$12,402	0%	\$0	100%	\$12,401.75		12,402
23				\$0	100%	\$0.00		0
SUBTOTAL B:						\$67,046	0	67,046
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						\$115,750		

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2021 - 2022

Contractor Name: **South Coast Community Services**
 Provider # **LE 00916**
 Contract/RFP# **16-430 A1**
 Address: **27261 Las Ramblas , Suite 220**
Mission Viejo, CA 92391
 Date Form Completed: **3/25/20**

Prepared by: **Scott McGuirk**
 Title: **Chief Executive Officer**

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, 2021 - September 30, 2021

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22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OBM Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2021 - 2022													
										Contractor Name: South Coast Community Services			
										Provider # LE 00916			
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										Address: 27261 Las Ramblas , Suite 220			
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										Date Form Completed: 3/25/20			
Client Service Projections for:		July 1, 2021 - September 30, 2021											
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Units of Service (Minutes)	11,776	11,776	11,776										35,327
Projected Cost per Unit													
Case Management (01-09)	\$1,157	\$1,157	\$1,157	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,472
Mental Health Services (10-50)	\$28,938	\$28,938	\$28,938	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,813
Medication Support (60)	\$7,717	\$7,717	\$7,717	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$23,150
Crisis Intervention (70)	\$772	\$772	\$772	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,315
Number of Unduplicated Clients Served	90	10	10										110

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: South Coast Community Service	
<i>Actual Cost Contract (cost reimbursement)</i>		GMH- Redlands				Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2021 - 2022 (3 months)				Contract/RFP# 16-430 A1	
Title: Chief Executive Officer		July 1, 2021 - September 30, 2021				Address: 27261 Las Ramblas, Suite 220 Mission Viejo, CA 92391	
						Date Form Completed: 3/25/20	
						Date Form Revised:	
100%	Distribution %	3.00%	75.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
EXPENSES							
1	SALARIES	2,726	68,139	18,170	1,817		90,852
2	BENEFITS	491	12,266	3,271	327		16,354
	(1+2 must equal total staffing costs)	3,216	80,405	21,441	2,144		107,206
3	OPERATING EXPENSES	2,784	69,596	18,559	1,856		92,794
4	TOTAL EXPENSES (1+2+3)	6,000	150,000	40,000	4,000		200,000
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MEDI-CARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0
10	CONTRACT AMOUNT (4-9)	6,000	150,000	40,000	4,000		200,000
FUNDING							
Mix %		Share %					
11	85.00% MEDI-CAL (FFP)	50.00%	2,550	63,750	17,000	1,700	85,000
12	10.00% EPSDT (2011 REALIGNMENT)	36.03%	184	4,594	1,225	123	6,126
13	1991 REALIGNMENT MATCH		2,366	59,156	15,775	1,577	78,874
14							0
15							0
16	5.00% 1991 REALIGNMENT - NET COUNTY		900	22,500	6,000	600	30,000
17							0
18	FUNDING TOTAL		6,000	150,000	40,000	4,000	200,000
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20	STATE FUNDING (Including Realignment)		2,550	63,750	17,000	1,700	85,000
21	FEDERAL FUNDING		3,450	86,250	23,000	2,300	115,000
22	TOTAL FUNDING		6,000	150,000	40,000	4,000	200,000
23	MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24	TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25	UNITS OF TIME (Minutes)		2,727	50,167	7,194	952	61,040

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: South Coast Community Service	
<i>Actual Cost Contract (cost reimbursement)</i>		GMH- Redlands				Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2020 - 2021				Contract/RFP# 16-430 A1	
Title: Chief Executive Officer		July 1, 2020 - June 30, 2021				Address: 27261 Las Ramblas , Suite 220 Mission Viejo, CA 92391	
						Date Form Completed: 3/25/20	
						Date Form Revised:	
100%	Distribution %	3.00%	75.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
EXPENSES							
1	SALARIES	10,902	272,558	72,682	7,267		363,411
2	BENEFITS	1,962	49,061	13,083	1,308		65,415
	(1+2 must equal total staffing costs)	12,865	321,619	85,765	8,576		428,825
3	OPERATING EXPENSES	11,135	278,381	74,235	7,424		371,175
4	TOTAL EXPENSES (1+2+3)	24,000	600,000	160,000	16,000		800,000
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MEDI-CARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0
10	CONTRACT AMOUNT (4-9)	24,000	600,000	160,000	16,000		800,000
FUNDING							
Mix %		Share %					
11	85.00% MEDI-CAL (FFP)	50.00%	10,200	255,000	68,000	6,800	340,000
12	10.00% EPSDT (2011 REALIGNMENT)	36.03%	735	18,375	4,900	490	24,500
13	1991 REALIGNMENT MATCH		9,465	236,625	63,100	6,310	315,500
14							0
15							0
16	5.00% 1991 REALIGNMENT - NET COUNTY		3,600	90,000	24,000	2,400	120,000
17							0
18	FUNDING TOTAL		24,000	600,000	160,000	16,000	800,000
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20	STATE FUNDING (Including Realignment)		10,200	255,000	68,000	6,800	340,000
21	FEDERAL FUNDING		13,800	345,000	92,000	9,200	460,000
22	TOTAL FUNDING		24,000	600,000	160,000	16,000	800,000
23	MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24	TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25	UNITS OF TIME (Minutes)		10,909	200,669	28,777	3,809	244,164

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
Schedule B	STAFFING DETAIL									
	FY 2021 - 2022									
	July 1, 2021 - September 30, 2021								(12 months)	
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME:	South Coast Community Services									
	0.25 year									
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	3,221	38	2,729	492
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	8,143	144	6,901	1,242
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	55.21%	13,843	287	11,732	2,112
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	16.44%	3,881	86	3,289	592
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	1,206	38	1,022	184
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	12,272	520	10,400	1,872
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(12,656)		(10,726)	(1,931)
Vacancy Factor		Vacancy Factor	(26,402)	(4,752)	(31,154)	100%	(7,788)		(6,600)	(1,188)
									90,852	16,354
							TOTAL COST:		107,206	
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.										

SAN BERNARDINO COUNTY							
DEPARTMENT OF BEHAVIORAL HEALTH							
SCHEDULE B							
		FY 2021 - 2022		Contractor Name:	South Coast Community Services		
				Provider #	LE 00916		
				Contract/RFP#	16-430 A1		
Prepared by:	Scott McGuirk			Address:	27261 Las Ramblas , Suite 220		
Title:	Chief Executive Officer				Mission Viejo, CA 92391		
				Date Form Completed:	3/25/20		

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, 2021 - September 30, 2021

							Budget Revision	
ITEM	TOTAL COST TO ORGANIZATIO	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget	
1	External Database - CANS/ANSA	\$520	0%	\$0	100%	\$520.00	0	520
2	Advertising & Recruitment	\$512	0%	\$0	100%	\$512.00		512
3	Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4	Computer & Equipment Expense	\$3,312	0%	\$0	100%	\$3,312.00		3,312
5	Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6	EHR Support Fees	\$296	0%	\$0	100%	\$296.00		296
7	Furniture Expense	\$372	0%	\$0	100%	\$372.00		372
8	Insurance-Liability	\$1,466	0%	\$0	100%	\$1,466.00		1,466
9	Interest Expense	\$1,000	0%	\$0	100%	\$1,000.00		1,000
10	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11	Office Expenses	\$2,500	0%	\$0	100%	\$2,500.00		2,500
12	Office Space/Occupancy	\$10,687	0%	\$0	100%	\$10,687.00		10,687
13	OMS - Billing Services	\$3,579	0%	\$0	100%	\$3,579.00		3,579
14	OMS - QA Services	\$5,564	0%	\$0	100%	\$5,564.00		5,564
15	OMS - Front Desk Svcs	\$5,816	0%	\$0	100%	\$5,816.00		5,816
16	OMS - Call Center	\$3,163	0%	\$0	100%	\$3,163.00		3,163
17	Program Expense: Other	\$229	0%	\$0	100%	\$229.00		229
18	Subcontractors (Psychiatrists)	\$27,692	0%	\$0	100%	\$27,692.00		27,692
19	Telephone & Internet	\$3,319	0%	\$0	100%	\$3,319.00		3,319
20	Training & Training Travel	\$173	0%	\$0	100%	\$173.00		173
21	Transportation Expense	\$1,165	0%	\$0	100%	\$1,165.00		1,165
22	Indirect Expense	\$21,429	0%	\$0	100%	\$21,429.00		21,429
23				\$0	100%	\$0.00		0
SUBTOTAL B:						\$92,794	0	92,794
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						\$200,000		

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2021 - 2022

Contractor Name: **South Coast Community Services**
 Provider # **LE 00916**
 Contract/RFP# **16-430 A1**
 Address: **27261 Las Ramblas, Suite 220**
Mission Viejo, CA 92391
 Date Form Completed: **3/25/20**

Prepared by: **Scott McGuirk**
 Title: **Chief Executive Officer**

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, 2021 - September 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to Indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$366 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
19 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OBM Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2021 - 2022													
										Contractor Name: South Coast Community Services			
										Provider # LE 00916			
										Contract/RFP# 16-430 A1			
										Address: 27261 Las Ramblas , Suite 220			
										Mission Viejo, CA 92391			
										Date Form Completed: 3/25/20			
Client Service Projections for:		July 1, 2021 - September 30, 2021											
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Units of Service (Minutes)	20,347	20,347	20,347										61,040
Projected Cost per Unit													
Case Management (01-09)	\$2,000	\$2,000	\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000
Mental Health Services (10-50)	\$50,000	\$50,000	\$50,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150,000
Medication Support (60)	\$13,333	\$13,333	\$13,333	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,000
Crisis Intervention (70)	\$1,333	\$1,333	\$1,333	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,000
Number of Unduplicated Clients Served	90	10	10										110

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
SCHEDULE "B" STAFFING DETAIL										
FY 2020 - 2021										
July 1, 2020 - June 30, 2021 (12 months)										
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME: South Coast Community Services										
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	12,885	66	10,920	1,966
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	32,573	249	27,604	4,969
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	55.21%	55,374	629	46,927	8,447
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	16.44%	15,524	181	13,156	2,368
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	4,824	66	4,088	736
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	49,088	2,080	41,600	7,488
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(50,625)		(42,903)	(7,722)
Vacancy Factor			(26,402)	(4,752)	(31,154)	100%	(31,154)		(26,402)	(4,752)
									363,411	65,415
							TOTAL COST:	428,824		
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.										

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

FY 2020 - 2021

Prepared by: Scott McGuirk
Title: Chief Executive Officer

Contractor Name: **South Coast Community Services**
 Provider # **LE 00916**
 Contract/RFP# **16-430 A1**
 Address: **27261 Las Ramblas , Suite 220**
Mission Viejo, CA 92391
 Date Form Completed: **3/25/20**

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, 2020 - June 30, 2021

Budget Revision

ITEM	TOTAL COST TO ORGANIZATIO	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget	
1	External Database - CANS/ANSA	\$2,080	0%	\$0	100%	\$2,080.00	0	2,080
2	Advertising & Recruitment	\$2,047	0%	\$0	100%	\$2,047.25		2,047
3	Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4	Computer & Equipment Expense	\$13,248	0%	\$0	100%	\$13,247.59		13,248
5	Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6	EHR Support Fees	\$1,186	0%	\$0	100%	\$1,185.81		1,186
7	Furniture Expense	\$1,489	0%	\$0	100%	\$1,488.91		1,489
8	Insurance-Liability	\$5,865	0%	\$0	100%	\$5,864.50		5,865
9	Interest Expense	\$4,000	0%	\$0	100%	\$4,000.00		4,000
10	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11	Office Expenses	\$10,000	0%	\$0	100%	\$10,000.00		10,000
12	Office Space/Occupancy	\$42,750	0%	\$0	100%	\$42,749.75		42,750
13	OMS - Billing Services	\$14,316	0%	\$0	100%	\$14,315.72		14,316
14	OMS - QA Services	\$22,257	0%	\$0	100%	\$22,256.82		22,257
15	OMS - Front Desk Svcs	\$23,264	0%	\$0	100%	\$23,264.24		23,264
16	OMS - Call Center	\$12,654	0%	\$0	100%	\$12,653.86		12,654
17	Program Expense: Other	\$909	0%	\$0	100%	\$908.56		909
18	Subcontractors (Psychiatrists)	\$110,769	0%	\$0	100%	\$110,769.23		110,769
19	Telephone & Internet	\$13,276	0%	\$0	100%	\$13,275.63		13,276
20	Training & Training Travel	\$693	0%	\$0	100%	\$693.44		693
21	Transportation Expense	\$4,660	0%	\$0	100%	\$4,660.11		4,660
22	Indirect Expense	\$85,714	0%	\$0	100%	\$85,714.00		85,714
23				\$0	100%	\$0.00		0
SUBTOTAL B:						\$371,175	0	371,175
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						\$800,000		

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2020 - 2021

Contractor Name: **South Coast Community Services**
 Provider # **LE 00916**
 Contract/RFP# **16-430 A1**
 Address: **27261 Las Ramblas, Suite 220**
Mission Viejo, CA 92391
 Date Form Completed: **3/25/20**

Prepared by: **Scott McGuirk**
 Title: **Chief Executive Officer**

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, 2020 - June 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
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18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
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SAN BERNARDINO COUNTY														
DEPARTMENT OF BEHAVIORAL HEALTH														
SCHEDULE B														
FY 2020 - 2021														
											Contractor Name: South Coast Community Services			
											Provider # LE 00916			
											Contract/RFP# 16-430 A1			
											Address: 27261 Las Ramblas , Suite 220			
											Mission Viejo, CA 92391			
											Date Form Completed: 3/25/20			
Client Service Projections for:		July 1, 2020 - June 30, 2021												
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
	Units of Service (Minutes)	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	244,164
Projected Cost per Unit														
	Case Management (01-09)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$24,000
	Mental Health Services (10-50)	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$600,000
	Medication Support (60)	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$160,000
	Crisis Intervention (70)	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$16,000
	Number of Unduplicated Clients Served	90	50	10	10	20	10	20	10	20	10	10	10	270

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: South Coast Community Service		
<i>Actual Cost Contract (cost reimbursement)</i>		GMH- Upland FY 2020 - 2021 July 1, 2020 - June 30, 2021				Provider # LE 00916		
Prepared by: Scott McGuirk Title: Chief Executive Officer						Contract/RFP# 16-430 A1 Address: 27261 Las Ramblas , Suite 220 Mission Viejo, CA 92391		
						Date Form Completed: 3/25/20 Date Form Revised:		
100%	Distribution %	3.00%	75.00%	20.00%	2.00%			
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL	
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			
EXPENSES								
1	SALARIES	11,295	282,392	75,305	7,530		376,523	
2	BENEFITS	2,033	50,831	13,555	1,355		67,774	
	(1+2 must equal total staffing costs)	13,329	333,223	88,859	8,886		444,297	
3	OPERATING EXPENSES	12,261	306,527	81,741	8,174		408,703	
4	TOTAL EXPENSES (1+2+3)	25,590	639,750	170,600	17,060		853,000	
AGENCY REVENUES								
5	PATIENT FEES						0	
6	PATIENT INSURANCE						0	
7	MEDI-CARE						0	
8	GRANTS/OTHER						0	
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0	
10	CONTRACT AMOUNT (4-9)	25,590	639,750	170,600	17,060		853,000	
FUNDING								
	Mix %	Share %						
11	85.00%	MEDI-CAL (FFP)	50.00%	10,876	271,894	72,505	7,251	362,526
12	10.00%	EPSDT (2011 REALIGNMENT)	36.03%	784	19,593	5,225	522	26,124
13		1991 REALIGNMENT MATCH		10,091	252,301	67,280	6,728	336,400
14								0
15								0
16	5.00%	1991 REALIGNMENT - NET COUNTY		3,838	95,963	25,590	2,559	127,950
17								0
18		FUNDING TOTAL		25,590	639,750	170,600	17,060	853,000
19		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20		STATE FUNDING (Including Realignment)		10,875	271,894	72,505	7,250	362,524
21		FEDERAL FUNDING		14,714	367,857	98,095	9,810	490,476
22		TOTAL FUNDING		25,590	639,750	170,600	17,060	853,000
23		MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24		TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25		UNITS OF TIME (Minutes)		11,632	213,963	30,683	4,062	260,340

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: South Coast Community Services	
Actual Cost Contract (cost reimbursement)		GMH-Upland				Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2021 - 2022 July 1, 2021 - September 30, 2021				Contract/RFP# 16-430 A1	
Title: Chief Executive Officer		(3 months)				Address: 27261 Las Ramblas, Suite 220 Mission Viejo, CA 92391	
						Date Form Completed: 3/25/20	
						Date Form Revised:	
100%	Distribution %	3.00%	75.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
EXPENSES							
1	SALARIES	2,824	70,598	18,826	1,883		94,130
2	BENEFITS	508	12,708	3,389	339		16,944
(1+2 must equal total staffing costs)		3,332	83,306	22,215	2,221		111,074
3	OPERATING EXPENSES	3,065	76,632	20,435	2,044		102,176
4	TOTAL EXPENSES (1+2+3)	6,398	159,938	42,650	4,265		213,250
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MEDI-CARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0
10	CONTRACT AMOUNT (4-9)	6,398	159,938	42,650	4,265		213,250
FUNDING							
Mix %		Share %					
11	85.00% MEDI-CAL (FFP)	50.00%	2,719	67,973	18,126	1,813	90,631
12	10.00% EPSDT (2011 REALIGNMENT)	36.03%	196	4,898	1,306	131	6,531
13	1991 REALIGNMENT MATCH		2,523	63,076	16,821	1,681	84,101
14							0
15							0
16	15.00% 1991 REALIGNMENT - NET COUNTY		960	23,991	6,398	640	31,988
17							0
18	FUNDING TOTAL		6,398	159,938	42,650	4,265	213,250
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20	STATE FUNDING (Including Realignment)		2,719	67,974	18,127	1,812	90,632
21	FEDERAL FUNDING		3,679	91,964	24,524	2,453	122,619
22	TOTAL FUNDING		6,398	159,938	42,650	4,265	213,250
23	MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24	TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25	UNITS OF TIME (Minutes)		2,908	53,491	7,671	1,016	65,086

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

SCHEDULE "B" STAFFING DETAIL

FY 2020 - 2021

July 1, 2020 - June 30, 2021

(12 months)

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

CONTRACTOR NAME: South Coast Community Services

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	12,885	66	10,920	1,965
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	32,573	249	27,604	4,969
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	69.74%	69,946	629	59,276	10,670
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	17.40%	16,424	181	13,919	2,505
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	4,824	66	4,088	736
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	49,088	2,080	41,600	7,488
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(50,625)		(42,903)	(7,722)
Vacancy Factor		Vacancy Factor	(26,402)	(4,752)	(31,154)	100%	(31,154)		(26,402)	(4,752)
									376,523	67,774
						TOTAL COST:	444,297			
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,										
Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										

* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.

SAN BERNARDINO COUNTY							
DEPARTMENT OF BEHAVIORAL HEALTH							
SCHEDULE B							
				Contractor Name:	South Coast Community Services		
				Provider #	LE 00916		
				Contract/RFP#	16-430 A1		
				Address:	27261 Las Ramblas , Suite 220		
					Mission Viejo, CA 92391		
Prepared by: Scott McGuirk				Date Form Completed:	3/25/20		
Title: Chief Executive Officer							

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, 2020 - June 30, 2021

							Budget Revision	
ITEM	TOTAL COST TO ORGANIZATIO	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget	
1	External Database - CANS/ANSA	\$2,218	0%	\$0	100%	\$2,217.80	0	2,218
2	Advertising & Recruitment	\$2,047	0%	\$0	100%	\$2,047.25		2,047
3	Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4	Computer & Equipment Expense	\$13,248	0%	\$0	100%	\$13,247.59		13,248
5	Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6	EHR Support Fees	\$1,186	0%	\$0	100%	\$1,185.81		1,186
7	Furniture Expense	\$1,489	0%	\$0	100%	\$1,488.91		1,489
8	Insurance-Liability	\$5,865	0%	\$0	100%	\$5,864.50		5,865
9	Interest Expense	\$4,265	0%	\$0	100%	\$4,265.00		4,265
10	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11	Office Expenses	\$11,932	0%	\$0	100%	\$11,931.67		11,932
12	Office Space/Occupancy	\$70,536	0%	\$0	100%	\$70,536.25		70,536
13	OMS - Billing Services	\$14,316	0%	\$0	100%	\$14,315.72		14,316
14	OMS - QA Services	\$22,257	0%	\$0	100%	\$22,256.82		22,257
15	OMS - Front Desk Svcs	\$23,264	0%	\$0	100%	\$23,264.24		23,264
16	OMS - Call Center	\$12,654	0%	\$0	100%	\$12,653.86		12,654
17	Program Expense: Other	\$2,636	0%	\$0	100%	\$2,636.45		2,636
18	Subcontractors (Psychiatrists)	\$110,769	0%	\$0	100%	\$110,769.23		110,769
19	Telephone & Internet	\$13,276	0%	\$0	100%	\$13,275.63		13,276
20	Training & Training Travel	\$693	0%	\$0	100%	\$693.44		693
21	Transportation Expense	\$4,660	0%	\$0	100%	\$4,660.11		4,660
22	Indirect Expense	\$91,393	0%	\$0	100%	\$91,393.00		91,393
23				\$0	100%	\$0.00		0
SUBTOTAL B:						\$408,703	0	408,703
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						\$853,000		

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2020 - 2021

Contractor Name: **South Coast Community Services**
 Provider #: **LE 00916**
 Contract/RFP#: **16-430 A1**
 Address: **27261 Las Ramblas , Suite 220**
Mission Viejo, CA 92391
 Date Form Completed: **3/25/20**

Prepared by: **Scott McGuirk**
 Title: **Chief Executive Officer**

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, 2020 - June 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
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SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2020 - 2021													
											Contractor Name: South Coast Community Services		
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											Address: 27261 Las Ramblas , Suite 220		
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											Date Form Completed: 3/25/20		
Client Service Projections for:		July 1, 2020 - June 30, 2021											
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	260,340
Projected Cost per Unit													
Case Management (01-09)	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$25,590
Mental Health Services (10-50)	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$639,750
Medication Support (60)	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$170,600
Crisis Intervention (70)	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$17,060
Number of Unduplicated Clients Served	90	50	10	10	20	10	20	10	20	10	10	10	270

SAN BERNARDINO COUNTY							
DEPARTMENT OF BEHAVIORAL HEALTH							
SCHEDULE B							
		FY 2021 - 2022		Contractor Name:	South Coast Community Services		
				Provider #	LE 00916		
				Contract/RFP#	16-430 A1		
Prepared by:	Scott McGuirk			Address:	27261 Las Ramblas , Suite 220		
Title:	Chief Executive Officer				Mission Viejo, CA 92391		
				Date Form Completed:	3/25/20		

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, 2021 - September 30, 2021

							Budget Revision	
ITEM	TOTAL COST TO ORGANIZATIO	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget	
1	External Database - CANS/ANSA	\$554	0%	\$0	100%	\$554.00	0	554
2	Advertising & Recruitment	\$512	0%	\$0	100%	\$512.00		512
3	Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4	Computer & Equipment Expense	\$3,312	0%	\$0	100%	\$3,312.00		3,312
5	Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6	EHR Support Fees	\$296	0%	\$0	100%	\$296.00		296
7	Furniture Expense	\$372	0%	\$0	100%	\$372.00		372
8	Insurance-Liability	\$1,466	0%	\$0	100%	\$1,466.00		1,466
9	Interest Expense	\$1,066	0%	\$0	100%	\$1,066.00		1,066
10	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11	Office Expenses	\$2,983	0%	\$0	100%	\$2,983.00		2,983
12	Office Space/Occupancy	\$17,634	0%	\$0	100%	\$17,634.00		17,634
13	OMS - Billing Services	\$3,579	0%	\$0	100%	\$3,579.00		3,579
14	OMS - QA Services	\$5,564	0%	\$0	100%	\$5,564.00		5,564
15	OMS - Front Desk Svcs	\$5,816	0%	\$0	100%	\$5,816.00		5,816
16	OMS - Call Center	\$3,163	0%	\$0	100%	\$3,163.00		3,163
17	Program Expense: Other	\$662	0%	\$0	100%	\$662.00		662
18	Subcontractors (Psychiatrists)	\$27,692	0%	\$0	100%	\$27,692.00		27,692
19	Telephone & Internet	\$3,319	0%	\$0	100%	\$3,319.00		3,319
20	Training & Training Travel	\$173	0%	\$0	100%	\$173.00		173
21	Transportation Expense	\$1,165	0%	\$0	100%	\$1,165.00		1,165
22	Indirect Expense	\$22,848	0%	\$0	100%	\$22,848.00		22,848
23				\$0	100%	\$0.00		0
SUBTOTAL B:						\$102,176	0	102,176
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						\$213,250		

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2021 - 2022

Contractor Name: **South Coast Community Services**
 Provider #: **LE 00916**
 Contract/RFP#: **16-430 A1**
 Address: **27261 Las Ramblas , Suite 220**
Mission Viejo, CA 92391
 Date Form Completed: **3/25/20**

Prepared by: **Scott McGuirk**
 Title: **Chief Executive Officer**

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, 2021 - September 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$366 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
19 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2021 - 2022													
										Contractor Name: South Coast Community Services			
										Provider # LE 00916			
										Contract/RFP# 16-430 A1			
										Address: 27261 Las Ramblas , Suite 220			
										Mission Viejo, CA 92391			
										Date Form Completed: 3/25/20			
Client Service Projections for:		July 1, 2021 - September 30, 2021											
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Units of Service (Minutes)	21,695	21,695	21,695										65,086
Projected Cost per Unit													
Case Management (01-09)	\$2,133	\$2,133	\$2,133	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,398
Mental Health Services (10-50)	\$53,313	\$53,313	\$53,313	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$159,938
Medication Support (60)	\$14,217	\$14,217	\$14,217	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,650
Crisis Intervention (70)	\$1,422	\$1,422	\$1,422	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,265
Number of Unduplicated Clients Served	90	10	10										110

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY				Contractor Name: South Coast Community Service	
		DEPARTMENT OF BEHAVIORAL HEALTH				Provider # LE 00916	
Actual Cost Contract (cost reimbursement)		GMH- Yucaipa				Contract/RFP# 16-430 A1	
		FY 2020 - 2021				Address: 27261 Las Ramblas , Suite 220	
Prepared by: Scott McGuirk		July 1, 2020 - June 30, 2021				Mission Viejo, CA 92391	
Title: Chief Executive Officer						Date Form Completed:	
						Date Form Revised:	
100%	Distribution %	3.00%	75.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
EXPENSES							
1	SALARIES	8,588	214,698	57,253	5,725		286,264
2	BENEFITS	1,546	38,646	10,306	1,031		51,528
	(1+2 must equal total staffing costs)	10,134	253,344	67,558	6,756		337,792
3	OPERATING EXPENSES	10,386	259,656	69,242	6,924		346,208
4	TOTAL EXPENSES (1+2+3)	20,520	513,000	136,800	13,680		684,000
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MEDI-CARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0
10	CONTRACT AMOUNT (4-9)	20,520	513,000	136,800	13,680		684,000
FUNDING							
Mix %		Share %					
11	85.00% MEDI-CAL (FFP)	50.00%	8,721	218,025	58,140	5,814	290,700
12	10.00% EPSDT (2011 REALIGNMENT)	36.03%	628	15,711	4,190	419	20,948
13	1991 REALIGNMENT MATCH		8,093	202,314	53,950	5,395	269,752
14							0
15							0
16	5.00% 1991 REALIGNMENT - NET COUNTY		3,078	76,950	20,520	2,052	102,600
17							0
18	FUNDING TOTAL		20,520	513,000	136,800	13,680	684,000
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20	STATE FUNDING (Including Realignment)		8,721	218,025	58,140	5,814	290,700
21	FEDERAL FUNDING		11,799	294,975	78,660	7,866	393,300
22	TOTAL FUNDING		20,520	513,000	136,800	13,680	684,000
23	MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24	TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25	UNITS OF TIME (Minutes)		9,327	171,572	24,604	3,257	208,760

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY				Contractor Name: South Coast Community Service	
		DEPARTMENT OF BEHAVIORAL HEALTH				Provider # LE 00916	
Actual Cost Contract (cost reimbursement)		GMH- Yucaipa				Contract/RFP# 16-430 A1	
		FY 2021 - 2022				(3 months) Address: 27261 Las Ramblas , Suite 220	
Prepared by: Scott McGuirk		July 1, 2021 - September 30, 2021				Mission Viejo, CA 92391	
Title: Chief Executive Officer						Date Form Completed: 3/25/20	
						Date Form Revised:	
100%	Distribution %	3.00%	75.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
EXPENSES							
1	SALARIES	2,147	53,675	14,313	1,431		71,566
2	BENEFITS	386	9,662	2,576	258		12,882
	(1+2 must equal total staffing costs)	2,533	63,336	16,890	1,689		84,448
3	OPERATING EXPENSES	2,597	64,914	17,310	1,731		86,552
4	TOTAL EXPENSES (1+2+3)	5,130	128,250	34,200	3,420		171,000
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MEDI-CARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0
10	CONTRACT AMOUNT (4-9)	5,130	128,250	34,200	3,420		171,000
FUNDING							
Mix %		Share %					
11	85.00% MEDI-CAL (FFP)	50.00%	2,180	54,506	14,535	1,454	72,675
12	10.00% EPSDT (2011 REALIGNMENT)	36.03%	157	3,928	1,047	105	5,237
13	1991 REALIGNMENT MATCH		2,023	50,579	13,488	1,348	67,438
14							0
15							0
16	5.00% 1991 REALIGNMENT - NET COUNTY		769	19,238	5,130	513	25,650
17							0
18	FUNDING TOTAL		5,130	128,250	34,200	3,420	171,000
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20	STATE FUNDING (Including Realignment)		2,180	54,507	14,535	1,453	72,675
21	FEDERAL FUNDING		2,949	73,744	19,665	1,967	98,325
22	TOTAL FUNDING		5,130	128,250	34,200	3,420	171,000

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
SCHEDULE "B" STAFFING DETAIL										
FY 2020 - 2021										
July 1, 2020 - June 30, 2021 (12 months)										
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME: South Coast Community Services										
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	5.91%	10,454	66	8,858	1,595
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	22.40%	26,427	249	22,396	4,031
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	44.79%	44,926	629	38,073	6,853
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	12.33%	11,643	181	9,867	1,776
Admin Assistant		Admin Assistant	56,160	10,109	66,269	5.91%	3,914	66	3,317	597
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	49,088	2,080	41,600	7,488
Bilingual/License Rate Variable			(33,529)	(6,035)	(39,564)	100%	(39,564)		(33,529)	(6,035)
Vacancy Factor		Vacancy Factor	(20,633)	(3,714)	(24,347)	100%	(24,347)		(20,633)	(3,714)
									286,264	51,528
TOTAL COST:							337,792			
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										

* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.

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

FY 2020 - 2021

Prepared by: Scott McGuirk
Title: Chief Executive Officer

South Coast Community Services
Contractor Name: **LE 00916**
Provider # **LE 00916**
Contract/RFP# **16-430 A1**
Address: **27261 Las Ramblas, Suite 220**
Mission Viejo, CA 92391
Date Form Completed:

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, 2020 - June 30, 2021

Budget Revision

ITEM	TOTAL COST TO ORGANIZATIO	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1 External Database - CANS/ANSA	\$1,778	0%	\$0	100%	\$1,778.40	0	1,778
2 Advertising & Recruitment	\$1,661	0%	\$0	100%	\$1,660.98		1,661
3 Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4 Computer & Equipment Expenses	\$10,748	0%	\$0	100%	\$10,748.04		10,748
5 Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6 EHR Support Fees	\$962	0%	\$0	100%	\$962.07		962
7 Furniture Expense	\$1,208	0%	\$0	100%	\$1,207.99		1,208
8 Insurance-Liability	\$5,349	0%	\$0	100%	\$5,349.46		5,349
9 Interest Expense	\$3,420	0%	\$0	100%	\$3,420.00		3,420
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11 Office Expenses	\$9,680	0%	\$0	100%	\$9,680.41		9,680
12 Office Space/Occupancy	\$44,023	0%	\$0	100%	\$44,022.68		44,023
13 OMS - Billing Services	\$11,615	0%	\$0	100%	\$11,614.64		11,615
14 OMS - QA Services	\$18,057	0%	\$0	100%	\$18,057.42		18,057
15 OMS - Front Desk Svcs	\$18,875	0%	\$0	100%	\$18,874.76		18,875
16 OMS - Call Center	\$10,266	0%	\$0	100%	\$10,266.34		10,266
17 Program Expense: Other	\$37,088	0%	\$0	100%	\$37,087.95		37,088
18 Subcontractors (Psychiatrists)	\$83,077	0%	\$0	100%	\$83,076.92		83,077
19 Telephone & Internet	\$10,771	0%	\$0	100%	\$10,770.80		10,771
20 Training & Training Travel	\$563	0%	\$0	100%	\$562.60		563
21 Transportation Expense	\$3,781	0%	\$0	100%	\$3,780.85		3,781
22 Indirect Expense	\$73,286	0%	\$0	100%	\$73,286.00		73,286
23			\$0	100%	\$0.00		0
14			\$0	100%	\$0.00		0
15							0
SUBTOTAL B:					\$346,208	0	346,208
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$684,000		

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2020 - 2021

Contractor Name: **South Coast Community Services**
 Provider # **LE 00916**
 Contract/RFP# **16-430 A1**
 Address: **27261 Las Ramblas, Suite 220**
Mission Viejo, CA 92391
 Date Form Completed:

Prepared by: **Scott McGuirk**
 Title: **Chief Executive Officer**

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, 2020 - June 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to Indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$366 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
19 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2020 - 2021													
											Contractor Name: South Coast Community Services		
											Provider # LE 00916		
											Contract/RFP# 16-430 A1		
											Address: 27261 Las Ramblas , Suite 220		
											Mission Viejo, CA 92391		
											Date Form Completed:		
Client Service Projections for:		July 1, 2020 - June 30, 2021											
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	208,760
Projected Cost per Unit													
Case Management (01-09)	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$20,520
Mental Health Services (10-50)	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$513,000
Medication Support (60)	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$136,800
Crisis Intervention (70)	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$13,680
Number of Unduplicated Clients Served	90	50	10	10	20	10	20	10	20	10	10	10	270

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
SCHEDULE "B" STAFFING DETAIL										
FY 2021 - 2022										
July 1, 2021 - September 30, 2021 (3 months)										
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME: South Coast Community Services 0.25 year										
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	3,221	38	2,729	492
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	8,143	144	6,901	1,242
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	69.74%	17,487	363	14,819	2,668
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	17.40%	4,106	90	3,480	626
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	1,206	38	1,022	184
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	12,272	520	10,400	1,872
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(12,656)		(10,726)	(1,931)
Vacancy Factor		Vacancy Factor	(26,402)	(4,752)	(31,154)	100%	(7,788)		(6,600)	(1,188)
									94,130	16,944
							TOTAL COST:		111,074	
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.										

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

Contractor Name: **South Coast Community Services**
 Provider # **LE 00916**
 Contract/RFP# **16-430 A1**
 Address: **27261 Las Ramblas , Suite 220**
Mission Viejo, CA 92391
 Date Form Completed: **3/25/20**

Prepared by: **Scott McGuirk**
 Title: **Chief Executive Officer**

FY 2021 - 2022

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, 2021 - September 30, 2021

						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	External Database - CANS/ANSA	\$445	0%	\$0	100%	\$445	0	445
2	Advertising & Recruitment	\$415	0%	\$0	100%	\$415		415
3	Client Flex Funds	\$0	0%	\$0	100%	\$0		0
4	Computer & Equipment Expenses	\$2,687	0%	\$0	100%	\$2,687		2,687
5	Dues & Publications	\$0	0%	\$0	100%	\$0		0
6	EHR Support Fees	\$241	0%	\$0	100%	\$241		241
7	Furniture Expense	\$302	0%	\$0	100%	\$302		302
8	Insurance-Liability	\$1,337	0%	\$0	100%	\$1,337		1,337
9	Interest Expense	\$855	0%	\$0	100%	\$855		855
10	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
11	Office Expenses	\$2,420	0%	\$0	100%	\$2,420		2,420
12	Office Space/Occupancy	\$11,006	0%	\$0	100%	\$11,006		11,006
13	OMS - Billing Services	\$2,904	0%	\$0	100%	\$2,904		2,904
14	OMS - QA Services	\$4,514	0%	\$0	100%	\$4,514		4,514
15	OMS - Front Desk Svcs	\$4,719	0%	\$0	100%	\$4,719		4,719
16	OMS - Call Center	\$2,567	0%	\$0	100%	\$2,567		2,567
17	Program Expense: Other	\$9,270	0%	\$0	100%	\$9,270		9,270
18	Subcontractors (Psychiatrists)	\$20,769	0%	\$0	100%	\$20,769		20,769
19	Telephone & Internet	\$2,693	0%	\$0	100%	\$2,693		2,693
20	Training & Training Travel	\$141	0%	\$0	100%	\$141		141
21	Transportation Expense	\$945	0%	\$0	100%	\$945		945
22	Indirect Expense	\$18,322	0%	\$0	100%	\$18,322		18,322
23				\$0	100%	\$0		0
SUBTOTAL B:						\$86,552	0	86,552
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						\$171,000		

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

FY 2021 - 2022

Contractor Name: **South Coast Community Services**

Provider # **LE 00916**

Contract/RFP# **16-430 A1**

Address: **27261 Las Ramblas , Suite 220**

Mission Viejo, CA 92391

Date Form Completed: **3/25/20**

Prepared by: **Scott McGuirk**
Title: **Chief Executive Officer**

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, 2021 - September 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
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22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2021 - 2022													
										Contractor Name: South Coast Community Services			
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										Address: 27261 Las Ramblas , Suite 220			
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										Date Form Completed: 3/25/20			
Client Service Projections for: July 1, 2021 - September 30, 2021													
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Units of Service (Minutes)	17,397	17,397	17,397										52,190
Projected Cost per Unit													
Case Management (01-09)	\$1,710	\$1,710	\$1,710	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,130
Mental Health Services (10-50)	\$42,750	\$42,750	\$42,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$128,250
Medication Support (60)	\$11,400	\$11,400	\$11,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,200
Crisis Intervention (70)	\$1,140	\$1,140	\$1,140	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,420
Number of Unduplicated Clients Served	90	10	10										110