

Contract Number

21-692 A-2

SAP Number 4400017814

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	South Coast Children's Society, Inc.
	dba South Coast Community
	Services
Contractor Representative	Gil Garcia
Telephone Number	(714) 966-8603
Contract Term	October 1, 2021, through
	September 30, 2026
Original Contract Amount	\$ 9,260,000
Amendment Amount	\$ 3,069,103
Total Contract Amount	\$12,329,103
Cost Center	9206291000
Grant Number (If applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

IN THAT CERTAIN **Contract No. 21-692** by and between San Bernardino County, a political subdivision of the State of California, hereinafter called the County, and South Coast Children's Society dba South Coast Community Services, hereinafter called the Contractor, for General Mental Health outpatient services, which Contract first became effective October 1, 2021, the following changes are hereby made and agreed to:

- I. ARTICLE V <u>FUNDING AND BUDGETARY RESTRICTIONS</u>, paragraph I and J are hereby amended to read as follows:
 - I. The contract amendment amount of \$3,069,103 shall increase the total contract amount from \$9,260,000 to \$12,329,103 for the contract term.
 - J. This amendment hereby adds Schedules A and B for FY 2024-25, 2025-26 and 2026-27 as set forth in Exhibit I. All previously approved schedules remain in effect.
- II. ARTICLE V <u>PROVISIONAL PAYMENT</u>, paragraph D.2 is hereby amended to read as follows:

- D.2 Payments for partial fiscal years (FY 2021/22, FY 2024/25, FY 2025/26, FY 2026/27) will be at different allocation rates. For FY 2021/22, FY 2024/25, and FY 2025/26, payments will be one-ninth (1/9) of the maximum allocations for the mode of service. For FY 2024/25, FY 2025/26, and FY 2026/27, payments will be one-third (1/3) of the maximum allocation for the mode of service.
- III. ARTICLE XVII<u>PERSONNEL</u>, paragraph M is hereby replaced in its entirety and revised as follows:
 - M. Levine Act Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

Contractor has disclosed to the County using Attachment III – Levine Act Campaign Contribution Disclosure Senate Bill (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor's proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$500 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.

- IV. ARTICLE XIV <u>DURATION AND TERMINATION</u>, paragraph A is hereby amended to read as follows:
 - A. The term of this Agreement shall be from October 1, 2021, through September 30, 2026, inclusive.
- V. ATTACHMENT III Campaign Contributions Disclosure (SB1439) is hereby replaced with Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached.
- VI. Exhibit I Schedules A and B for FY 2024-25, 2025-26 and 2026-27 are hereby added.

VII. All other terms and conditions remain in full force and effect.

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

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY			oast Children's Society, Inc. dba South Coast Community Services be name of corporation, company, contractor, etc.)				
Dawn Rowe, Chair, Board of Super	visors	Ву _►	(Authorized signature - sign in blue ink)				
Dated: SIGNED AND CERTIFIED THAT A DOCUMENT HAS BEEN DELIVER		Name Gil Garcia (Print or type name of person signing contract)					
CHAIRMAN OF THE BOARD Lynna Monell	ard of Supervisors	Title Chief Financial Officer (Print or Type)					
of San Bernar							
ByDept	14.7	Dated:					
Дерг	uty	Address	25910 Acero, Suite 160				
			Mission Viejo, CA 92691				
FOR COUNTY USE ONLY							
Approved as to Legal Form	Reviewed for Contract	Compliance	Reviewed/Approved by Department				
Dawn Martin, Deputy County Counsel	Michael Shin, Administ	rative Manager	Georgina Yoshioka, Director				
Date	Date		Date				

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society **General Mental Health** Actual Cost Contract (cost reimbursement) Provider # (GMH) #24-174 & 24-178 (Upland) Contract/RFP# FY 2025 - 2026 (3 Months) Address: 25910 Acero, Suite 160 Prepared by: Gil A. Garcia July 1, 2025 - September 30, 2025 Mission Vieio, CA 92691 Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025 15-Outpatient LINE MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient Case Mental Health Medication Crisis Intervention TOTAL SERVICE FUNCTION Management (01-Services Support 09) (10-50)(60)# Distribution % 3.00% 85.00% 10.00% 2.00% EXPENSES SALARIES 3.936 111,526 13,121 2,624 0 131,207 BENEFITS 3 748 21,190 2,493 499 0 24,930 (2+3 must equal total staffing costs) 4.684 132,716 15.614 3.123 0 156,136 OPERATING EXPENSES 55,726 6,556 65,560 1,967 1,311 0 TOTAL EXPENSES (2+3+4) 5 6.651 188.442 22,170 4.434 0 221,696 AGENCY REVENUES PATIENT FEES 6 0 PATIENT INSURANCE 0 MEDI-CARE 8 0 9 GRANTS/OTHER 0 TOTAL AGENCY REVENUES (6+7+8+9) 10 0 0 0 0 0 0 CONTRACT AMOUNT (5-10) 6,651 188,442 22,170 4,434 221,696 11 0 FUNDING Share % MEDI-CAL (FFP) 12 94.08% 50.00% 3.129 88.643 10,429 2.086 0 104,287 231 2,313 13 3.08% EPSDT (2011 Realignment) 36.03% 69 1,967 46 0 3.059 2.039 14 1991 Realignment Match 86,676 10,197 0 101,972 13.97% 15 0 0 0 0 0 1991 Realignment - Net County 394 262 16 5.92% 11,156 1,312 0 13,124 6.651 188.442 22,170 4.434 0 17 FUNDING TOTAL 221,696 NET COUNTY FUNDS (Local Cost) MUST = ZERO 18 0 0 0 19 STATE FUNDING (Including Realignment) 3,522 99,799 11,741 2,348 0 117,409 FEDERAL FUNDING 20 3.129 88.643 10.429 2.086 0 104,287 21 TOTAL FUNDING 221,696 6,651 188,442 22,170 4,434 0 \$0.00 22 TARGET COST PER UNIT OF SERVICE \$0.81 \$1.10 \$2.04 \$1.54 23 UNITS OF TIME (Minutes) 8,247 171,925 10,877 2,880 0 193,929 APPROVED: Heather Louer Thelma Rodriguez 02/18/2025 02/18/2025 02/18/2025 Heather Louer (Feb 18, 2025 13:36 PST) PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE Gil A. Garcia Thelma Rodriguez Heather Louer DBH FISCAL SERVICES (PRINT NAME) PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME) **CFO** Administrative Supervisor I DBH FISCAL Roger Ma

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL FY 2025 - 2026

July 1, 2025 - September 30, 2025

(3 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.25 year

Name	0.25 year													
Name					Position is not							_		Total Benefits Charged to
License	Nan	ne Degi	ree/	Position			Time	Time	Full Time	Allocated	and Benefits	Hours of	_	Contract
TBD		Lice	nse	Title			Annual	Fringe	Salaries &	Contract	Charged to	Contract		Services
TBD					to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	IBD	LMFT/L	CSW I	Program Director	N	D	150,000	28,500	178,500	27.0%			10,125	1,924
TBD	IBD	LMFT/L	CSW I	Program Supervisor	N	D	103,785	19,719	123,504	65.0%	20,069		16,865	3,204
TBD	IBD	LMFT/L	CSW/A	Clinicians	Y	D	83,250	15,818	99,068	300.0%				11,863
TBD	IBD	LMFT/L	CSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	16.0%	3,963		3,330	633
TBD LPT Licensed Psych Tech Y D 71,000 13,490 84,490 32.0% 6,759 5,680 1 TBD Program Admin Assistant N D 52,000 9,880 61,880 32.0% 4,950 4,160 TBD Client Care Coordinator N D 55,000 10,450 65,450 64.0% 10,472 8,800 1 TBD Medi-Cal Billing Analyst N D 62,400 11,856 74,256 27.0% 5,012 4,212 TBD QA Support N D 57,000 10,830 67,830 16.0% 2,713 2,280 TBD Office Coordinator N D 52,000 9,880 61,880 32.0% 4,950 4,160 TBD Financial Analyst N D 110,000 20,900 130,900 2.8% 916 770 TBD MD Subcontracted Psychiatrist Y C 520,000 0 17.0% <td>IBD</td> <td>LMFT/L</td> <td>CSW/A</td> <td>Clinical Supervisor</td> <td>N</td> <td>D</td> <td>94,350</td> <td>17,927</td> <td>112,277</td> <td>8.0%</td> <td>2,246</td> <td></td> <td>1,887</td> <td>359</td>	IBD	LMFT/L	CSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	8.0%	2,246		1,887	359
TBD	IBD		1	Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%			6,500	1,235
TBD	IBD	LPT		Licensed Psych Tech	Y	D	71,000		84,490					1,079
TBD Medi-Cal Billing Analyst N D 62,400 11,856 74,256 27.0% 5,012 4,212 TBD QA Support N D 57,000 10,830 67,830 16.0% 2,713 2,280 TBD Office Coordinator N D 520,000 9,880 61,880 32.0% 4,950 4,160 TBD Financial Analyst N D 110,000 20,900 130,900 2.8% 916 770 TBD MD Subcontracted Psychiatrist Y C 520,000 0 520,000 17.0% 0 0 TBD MD Subcontracted Psychiatrist Y C 520,000 0 520,000 17.0% 0 0 TBD MD Subcontracted Psychiatrist Y C 520,000 0 0 0 0 TBD Y TBD TBD TBD TBD TBD TBD TBD TBD TBD	IBD		1	Program Admin Assistant	N	D	52,000	9,880		32.0%				791
TBD QA Support N D 57,000 10,830 67,830 16.0% 2,713 2,280 TBD Office Coordinator N D 52,000 9,880 61,880 32.0% 4,950 4,160 TBD Financial Analyst N D 110,000 20,900 130,900 2.8% 916 770 TBD MD Subcontracted Psychiatrist Y C 520,000 0 520,000 17.0% 0 0 B O O O O O O O O B O	IBD			Client Care Coordinator	N	D	55,000	10,450	65,450					1,672
TBD Office Coordinator N D 52,000 9,880 61,880 32.0% 4,950 4,160 TBD Financial Analyst N D 110,000 20,900 130,900 2.8% 916 770 TBD MD Subcontracted Psychiatrist Y C 520,000 0 520,000 17.0% 0 0 C 520,000 0 520,000 17.0% 0 0 0 C 520,000 0 520,000 17.0% 0 0 0 C 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 0 0 0 C 0 0 0 <t< td=""><td>TBD</td><td></td><td></td><td>Medi-Cal Billing Analyst</td><td>N</td><td>D</td><td>62,400</td><td>11,856</td><td>74,256</td><td>27.0%</td><td></td><td></td><td></td><td>800</td></t<>	TBD			Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	27.0%				800
TBD Financial Analyst N D 110,000 20,900 130,900 2.8% 916 770 TBD MD Subcontracted Psychiatrist Y C 520,000 0 520,000 17.0% 0 0 C 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 0 0 0 C 0 0 0 0 0 0 0 0 0 0 0	IBD			QA Support	N	D	57,000	10,830	67,830	16.0%			2,280	433
TBD MD Subcontracted Psychiatrist Y C 520,000 0 520,000 17.0% 0 0 0 </td <td>IBD</td> <td></td> <td></td> <td>Office Coordinator</td> <td>N</td> <td>D</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>791</td>	IBD			Office Coordinator	N	D	-							791
Y 0 0 0 Y 0 0 0 Y 0 0 0 Y 0 0 0 Y 0 0 0 Y 0 0 0 Y 0 0 0 Y 0 0 0 0 0 0 0 0 0 0 0	IBD		1	Financial Analyst	N	D	110,000	20,900	130,900	2.8%	916		770	146
Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IBD	MD		Subcontracted Psychiatrist	Y	С	520,000	0	520,000	17.0%	0		0	0
Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									0		0		0	0
Y 0 0 0 0 0 0 Y 0 Y 0 0 0 0 0 0 0 0 0 0											_			0
Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					Y									0
Y 0 0 0					Y									0
					Y				0		0		0	0
121 207 2					Y				0		0		0	0
151,207 25	·	·					·		·				131,207	24,930

TOTAL COST: 156,136

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Prepared by: Gil A. Garcia Title: CFO Contractor Name: South Coast Children's Society
Provider #

Contract/RFP# #24-174 & 24-178 (Upland)

Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691

Mission V

Date Form Completed: 1/29/2025

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

July 1, 2025 - September 30, 2025

		(3 Months)		- Oui,	y 1, 2025 - September	55, 2525	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	Advertising & Recruitment	\$290	0%	\$0	100%	\$290	0	290
2	Computer & Equipment Expenses	\$1,053	0%	\$0	100%	\$1,053		1,053
	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$924	0%	\$0	100%	\$924		924
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$2,639	0%	\$0	100%	\$2,639		2,639
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$261	0%	\$0	100%	\$261		261
10	Office Space/Occupancy	\$7,918	0%	\$0	100%	\$7,918		7,918
11	Program Expense: Other	\$950	0%	\$0	100%	\$950		950
12	Subcontractors (Psychiatrists)	\$22,100	0%	\$0	100%	\$22,100		22,100
13	Telephone & Internet	\$1,564	0%	\$0	100%	\$1,564		1,564
14	Training & Training Travel	\$500	0%	\$0	100%	\$500		500
15	Transportation Expense	\$135	0%	\$0	100%	\$135		135
16	Indirect Expense	\$27,226	0%	\$0	100%	\$27,226		27,226
	BTOTAL B:	\$65,560		\$0		\$65,560	0	65,560
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:			\$221,696	0	221,696

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

Prepared by: Title: Gil A. Garcia CFO Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Upland)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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

July 1, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.17 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$22,100 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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 Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

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

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)					Contractor Nar	ne: South Coast	Children's S	ociety			
	Old County Cont	tract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provide	r#					
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RF	P# #24-174 & 2	4-178 (Uplan	d)			
	Agen	ncy Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Addre	ss: 25910 Acerd	, Suite 160				
		NOTE: If no estat	alished agency per r	alished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691			
	Target Cost F	Per Unit of Service	\$0.81	\$1.10	\$1.54	\$1.54	Date Form Complet						
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form Revis	ed: 2/18/2025			_		
				Projec	ted Revenue Gen	erated by Service	Туре		Starting	Census	115		
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly		
Jul-25	64,643	4.15	\$2,217	\$62,814	\$7,390	\$1,478			13	13	115		
Aug-25	64,643	4.15	\$2,217	\$62,814	\$7,390	\$1,478			13	13	115		
Sep-25	64,643	4.15	\$2,217	\$62,814	\$7,390	\$1,478			13	13	115		
Oct-25			\$0	\$0	\$0	\$0							
Nov-25			\$0	\$0	\$0	\$0							
Dec-25			\$0	\$0	\$0	\$0							
Jan-26			\$0	\$0	\$0	\$0							
Feb-26			\$0	\$0	\$0	\$0							
Mar-26			\$0	\$0	\$0	\$0							
Apr-26			\$0	\$0	\$0	\$0							
May-26			\$0	\$0	\$0	\$0							
Jun-26			\$0	\$0	\$0	\$0							
TOTAL	193,929		\$6,651	\$188,442	\$22,170	\$4,434			39	39			
				•	Total Revenue		\$221,69	6 Undupl	icated Clie	nts Served	154		
							Estimate	Cost Per Client:	\$1,440				

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
8,247	171,925	10,877	2,880	193,929
687	14327	906	240	16161
6	125	8	2	141
0.10	2.08	0.13	0.03	2.34

Avg Monthly Census	Expected Length of Program (months)
115	12

Total Hours Per Unduplicated Client for Duration of the Program: 28.11

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month **SCHEDULE A - Planning Estimates**

SAN BERNARDINO COUNTY

		DEP	ARTMENT OF BEHAVIORAL HE	ALTH	Contractor Name:	South Coast Children's Society
Actual Cost Co	ontract (cost reimbursement)		General Mental Health	1	Provider #	
		(GMH)		Contract/RFP#	#24-174 & 24-178 (Yucaipa)	
			FY 2025 - 2026	(3 Months)	Address:	25910 Acero, Suite 160
Prepared by:	Gil A. Garcia		July 1, 2025 - September 30, 2	2025		Mission Viejo, CA 92691

Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025

THE RESERVE		WORE OF SERVICE	45	45		e Form Revised.	27 10/2020	
LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		
#		SERVICE FUNCTION	Case Management (01- 09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL
1	100%	Distribution %	3.00%	85.00%	10.00%	2.00%		
		EXPENSES						
2		SALARIES	2,721	77,087	9,069	1,814	0	90,691
3		BENEFITS	517	14,647	1,723	345	0	17,232
		(2+3 must equal total staffing costs)	3,238	91,734	10,792	2,158	0	107,922
4		OPERATING EXPENSES	1,317	37,326	4,391	878	0	43,913
5		TOTAL EXPENSES (2+3+4)	4,555	129,060	15,184	3,037	0	151,835
		AGENCY REVENUES						
6		PATIENT FEES						0
7		PATIENT INSURANCE						0
8		MEDI-CARE						0
9		GRANTS/OTHER						0
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)	4,555	129,060	15,184	3,037	0	151,835
	Mix %	FUNDING Share %						
12		MEDI-CAL (FFP) 50.00%	2,143	60,710	7,142	1,428	0	71,423
13	3.08%	EPSDT (2011 Realignment) 36.03%	48	1,347	159	32	0	1,586
14		1991 Realignment Match 13.97%	2,094	59,363	6,984	1,397	0	69,838
15			0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County	270	7,640	899	180	0	8,989
17		FUNDING TOTAL	4,555	129,060	15,184	3,037	0	151,835
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	2,412	68,350	8,042	1,609	0	80,412
20		FEDERAL FUNDING	2,143	60,710	7,142	1,428	0	71,423
21		TOTAL FUNDING	4,555	129,060	15,184	3,037	0	151,835
22		TARGET COST PER UNIT OF SERVICE	\$0.79	\$1.07	\$2.00	\$1.51	\$0.00	
23		UNITS OF TIME (Minutes)	5,763	120,140	7,601	2,012	0	135,517

APPROVED:						
Jel G. Savois	02/18/2025	Thelma Rodriguez	02/19/2025	Henred Fores		02/20/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE	

Thelma Rodriguez

DBH FISCAL SERVICES (PRINT NAME) Gil A. Garcia Heather Louer

PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME)

Administrative Supervisor I

DBH FISCAL

Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.11 0.00 0.50 0.22 0.00 0.00 0.00 0.00 0.00 0.00 0.07 0.00 0.00 0.00 0.00 0.00 0.00 2.90

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL FY 2025 - 2026

July 1, 2025 - September 30, 2025

(3 months)

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

CONTRACTOR NAM	CONTRACTOR NAME: South Coast Children's Society 0.25 year											
Name	Degree/	Position	Position is not Clinical FTE Providing		Full Time	Full Time	Total Full Time	% Cost Allocated	Total Salaries and Benefits	Budgeted Hours of	Total Salaries Charged to Contract	Total Benefits Charged to Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	15,438		12,973	2,465
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	2,724		2,290	435
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	5.0%	1,403		1,180	224
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	22.0%	4,647		3,905	742
TBD		Program Admin Assista	N	D	52,000	9,880	61,880	22.0%	3,403		2,860	544
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	44.0%	7,200		6,050	1,150
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	1,865		1,568	298
TBD		Office Coordinator	N	D	52,000	9,880	61,880	22.0%	3,403		2,860	544
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73
TBD	MD	Subcontracted Psychiat	Y	С	520,000	0	520,000	7.0%	0		0	0
							0		0		0	0
							0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
											90,691	17,232

TOTAL COST: 107,922

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Prepared by: Gil A. Garcia Title: CFO Contractor Name: South Coast Children's Society

Provider#

Contract/RFP# #24-174 & 24-178 (Yucaipa)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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

July 1, 2025 - September 30, 2025

_		(3 Months)					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	Advertising & Recruitment	\$457	0%	\$0	100%	\$457	0	457
2	Computer & Equipment Expenses	\$275	0%	\$0	100%	\$275		275
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$540	0%	\$0	100%	\$540		540
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$1,120	0%	\$0	100%	\$1,120		1,120
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$1,371	0%	\$0	100%	\$1,371		1,371
10	Office Space/Occupancy	\$10,301	0%	\$0	100%	\$10,301		10,301
11	Program Expense: Other	\$846	0%	\$0	100%	\$846		846
12	Subcontractors (Psychiatrists)	\$9,100	0%	\$0	100%	\$9,100		9,100
13	Telephone & Internet	\$990	0%	\$0	100%	\$990		990
14	Training & Training Travel	\$250	0%	\$0	100%	\$250		250
15	Transportation Expense	\$17	0%	\$0	100%	\$17		17
16	Indirect Expense	\$18,646	0%	\$0	100%	\$18,646		18,646
	BTOTAL B:	\$43,913		\$0		\$43,913	0	43,913
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:			\$151,835	0	151,835

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

Provider #

Contractor Name: South Coast Children's Society

Contract/RFP# #24-174 & 24-178 (Yucaipa)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

Gil A. Garcia Prepared by: CFO Title:

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

July 1, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.07 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$9,100 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

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

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)					Contractor Name	South Coast	Children's S	ociety	
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider	#			
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP	#24-174 & 24	4-178 (Yucai	ipa)	
	Agen	cy Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Address	25910 Acero	, Suite 160		
		NOTE: If no estat	palished agency per i	minute rates, pleas	e input the CCR ra			Mission Viejo	o, CA 92691		
	Target Cost F	Per Unit of Service	\$0.79	\$1.07	\$1.51	\$1.51	Date Form Completed				
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form Revised	2/18/2025			
	Cation at a d			Projec	ted Revenue Gen	erated by Service	e Type			Clients Serve Census	90
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	45,172	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Aug-25	45,172	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Sep-25	45,172	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Oct-25			\$0	\$0	\$0	\$0					
Nov-25			\$0	\$0	\$0	\$0					
Dec-25			\$0	\$0	\$0	\$0					
Jan-26			\$0	\$0	\$0	\$0					
Feb-26			\$0	\$0	\$0	\$0					
Mar-26			\$0	\$0	\$0	\$0					
Apr-26			\$0	\$0	\$0	\$0					
May-26			\$0	\$0	\$0	\$0					
Jun-26			\$0	\$0	\$0	\$0					
TOTAL	135,517		\$4,555	\$129,060	\$15,184	\$3,037			27	27	
				•	Total Revenue		\$151,835	Undupl	icated Clie	nts Served	117
							Estimated (Cost Per Client:	\$1,298]	

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
5,763	120,140	7,601	2,012	135,517
480	10012	633	168	11293
5	111	7	2	125
0.09	1.85	0.12	0.03	2.09

Avg Monthly Census Expected Length of Program (months)

90 12

Total Hours Per Unduplicated Client for Duration of the Program: 25.10

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society Actual Cost Contract (cost reimbursement) General Mental Health Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Redlands) FY 2026 - 2027 (3 Months) Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691 Prepared by: Gil A. Garcia July 1, 2026 - September 30, 2026 Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025 MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient 15-Outpatient Mental Health Case Medication TOTAL Crisis Intervention SERVICE FUNCTION Management (01-Services Support 09) (10-50)(60)# 100% Distribution % 3.00% 85.00% 10.00% 2.00% **EXPENSES** SALARIES 2,749 77,893 9,164 1,833 0 91,639 3 BENEFITS 522 14.800 1.741 348 17,412 0 (2+3 must equal total staffing costs) 3,272 92,693 10,905 2,181 0 109,051 OPERATING EXPENSES 63,665 7.490 1.498 74,900 4 2,247 0 5 TOTAL EXPENSES (2+3+4) 5.519 156,358 18.395 3.679 0 183,951 AGENCY REVENUES PATIENT FEES 6 0 PATIENT INSURANCE 0 MEDI-CARE 0 8 9 GRANTS/OTHER 0 TOTAL AGENCY REVENUES (6+7+8+9) 10 0 0 CONTRACT AMOUNT (5-10) 5,519 0 183,951 11 156,358 18,395 3,679 Mix % FUNDING Share % 12 94.08% MEDI-CAL (FFP) 50.00% 2,596 73,551 8,653 1,731 0 86,531 13 3.08% EPSDT (2011 Realignment) 36.03% 58 1,632 192 38 0 1,920 14 1991 Realignment Match 2,538 71,919 8,461 1,692 0 84,610 13.97% 15 0 0 0 1991 Realignment - Net County 16 5.92% 327 9,256 1,089 218 0 10,890 17 5,519 183,951 FUNDING TOTAL 156,358 18,395 3,679 0 18 NET COUNTY FUNDS (Local Cost) MUST = ZERO 0 STATE FUNDING (Including Realignment) 19 9.742 1.948 0 2.923 82,807 97,420 FEDERAL FUNDING 20 2.596 73.551 8.653 1.731 0 86.531 183,951 21 TOTAL FUNDING 5,519 156,358 18,395 3,679 0 22 \$0.90 \$2,29 \$0.00 TARGET COST PER UNIT OF SERVICE \$1.23 \$1.73 23 UNITS OF TIME (Minutes) 6,101 127,183 8.046 2,130 143,461 APPROVED: Henry Sour 02/18/2025 Thelma Rodriguez 02/19/2025 02/20/2025 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DBH PROGRAM MANAGER DATE DATE Gil A. Garcia Thelma Rodriguez Heather Louer DBH FISCAL SERVICES (PRINT NAME) PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME) CFO Administrative Supervisor I DBH FISCAL Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.11 0.00 0.50 0.23 0.00 0.00 0.00 0.00 0.00 0.00 0.23 0.00 0.00 0.00 0.00 0.00 0.00 3.07

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL FY 2026 - 2027

July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

			If Staff Position is <u>not</u>		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benefits
Name	Degree/	Position	Clinical FTE Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged to Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
BD I	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140
BD I	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	15,438		12,973	2,465
BD I	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909
BD I	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	2,724		2,290	435
BD I	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	1,684		1,415	269
BD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235
BD 1	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	4,858		4,083	776
BD		Program Admin Assista	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568
BD		Client Care Coordinato	N	D	55,000	10,450	65,450	46.0%	7,527		6,325	1,202
BD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474
BD		QA Support	N	D	57,000	10,830	67,830	11.0%	1,865		1,568	298
BD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568
BD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73
BD 1	MD	Subcontracted Psychiat	Y	С	520,000	0	520,000	23.0%	0		0	0
							0		0		0	0
							0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
											91,639	17,412

TOTAL COST: 109,050

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

Ontracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2026 - 2027

Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Redlands)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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

Prepared by: Gil A. Garcia

detail explanation of the categories below.

	July 1, 2026 -	- September	30, 2026
--	----------------	-------------	----------

		(3 Months)	y 1, 2026 - September	30, 2020	Budget I	Revision		
	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1	Advertising & Recruitment	\$391	0%	\$0	100%	\$391	0	391
2	Computer & Equipment Expenses	\$569	0%	\$0	100%	\$569		569
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$915	0%	\$0	100%	\$915		915
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$3,048	0%	\$0	100%	\$3,048		3,048
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$1,345	0%	\$0	100%	\$1,345		1,345
10	Office Space/Occupancy	\$12,084	0%	\$0	100%	\$12,084		12,084
11	Program Expense: Other	\$1,297	0%	\$0	100%	\$1,297		1,297
12	Subcontractors (Psychiatrists)	\$29,900	0%	\$0	100%	\$29,900		29,900
13	Telephone & Internet	\$2,160	0%	\$0	100%	\$2,160		2,160
14	Training & Training Travel	\$375	0%	\$0	100%	\$375		375
15	Transportation Expense	\$226	0%	\$0	100%	\$226		226
16	Indirect Expense	\$22,590	0%	\$0	100%	\$22,590		22,590
	BTOTAL B:	\$74,900		\$0		\$74,900	0	74,900
GF	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:			\$183,950	0	183,950

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B BUDGET NARRATIVE FY 2026 - 2027

Prepared by: Title: Gil A. Garcia CFO Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Redlands)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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, 2026 - September 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.23 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$29,900 for psychiatrists is includind on Staffing tab.
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14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2026 - 2027

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)					Contractor Nam	e: South Coast	Children's S	ociety	
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provide	#			
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFI	°# #24-174 & 24	4-178 (Redla	nds)	
	Agen	cy Per Min Rates:	\$2.20	20 \$2.99 \$5.56 \$4.20 Address: 259					25910 Acero, Suite 160		
		NOTE: If no estat	palished agency per r	minute rates, pleas	se input the CCR ra			Mission Viejo	o, CA 92691		
	Target Cost F	Per Unit of Service	\$0.90	\$1.23	\$1.73	\$1.73	Date Form Complete				
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form Revise	d: 2/18/2025			
	Estimate d			Projec	ted Revenue Gen	erated by Service	Type	T	Starting	lients Serve Census	g 90
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-26	47,820	3.07	\$1,840	\$52,119	\$6,132	\$1,226			12	12	90
Aug-26	47,820	3.07	\$1,840	\$52,119	\$6,132	\$1,226			12	12	90
Sep-26	47,820	3.07	\$1,840	\$52,119	\$6,132	\$1,226			12	12	90
Oct-26			\$0	\$0	\$0	\$0					
Nov-26			\$0	\$0	\$0	\$0					
Dec-26			\$0	\$0	\$0	\$0					
Jan-27			\$0	\$0	\$0	\$0					
Feb-27			\$0	\$0	\$0	\$0					
Mar-27			\$0	\$0	\$0	\$0					
Apr-27			\$0	\$0	\$0	\$0					
May-27			\$0	\$0	\$0	\$0					
Jun-27			\$0	\$0	\$0	\$0					
TOTAL	143,461		\$5,519	\$156,358	\$18,395	\$3,679			36	36	
				•	Total Revenue		\$183,95	1 Undupl	icated Clie	nts Served	126
							Estimated	Cost Per Client:	\$1,460		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
6,101	127,183	8,046	2,130	143,461
508	10599	671	178	11955
6	118	7	2	133
0.09	1.96	0.12	0.03	2.21

Avg Monthly Census Expected Length of Program (months)

Total Minutes of Services
Total Monthly Minutes of Services (Average)
Dosage (minutes) per client per month
Dosage (hours) per client per month

Total Hours Per Unduplicated Client for Duration of the Program: 26.57

SCHEDUI	LE A - I	Planning	Estimates
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SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health

Provider # Contract/RFP# #24-174 & 24-178 (Chino)

(GMH) FY 2024 - 2025

(9 Months)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Contractor Name: South Coast Children's Society

Prepared by: Title: Gil A. Garcia CFO

October 1, 2024 - June 30, 2025

Date Form Completed: 1/29/2025

Date Form Revised: 2/18/2025

LINE		IMODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		
#		SERVICE FUNCTION	Case Management (01- 09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL
1	100%	Distribution %	3.00%	85.00%	10.00%	2.00%		
		EXPENSES						
2		SALARIES	7,929	224,649	26,429	5,286	0	264,293
3		BENEFITS	1,506	42,684	5,022	1,004	0	50,216
		(2+3 must equal total staffing costs)	9,435	267,332	31,451	6,290	0	314,509
4		OPERATING EXPENSES	4,456	126,248	14,853	2,971	0	148,527
5		TOTAL EXPENSES (2+3+4)	13,891	393,580	46,304	9,261	0	463,036
		AGENCY REVENUES						
6		PATIENT FEES						0
7		PATIENT INSURANCE						0
8		MEDI-CARE						0
9		GRANTS/OTHER						0
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)	13,891	393,580	46,304	9,261	0	463,036
	Mix %	FUNDING Share %						
12		MEDI-CAL (FFP) 50.00%	6,534	185,140	21,781	4,356	0	217,811
13	3.08%	EPSDT (2011 Realignment) 36.03%	145	4,109	483	97	0	4,834
14		1991 Realignment Match 13.97%	6,390	181,031	21,298	4,259	0	212,979
15			0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County	822	23,300	2,741	548	0	27,412
17		FUNDING TOTAL	13,891	393,580	46,304	9,261	0	463,036
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	7,357	208,440	24,523	4,905	0	245,225
20		FEDERAL FUNDING	6,534	185,140	21,781	4,356	0	217,811
21		TOTAL FUNDING	13,891	393,580	46,304	9,261	0	463,036
22		TARGET COST PER UNIT OF SERVICE	\$2.38	\$3.23	\$6.01	\$4.54	\$0.00	
23		UNITS OF TIME (Minutes)	5,842	121,808	7,711	2,039	0	137,400

APPROVED:

02/18/2025 Herred Forer 02/18/2025 02/18/2025 DBH FISCAL SERVICES PROVIDER AUTHORIZED SIGNATURE DATE DATE DBH PROGRAM MANAGER DATE

Thelma Rodriguez Heather Louer Gil A. Garcia

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

CFO Administrative Supervisor I DBH FISCAL Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.12 0.00 0.50 0.23 0.00 0.00 0.00 0.00 0.00 0.00 0.09 0.00 0.00 0.00 0.00 0.00 2.94

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL

FY 2024 - 2025

October 1, 2024 - June 30, 2025

(9 months)

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

CONTRACTOR NAME: South Coast Children's Society

ONTRACTOR NAME. South Coast Children's Society 0.75 year												
			If Staff Position is <u>not</u>		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benefits
Name	Degree/	Position	Clinical FTE Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged to Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	35.0%	32,420		27,244	5,177
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	12.0%	8,916		7,493	1,424
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	5,052		4,246	807
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	14,575		12,248	2,327
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	46.0%	22,580		18,975	3,605
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423
TBD		QA Support	N	D	57,000	10,830	67,830	12.0%	6,105		5,130	975
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220
TBD	MD	Subcontracted Psychiatrist	Y	С	520,000	0	520,000	9.0%	0		0	0
							0		0		0	0
							0		0		0	0
									0		0	0
									0		0	0
									0		0	0
											264.293	50.216

TOTAL COST: 314,508

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment,

Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2024 - 2025

Prepared by: Gil A. Garcia Title: CFO

Contractor Name: South Coast Children's Society
Provider#

Contract/RFP# #24-174 & 24-178 (Chino)

Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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.

October 1, 2024 - June 30, 2025

		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	Advertising & Recruitment	\$332	0%	\$0	100%	\$332	0	332
2	Computer & Equipment Expenses	\$907	0%	\$0	100%	\$907		907
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$1,981	0%	\$0	100%	\$1,981		1,981
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$4,373	0%	\$0	100%	\$4,373		4,373
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$4,096	0%	\$0	100%	\$4,096		4,096
10	Office Space/Occupancy	\$34,128	0%	\$0	100%	\$34,128		34,128
11	Program Expense: Other	\$3,850	0%	\$0	100%	\$3,850		3,850
12	Subcontractors (Psychiatrists)	\$35,100	0%	\$0	100%	\$35,100		35,100
13	Telephone & Internet	\$6,027	0%	\$0	100%	\$6,027		6,027
14	Training & Training Travel	\$750	0%	\$0	100%	\$750		750
15	Transportation Expense	\$119	0%	\$0	100%	\$119		119
16	Indirect Expense	\$56,864	0%	\$0	100%	\$56,864		56,864
	BTOTAL B:	\$148,527	\$148,527	0	148,527			
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:			\$463,035	0	463,035

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

Prepared by: Gil A. Garcia Title: CFO Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

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.

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, ec
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn 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 determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 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.
12 Subcontractors (Psychiatrists)	Budgeted for 0.09 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$35,100 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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.
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

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

Service Projections (Mode 15)

Prior fisc	al year Rates (Co	mpleted by DBH)					Contractor N	Name:	South Coast	Children's S	ociety	
Old County Contract (CCR) Rates:			\$2.20	\$2.99	\$5.56	\$4.20	Prov	vider#				
Productivity Expectation: 60%			CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/	/RFP#	#24-174 & 24	I-178 (Chino)	
	Agen	cy Per Min Rates:	\$2.34	\$3.18	\$5.91	\$4.47	Ad	ldress:	25910 Acero,	Suite 160		
		NOTE: If no estab	oalished agency per r	minute rates, pleas	e input the CCR r	ates in the highligh	ed cells		Mission Viejo	, CA 92691		
	-	Per Unit of Service		\$3.23	\$4.54	\$4.54	Date Form Comp					
ALL YELLO	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form Re	evised:	2/18/2025			
				Projec	ted Revenue Ger	nerated by Service	Type	Clients Served Starting Census 90				
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	0		\$0	\$0	\$0	\$0						
Aug-24	0		\$0	\$0	\$0	\$0						
Sep-24	0		\$0	\$0	\$0	\$0						
Oct-24	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Nov-24	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Dec-24	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Jan-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Feb-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Mar-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Apr-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
May-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Jun-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
TOTAL	137,400		\$13,891	\$393,580	\$46,304	\$9,261				90	90	
					Total Revenue		\$463	3,036	Undupli	cated Clie	nts Served	180
							Estim	nated Co	st Per Client:	\$2,572		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
5,842	121,808	7,711	2,039	137,400
487	10151	643	170	11450
5	113	7	2	127
0.09	1.88	0.12	0.03	2.12

Avg Monthly Census	Expected Length of Program (months)
an	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.44

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society General Mental Health Actual Cost Contract (cost reimbursement) Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Yucaipa) FY 2025 - 2026 (9 Months) Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691 Prepared by: Gil A. Garcia October 1, 2025 - June 30, 2026 Date Form Completed: 1/29/2025 CFO Title: Date Form Revised: 2/18/2025 LINE MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient 15-Outpatient Case Mental Health Medication TOTAL Crisis Intervention SERVICE FUNCTION Management (01-Services Support (70)09) (10-50)(60)# 100% Distribution % 3.00% 85.00% 10.00% 2.00% **EXPENSES** SALARIES 8,162 231,261 27,207 5,441 0 272,072 3 BENEFITS 43,940 1.551 5,169 1.034 0 51,695 (2+3 must equal total staffing costs) 9,713 275,202 32,377 6,475 0 323,767 OPERATING EXPENSES 4 3.952 111,979 13,174 2.635 0 131,740 TOTAL EXPENSES (2+3+4) 5 387,181 45,551 0 455,507 13,665 9,110 AGENCY REVENUES PATIENT FEES 0 6 0 PATIENT INSURANCE 8 MEDI-CARE 0 9 GRANTS/OTHER 0 10 TOTAL AGENCY REVENUES (6+7+8+9) 0 0 0 0 0 0 CONTRACT AMOUNT (5-10) 11 13.665 387,181 45,551 9.110 0 455.507 FUNDING Mix % Share % MEDI-CAL (FFP) 182,130 21,427 4,285 214,270 12 6,428 0 94.08% 50.00% 13 3.08% EPSDT (2011 Realignment) 36.03% 143 4.042 476 95 0 4,756 14 1991 Realignment Match 6,285 178,088 20,951 4,191 0 209,515 13.97% 15 0 1991 Realignment - Net County 16 809 22.921 2,697 539 0 26,966 5.92% 17 13,665 45,551 9,110 0 455,507 FUNDING TOTAL 387,181 18 NET COUNTY FUNDS (Local Cost) MUST = ZERO 0 0 0 0 19 STATE FUNDING (Including Realignment) 0 7.237 205,051 4,825 241,237 24,124 FEDERAL FUNDING 20 6,428 182,130 21,427 4,285 0 214,270 21 TOTAL FUNDING 455,507 13,665 387,181 45,551 9,110 0 22 TARGET COST PER UNIT OF SERVICE \$2.37 \$3.22 \$5.99 \$4.53 \$0.00 23 UNITS OF TIME (Minutes) 5,763 120,151 7,606 2,011 0 135,531 APPROVED:

Q Levois 02/18/2025 Thelma Rodriguez 02/19/2025

/19/2025 Heather Louer 02/20/2025 Heather Louer (Feb 20, 2025 09:21 PST)

Roger Ma

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

Gil A. Garcia Thelma Rodriguez Heather Louer

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

CFO Administrative Supervisor I DBH FISCAL

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.11 0.00 0.50 0.22 0.00 0.00 0.00 0.00 0.00 0.00 0.07 0.00 0.00 0.00 0.00 0.00 2.90

FY 2025 - 2026

October 1, 2025 - June 30, 2026 (9 months)

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

CONTRACTOR NAME	E: South Coast	Children's Society			0.75 year							
Name	Degree/	Position	If Staff Position is not Clinical FTE Providing		Full Time	Full Time	Total Full Time	% Cost	Total Salaries	Budgeted Hours of	Total Salaries Charged to Contract	Total Benefits Charged to Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	46,314		38,920	7,395
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	8,173		6,869	1,305
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	5.0%	4,210		3,539	672
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	22.0%	13,941		11,715	2,226
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	22.0%	10,210		8,580	1,631
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	44.0%	21,599		18,150	3,449
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	5,596		4,703	893
TBD		Office Coordinator	N	D	52,000	9,880	61,880	22.0%	10,210		8,580	1,631
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	7.0%	0		0	0
							0		0		0	0
							0		0		0	0
									0		0	0
									0		0	0
							•		0		0	0
										272,072	51,695	

TOTAL COST: 323,765

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

Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position (2) Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) - (4)

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Prepared by: Gil A. Garcia

Title: CFO

Contractor Name: South Coast Children's Society
Provider #

Contract/RFP# #24-174 & 24-178 (Yucaipa)

Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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.

October 1, 2025 - June 30, 2026

		(9 Months)		000	ober 1, 2025 - June 30	, 2020	Budget F	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	Advertising & Recruitment	\$1,370	0%	\$0	100%	\$1,370	0	1,370
2	Computer & Equipment Expenses	\$826	0%	\$0	100%	\$826		826
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$1,620	0%	\$0	100%	\$1,620		1,620
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$3,361	0%	\$0	100%	\$3,361		3,361
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$4,114	0%	\$0	100%	\$4,114		4,114
10	Office Space/Occupancy	\$30,902	0%	\$0	100%	\$30,902		30,902
11	Program Expense: Other	\$2,537	0%	\$0	100%	\$2,537		2,537
12	Subcontractors (Psychiatrists)	\$27,300	0%	\$0	100%	\$27,300		27,300
13	Telephone & Internet	\$2,969	0%	\$0	100%	\$2,969		2,969
14	Training & Training Travel	\$750	0%	\$0	100%	\$750		750
15	Transportation Expense	\$52	0%	\$0	100%	\$52		52
16	Indirect Expense	\$55,939	0%	\$0	100%	\$55,939		55,939
	SUBTOTAL B: \$131,740 \$0					\$131,740	0	131,740
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:			\$455,505	0	455,505

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

Prepared by: Gil A. Garcia Title: CFO Contractor Name: South Coast Children's Society
Provider#
Contract/RFP# #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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.

October 1, 2025 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn 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 determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 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.
12 Subcontractors (Psychiatrists)	Budgeted for 0.07 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$27,300 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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.
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

SCHEDULE B FY 2025 - 2026 Service Projections (Mode 15)

Prior fisc	al year Rates (Co	mpleted by DBH)					Contractor Name	South Coast	Children's S	ociety	
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider #	ŧ			
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24	4-178 (Yucai	pa)	
	Agen	cy Per Min Rates:	\$2.34	\$3.18	\$5.91	\$4.47	Address	25910 Acero	, Suite 160		
		NOTE: If no estat	palished agency per r	minute rates, pleas	e input the CCR ra			Mission Viejo	o, CA 92691		
	-	er Unit of Service	\$2.37	\$3.22	\$4.53	\$4.53	Date Form Completed	1			
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER Date Form Revised: 2/18/2025 Projected Revenue Generated by Service Type Clients Served											-
	Estimated.			Projec	ted Revenue Gen	erated by Service	ype			Census	90
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	0		\$0	\$0	\$0	\$0					
Aug-25	0		\$0	\$0	\$0	\$0					
Sep-25	0		\$0	\$0	\$0	\$0					
Oct-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Nov-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Dec-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Jan-26	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Feb-26	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Mar-26	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Apr-26	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
May-26	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Jun-26	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
TOTAL	135,531		\$13,665	\$387,181	\$45,551	\$9,110			81	81	
				•	Total Revenue		\$455,507	Undupli	cated Clie	nts Served	171
							Estimated (ost Per Client:	\$2,664		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
5,763	120,151	7,606	2,011	135,531
480	10013	634	168	11294
5	111	7	2	125
0.09	1.85	0.12	0.03	2.09

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.10

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates			SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society							
4 -4				Contractor Name				South Coast Children's Society		
Actual	Cost C	ontract (cost reimbursement)			Provider #					
				(GMH)			#24-174 & 24-178 (Upland)			
			FY 202	FY 2026 - 2027 (3 Mon			s: 25910 Acero, Suite 160			
Prepar		Gil A. Garcia	July 1, 2026 -			Mission Viejo, CA 92691 : 1/29/2025				
	Title:	CFO								
		WORE OF SERVICE	45	45		e Form Revised:	2/18/2025			
LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient				
#		SERVICE FUNCTION	Case Management (01- 09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL		
1	100%	Distribution %	3.00%	85.00%	10.00%	2.00%				
		EXPENSES		444.500	10.101	0.004		404.007		
2		SALARIES	3,936		13,121	2,624	0	131,207		
3		BENEFITS	748	21,190	2,493	499	0	24,930		
4		(2+3 must equal total staffing costs) OPERATING EXPENSES	4,684 1,967	132,716 55,726	15,614 6,556	3,123 1,311	0	156,136 65,560		
5		TOTAL EXPENSES (2+3+4)	6,651	188,442	22,170	4,434	0	221,696		
9		AGENCY REVENUES	0,031	100,442	22,170	4,434	<u> </u>	221,030		
6		PATIENT FEES		T	I			0		
7		PATIENT INSURANCE						Ö		
8		MEDI-CARE						0		
9		GRANTS/OTHER						0		
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0		
11		CONTRACT AMOUNT (5-10)	6,651	188,442	22,170	4,434	0	221,696		
	Mix %		are %							
12	94.08%		3,129		10,429	2,086	0	104,287		
13	3.08%		3.03% 69	1,967	231	46	0	2,313		
14		1991 Realignment Match 13	3,059	86,676	10,197	2,039	0	101,972		
15 16	F 000/	4004 D F N+ C	394	11,156	1,312	0 262	0	0 13,124		
17	5.92%	1991 Realignment - Net County FUNDING TOTAL	6,651	188,442	22,170	4,434	0	221,696		
18		NET COUNTY FUNDS (Local Cost) MUST = ZE	,		22,170					
		STATE FUNDING (Including Realignment)	_	0 700	_	0	0	117.400		
19			3,522	99,799	11,741	2,348		117,409		
20		FEDERAL FUNDING	3,129	88,643	10,429	2,086	0	104,287		
21		TOTAL FUNDING	6,651	188,442	22,170	4,434	0	221,696		
22		TARGET COST PER UNIT OF SERVICE	\$0.81	*	\$2.04		\$0.00			
23		UNITS OF TIME (Minutes)	8,247	171,925	10,877	2,880	0	193,929		
APPRO	VED: L'Anoù	02/18/2025 The	lma Rodriguez		02/19/2025	Heatherd	? Lover	02/20/2025		
PROVI	IDER AU	THORIZED SIGNATURE DATE [DBH FISCAL SERVIO	ES	DATE	DBH PROGR	AM MANAGER	DATE		
Gil A. Garcia Thelma Rodriguez Heather Louer PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME)										
THOUSENED SIGNED (FRINT HAME)										
CFO Administrative Supervisor I DBH FISCAL Roger Ma										

Clinical FTE Providing SMHS 0.00 0.00 3.00 0.16 0.00 0.50 0.32 0.00 0.00 0.00 0.00 0.00 0.00 0.17 0.00 0.00 0.00 0.00 0.00 0.00 4.15

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2026 - 2027

July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

Schedule B

Name	Degree/ License	Position Title	Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C (1)	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefit Charged to Contract Services
TBD	LMFT/LCSW	Program Director	N N	DiDC	150,000	28,500	178,500	27.0%	12,049	Ser vices	10,125	1,924
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	65.0%	20,069		16,865	3,204
TBD	LMFT/LCSW/A		Y	D	83,250	15,818	99.068	300.0%	74,301		62,438	11,863
TBD		Clinical Assessor	Y	D	83,250	15,818	99,068	16.0%	3,963		3,330	633
					-	-		8.0%				359
TBD	LMF1/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277		2,246		1,887	
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	32.0%	6,759		5,680	1,079
TBD		Program Admin Assista		D	52,000	9,880	61,880	32.0%	4,950		4,160	791
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	64.0%	10,472		8,800	1,672
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	27.0%	5,012		4,212	800
TBD		QA Support	N	D	57,000	10,830	67,830	16.0%	2,713		2,280	433
TBD		Office Coordinator	N	D	52,000	9,880	61,880	32.0%	4,950		4,160	791
TBD		Financial Analyst	N	D	110,000	20,900	130,900	2.8%	916		770	146
ΓBD	MD	Subcontracted Psychiat	Y	С	520,000	0	520,000	17.0%	0		0	0
							0		0		0	0
							0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	_
			-								131,207	24,930
								TOTAL			151,207	21,750

TOTAL COST: 156,136

0.25 ----

"Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

(1) Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position (2) Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

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

DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2026 - 2027

Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Upland)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia Title: CFO

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, 2026 - September 30, 2026

		(3 Months)	, 2020 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	Advertising & Recruitment	\$290	0%	\$0	100%	\$290	0	290
2	Computer & Equipment Expenses	\$1,053	0%	\$0	100%	\$1,053		1,053
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$924	0%	\$0	100%	\$924		924
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$2,639	0%	\$0	100%	\$2,639		2,639
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$261	0%	\$0	100%	\$261		261
10	Office Space/Occupancy	\$7,918	0%	\$0	100%	\$7,918		7,918
11	Program Expense: Other	\$950	0%	\$0	100%	\$950		950
12	Subcontractors (Psychiatrists)	\$22,100	0%	\$0	100%	\$22,100		22,100
13	Telephone & Internet	\$1,564	0%	\$0	100%	\$1,564		1,564
14	Training & Training Travel	\$500	0%	\$0	100%	\$500		500
15	Transportation Expense	\$135	0%	\$0	100%	\$135		135
16	Indirect Expense	\$27,226	0%	\$0 \$0	100%	\$27,226		27,226
	BTOTAL B:	\$65,560	0	65,560				
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES: \$221,696								221,696

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B BUDGET NARRATIVE FY 2026 - 2027

Prepared by: Title:

Gil A. Garcia CFO

Contractor Name: South Coast Children's Society Provider # Contract/RFP# #24-174 & 24-178 (Upland) Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691 Date Form Completed: 1/29/2025

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, 2026 - September 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.17 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$22,100 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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 Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2026 - 2027

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)					Contracto	or Name:	South Coast	Children's So	ociety	
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	P	rovider#				
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contra	act/RFP#	#24-174 & 24	-178 (Uplan	d)	
	Agen	cy Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20		Address:	25910 Acero,	Suite 160		
		NOTE: If no estab	alished agency per r	minute rates, pleas	e input the CCR ra	ates in the highlighe	ed cells		Mission Viejo	, CA 92691		
	Target Cost F	Per Unit of Service	\$0.81	\$1.10	\$1.54	\$1.54	Date Form Co					
ALL YELL	OW HIGHLIGHTE	D AREAS REQUIR	RE INPUT BY PROVI				Date Form	Revised:	2/18/2025			
	Cation at a d			Projec	ted Revenue Ger	erated by Service	Туре			Starting	Census	d 115
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly
Jul-26	64,643	4.15	\$2,217	\$62,814	\$7,390	\$1,478				13	13	115
Aug-26	64,643	4.15	\$2,217	\$62,814	\$7,390	\$1,478				13	13	115
Sep-26	64,643	4.15	\$2,217	\$62,814	\$7,390	\$1,478				13	13	115
Oct-26			\$0	\$0	\$0	\$0						
Nov-26			\$0	\$0	\$0	\$0						
Dec-26			\$0	\$0	\$0	\$0						
Jan-27			\$0	\$0	\$0	\$0						
Feb-27			\$0	\$0	\$0	\$0						
Mar-27			\$0	\$0	\$0	\$0						
Apr-27			\$0	\$0	\$0	\$0						
May-27			\$0	\$0	\$0	\$0						
Jun-27			\$0	\$0	\$0	\$0						
TOTAL	193,929		\$6,651	\$188,442	\$22,170	\$4,434				39	39	
				•	Total Revenue		\$2	21,696	Undupli	cated Clier	nts Served	154
							Es	timated Co	ost Per Client:	\$1,440		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
8,247	171,925	10,877	2,880	193,929
687	14327	906	240	16161
6	125	8	2	141
0.10	2.08	0.13	0.03	2.34

Avg Monthly Census	Expected Length of Program (months)
115	12

Total Hours Per Unduplicated Client for Duration of the Program: 28.11

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society **General Mental Health** Actual Cost Contract (cost reimbursement) Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Yucaipa) FY 2026 - 2027 (3 Months) Address: 25910 Acero, Suite 160 July 1, 2026 - September 30, 2026 Mission Viejo, CA 92691 Prepared by: Gil A. Garcia Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025 LINE MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient 15-Outpatient Case Mental Health Medication TOTAL Crisis Intervention SERVICE FUNCTION Management (01-Services Support (70)# 09) (10-50)(60)Distribution % 10.00% 100% 3.00% 85.00% 2.00% **EXPENSES** SALARIES 2,721 77,087 9,069 1,814 90.691 2 0 3 BENEFITS 517 14,647 1,723 345 0 17,232 (2+3 must equal total staffing costs) 2,158 3.238 91.734 10,792 0 107,922 OPERATING EXPENSES 1.317 37,326 4,391 878 0 43,913 4 5 TOTAL EXPENSES (2+3+4) 4.555 129,060 15.184 3,037 0 151,835 AGENCY REVENUES 6 PATIENT FEES 0 PATIENT INSURANCE 0 8 MEDI-CARE 0 9 GRANTS/OTHER 0 TOTAL AGENCY REVENUES (6+7+8+9) 10 0 0 0 0 11 CONTRACT AMOUNT (5-10) 4,555 129,060 15,184 3,037 0 151,835 FUNDING Mix % Share % MEDI-CAL (FFP) 2,143 60,710 7,142 1,428 71,423 12 0 94.08% 50.00% 13 EPSDT (2011 Realignment) 48 1.347 159 32 0 1,586 3.08% 36.03% 14 1991 Realignment Match 13.97% 2,094 59,363 6,984 1,397 0 69,838 15 0 0 16 1991 Realignment - Net County 270 7.640 899 180 0 8.989 17 FUNDING TOTAL 4,555 129,060 15,184 3.037 0 151,835 18 NET COUNTY FUNDS (Local Cost) MUST = ZERO 0 0 STATE FUNDING (Including Realignment) 19 2.412 68,350 8.042 1.609 0 80.412 FEDERAL FUNDING 20 2.143 60.710 7.142 1,428 0 71,423 151,835 21 TOTAL FUNDING 4,555 129,060 15,184 3,037 0 22 TARGET COST PER UNIT OF SERVICE \$0.79 \$1.07 \$2.00 \$1.51 \$0.00 UNITS OF TIME (Minutes) 120,140 7,601 135,517 23 5,763 2,012 0 APPROVED: 02/19/2025 Heatherd Forces 02/18/2025 02/20/2025 Thelma Rodriguez PROVIDER AUTHORIZED SIGNATURE DBH PROGRAM MANAGER DATE DBH FISCAL SERVICES DATE DATE Thelma Rodriguez

DBH FISCAL SERVICES (PRINT NAME) Gil A. Garcia Heather Louer PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME) CFO Administrative Supervisor I

DBH FISCAL

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Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.11 0.00 0.50 0.22 0.00 0.00 0.00 0.00 0.00 0.00 0.07 0.00 0.00 0.00 0.00 0.00 0.00 2.90

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL FY 2026 - 2027

July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

ONTRACTOR NAME: South Coast Children's Society 0.25 year												
			If Staff Position is <u>not</u>		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benefit
Name	Degree/	Position	Clinical FTE Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged to Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	15,438		12,973	2,465
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	2,724		2,290	435
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	5.0%	1,403		1,180	224
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	22.0%	4,647		3,905	742
TBD		Program Admin Assista	N	D	52,000	9,880	61,880	22.0%	3,403		2,860	544
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	44.0%	7,200		6,050	1,150
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	1,865		1,568	298
TBD		Office Coordinator	N	D	52,000	9,880	61,880	22.0%	3,403		2,860	544
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73
TBD	MD	Subcontracted Psychiat	Y	С	520,000	0	520,000	7.0%	0		0	0
							0		0		0	0
							0		0		0	0
			Y				0		0		0	C
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	C
											90.691	17,232

TOTAL COST: 107,922

. . .

"Clinical Therapist are contracted employees that are part time but 85% their time is towards the MH services Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2026 - 2027

Prepared by: Gil A. Garcia Title: CFO

Contractor Name: South Coast Children's Society Provider # Contract/RFP# #24-174 & 24-178 (Yucaipa) Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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, 2026 - September 30, 2026

	July 1, 2026 - September 30, 2026 (3 Months)									
	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	Advertising & Recruitment	\$457	0%	\$0	100%	\$457	0	457		
2	Computer & Equipment Expenses	\$275	0%	\$0	100%	\$275		275		
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0		
4	EHR Support Fees	\$540	0%	\$0	100%	\$540		540		
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0		
6	Insurance-Liability	\$1,120	0%	\$0	100%	\$1,120		1,120		
7	Interest Expense	\$0	0%	\$0	100%	\$0		0		
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0		
9	Office Expenses	\$1,371	0%	\$0	100%	\$1,371		1,371		
10	Office Space/Occupancy	\$10,301	0%	\$0	100%	\$10,301		10,301		
11	Program Expense: Other	\$846	0%	\$0	100%	\$846		846		
12	Subcontractors (Psychiatrists)	\$9,100	0%	\$0	100%	\$9,100		9,100		
13	Telephone & Internet	\$990	0%	\$0	100%	\$990		990		
14	Training & Training Travel	\$250	0%	\$0	100%	\$250		250		
15	Transportation Expense	\$17	0%	\$0	100%	\$17		17		
16	Indirect Expense	\$18,646	0%	\$0	100%	\$18,646		18,646		
	BTOTAL B:	\$43,913		\$0		\$43,913	0	43,913		
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EXP	PENSES:			\$151,835	0	151,835		

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B BUDGET NARRATIVE FY 2026 - 2027

Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Yucaipa)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2026 - September 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.07 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$9,100 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2026 - 2027

Service Projections (Mode 15)

Estimated Cost Per Client: \$1,298									
Total Revenue		\$151,835	Undupli	cated Clier	nts Served	117			
\$129,060 \$15,184	\$3,037			27	27				
\$0 \$0	\$0								
\$0 \$0	\$0								
\$0 \$0	\$0								
\$0 \$0	\$0								
\$0 \$0	\$0								
\$0 \$0	\$0								
\$0 \$0	\$0								
\$0 \$0	\$0								
\$0 \$0	\$0								
\$43,020 \$5,061	\$1,012			9	9	90			
\$43,020 \$5,061	\$1,012			9	9	90			
\$43,020 \$5,061	\$1,012			9	9	90			
Mental Health Services Support (10-50) (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges and (Episodes closed)	Monthly Census			
Projected Revenue Ger	erated by Service				lients Serve				
9 \$1.07 \$1.51 VIDER	\$1.51	Date Form Completed: Date Form Revised:							
minute rates, please input the CCR r			Mission Viejo	, CA 92691					
\$2.99 \$5.56	\$4.20		25910 Acero,						
CM Rate per Min. MHS Rate/Min MSS Rate/Min Crisis Rate/Min Contract/RFP#			#24-174 & 24-178 (Yucaipa)						
\$2.99 \$5.56	\$4.20				,				
	\$2.99 \$5.56	\$2.99 \$5.56 \$4.20				\$2.99 \$5.56 \$4.20 Provider #			

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
5,763	120,140	7,601	2,012	135,517
480	10012	633	168	11293
5	111	7	2	125
0.09	1.85	0.12	0.03	2.09

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.10

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society Actual Cost Contract (cost reimbursement) General Mental Health Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Upland) FY 2025 - 2026 (9 Months) Address: 25910 Acero, Suite 160 Prepared by: Gil A. Garcia October 1, 2025 - June 30, 2026 Mission Viejo, CA 92691 Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025 LINE MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient 15-Outpatient Case Mental Health Medication TOTAL Crisis Intervention SERVICE FUNCTION Services Support Management (01-(70)(10-50)(60)09) Distribution % 2.00% 3.00% 85.00% 10.00% **EXPENSES** SALARIES 11,809 334,577 39,362 7,872 0 393,620 BENEFITS 7.479 3 2.244 63,570 1.496 0 74,789 14.052 46.841 9.368 468,408 (2+3 must equal total staffing costs) 398,147 0 OPERATING EXPENSES 5.662 160,415 18,872 3,774 0 188,724 TOTAL EXPENSES (2+3+4) 5 19,714 558,562 65,713 13,143 0 657,132 AGENCY REVENUES PATIENT FEES 0 6 PATIENT INSURANCE 0 8 MEDI-CARE 0 GRANTS/OTHER 9 0 TOTAL AGENCY REVENUES (6+7+8+9) 10 0 0 0 0 0 0 CONTRACT AMOUNT (5-10) 13,143 657,132 11 19,714 558,562 65,713 0 Mix % FUNDING Share % 12 94.08% MEDI-CAL (FFP) 50.00% 9,273 262,748 30,911 6,182 0 309,114 3.08% EPSDT (2011 Realignment) 13 206 5,832 686 137 0 6,861 36.03% 14 1991 Realignment Match 13.97% 9,068 256,915 30,226 6,046 0 302,255 15 0 0 0 0 1991 Realignment - Net County 1,167 33,067 3,890 778 0 38,902 16 5.92% 17 FUNDING TOTAL 19,714 558,562 65,713 13,143 0 657,132 NET COUNTY FUNDS (Local Cost) MUST = ZERO 18 0 0 0 STATE FUNDING (Including Realignment) 19 10,441 295,814 34,802 6.961 0 348,018 FEDERAL FUNDING 20 9.273 0 262,748 30.911 6.182 309,114 21 TOTAL FUNDING 657,132 19,714 558,562 65,713 13,143 0 TARGET COST PER UNIT OF SERVICE 22 \$2.39 \$3.25 \$6.04 \$4.57 \$0.00 23 UNITS OF TIME (Minutes) 10,884 2,878 8,247 171,940 0 193,949 APPROVED: Henry Lover 02/19/2025 Thelma Rodriguez 02/18/2025 02/19/2025 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DBH PROGRAM MANAGER DATE DATE Gil A. Garcia Thelma Rodriguez Heather Louer DBH SENIOR PROGRAM MANAGER (PRINT NAME) PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) **CFO** Administrative Supervisor I DBH FISCAL Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 3.00 0.16 0.00 0.50 0.32 0.00 0.00 0.00 0.00 0.00 0.00 0.17 0.00 0.00 0.00 0.00 0.00 4.15

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2025 - 2026

October 1, 2025 - June 30, 2026 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

Schedule B

0.75 year												
			If Staff Position is not Clinical FTE		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries Charged to	Total Benefits Charged to
Name	Degree/	Position	Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Contract	Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	27.0%	36,146		30,375	5,771
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	65.0%	60,208		50,595	9,613
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	300.0%	222,902		187,313	35,590
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	16.0%	11,888		9,990	1,898
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	8.0%	6,737		5,661	1,076
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	32.0%	20,278		17,040	3,238
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	32.0%	14,851		12,480	2,372
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	64.0%	31,416		26,400	5,016
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	27.0%	15,037		12,636	2,401
TBD		QA Support	N	D	57,000	10,830	67,830	16.0%	8,140		6,840	1,300
TBD		Office Coordinator	N	D	52,000	9,880	61,880	32.0%	14,851		12,480	2,372
TBD		Financial Analyst	N	D	110,000	20,900	130,900	2.8%	2,749		2,310	439
TBD	MD	Subcontracted Psychiatrist	Y	С	520,000	0	520,000	17.0%	0		0	0
							0		0		0	0
							0		0		0	0
									0		0	0
									0		0	0
									0		0	0
											393,620	74,789

TOTAL COST: 468,407

0.75 year

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment,

direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) - (4)

Vacation Pay, Sick Pay, Pension and Health Benefits

Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position (2) Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as

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

SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society Provider # Contract/RFP# #24-174 & 24-178 (Upland)

Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691

Date Form Completed: 1/29/2025 Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

Prepared by: Gil A. Garcia

Title: CFO

October 1, 2025 - June 30, 2026

	October 1, 2025 - June 30, 2026 (9 Months)										
	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	Advertising & Recruitment	\$870	0%	\$0	100%	\$870	0	870			
2	Computer & Equipment Expenses	\$3,158	0%	\$0	100%	\$3,158		3,158			
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0			
4	EHR Support Fees	\$2,771	0%	\$0	100%	\$2,771		2,771			
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0			
6	Insurance-Liability	\$7,916	0%	\$0	100%	\$7,916		7,916			
7	Interest Expense	\$0	0%	\$0	100%	\$0		0			
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0			
9	Office Expenses	\$783	0%	\$0	100%	\$783		783			
10	Office Space/Occupancy	\$16,776	0%	\$0	100%	\$16,776		16,776			
11	Program Expense: Other	\$2,850	0%	\$0	100%	\$2,850		2,850			
12	Subcontractors (Psychiatrists)	\$66,300	0%	\$0	100%	\$66,300		66,300			
13	Telephone & Internet	\$4,693	0%	\$0	100%	\$4,693		4,693			
14	Training & Training Travel	\$1,500	0%	\$0	100%	\$1,500		1,500			
15	Transportation Expense	\$406	0%	\$0	100%	\$406		406			
16	Indirect Expense	\$80,701	0%	\$0	100%	\$80,701		80,701			
$\overline{}$	BTOTAL B:	\$188,724		\$0		\$188,724	0	188,724			
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:			\$657,131	0	657,131			

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

Prepared by: Gil A. Garcia Title: CFO

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.

October 1, 2025 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn 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 determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 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.
12 Subcontractors (Psychiatrists)	Budgeted for 0.17 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$86,300 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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.
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

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

Service Projections (Mode 15)

Prior fisc	al year Rates (Co	mpleted by DBH)					Contractor Name	South Coast	Children's S	ociety	
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider	#			
Productiv	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP	#24-174 & 24	4-178 (Uplan	nd)	
	Agen	cy Per Min Rates:	\$2.34 \$3.18 \$5.91 \$4.47					25910 Acero, Suite 160			
		NOTE: If no estat	palished agency per r	minute rates, pleas	e input the CCR ra	ates in the highligh	ed cells	Mission Viejo	, CA 92691		
Target Cost Per Unit of Service \$2.39 \$3.25 \$4.57 \$4.57 Date Form Completed: 1/29/2025											
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form Revised	2/18/2025			
	Fatimatad			Projec	ted Revenue Gen	erated by Service	e Type	Т		Census	115
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	0		\$0	\$0	\$0	\$0					
Aug-25	0		\$0	\$0	\$0	\$0					
Sep-25	0		\$0	\$0	\$0	\$0					
Oct-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			13	13	115
Nov-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			13	13	115
Dec-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			13	13	115
Jan-26	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
Feb-26	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
Mar-26	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
Apr-26	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
May-26	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
Jun-26	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
TOTAL	193,949		\$19,714	\$558,562	\$65,713	\$13,143			123	123	
Total Revenue \$657,132 Unduplicated Clients Served 2											238
							Estimated	Cost Per Client:	\$2,761		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
8,247	171,940	10,884	2,878	193,949
687	14328	907	240	16162
6	125	8	2	141
0.10	2.08	0.13	0.03	2.34

Avg Monthly
Census

Expected Length
of Program
(months)

115
12

28.11

Total Hours Per Unduplicated Client for Duration of the Program:

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society **General Mental Health** Actual Cost Contract (cost reimbursement) Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Chino) FY 2026 - 2027 (3 Months) 25910 Acero, Suite 160 Address: July 1, 2026 - September 30, 2026 Mission Viejo, CA 92691 Prepared by: Gil A. Garcia Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025 LINE MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient

								l .
#		SERVICE FUNCTION	Case Management (01- 09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL
1	100%	Distribution %	3.00%	85.00%	10.00%	2.00%		
		EXPENSES						
2		SALARIES	2,643	74,883	8,810	1,762	0	88,098
3		BENEFITS	502	14,228	1,674	335	0	16,739
		(2+3 must equal total staffing costs)	3,145	89,111	10,484	2,097	0	104,836
4		OPERATING EXPENSES	1,485	42,083	4,951	990	0	49,509
5		TOTAL EXPENSES (2+3+4)	4,630	131,193	15,435	3,087	0	154,345
		AGENCY REVENUES						
6		PATIENT FEES						0
7		PATIENT INSURANCE						0
8		MEDI-CARE						0
9		GRANTS/OTHER						0
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)	4,630	131,193	15,435	3,087	0	154,345
	Mix %	FUNDING Share %						
12		MEDI-CAL (FFP) 50.00%	2,178	61,713	7,260	1,452	0	72,603
13	3.08%	EPSDT (2011 Realignment) 38.03%	48	1,370	161	32	0	1,611
14		1991 Realignment Match 13.97%	2,130	60,344	7,100	1,420	0	70,994
15			0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County	274	7,767	914	183	0	9,137
17		FUNDING TOTAL	4,630	131,193	15,435	3,087	0	154,345
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	2,452	69,480	8,175	1,635	0	81,742
20		FEDERAL FUNDING	2,178	61,713	7,260	1,452	0	72,603
21		TOTAL FUNDING	4,630	131,193	15,435	3,087	0	154,345
22		TARGET COST PER UNIT OF SERVICE	\$0.79	\$1.08	\$2.00	\$1.51	\$0.00	
23		UNITS OF TIME (Minutes)	5,842	121,797	7,706	2,040	0	137,386

APPROVED:

02/19/2025 Henre S. Fores 02/20/2025 02/18/2025 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

Gil A. Garcia Heather Louer

Thelma Rodriguez

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

Administrative Supervisor I

Roger Ma

DBH FISCAL

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH STAFFING DETAIL

Schedule B

FY 2026 - 2027

July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

0	25	лe	ar

			If Staff Position is not Clinical FTE		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benefits
Name	Degree/	Position	Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged to Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	35.0%	10,807		9,081	1,726
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	12.0%	2,972		2,498	475
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	1,684		1,415	269
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	4,858		4,083	776
TBD		Program Admin Assista	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	46.0%	7,527		6,325	1,202
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474
TBD		QA Support	N	D	57,000	10,830	67,830	12.0%	2,035		1,710	325
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73
TBD	MD	Subcontracted Psychiat	Y	С	520,000	0	520,000	9.0%	0		0	0
							0		0		0	0
							0		0		0	0
							0		0		0	0
							0		0		0	0
							0		0		0	0
							0		0		0	0
	•		•	•							88,098	16,739
										r		

TOTAL COST: 104,836

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2026 - 2027

Prepared by: Gil A. Garcia Title: CFO

Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Chino)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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, 2026 - September 30, 2026

		(3 Months)		- Cui	y 1, 2020 - September	50, 2020	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	Advertising & Recruitment	\$111	0%	\$0	100%	\$111	0	111
2	Computer & Equipment Expenses	\$302	0%	\$0	100%	\$302		302
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$660	0%	\$0	100%	\$660		660
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$1,458	0%	\$0	100%	\$1,458		1,458
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$1,365	0%	\$0	100%	\$1,365		1,365
10	Office Space/Occupancy	\$11,376	0%	\$0	100%	\$11,376		11,376
11	Program Expense: Other	\$1,283	0%	\$0	100%	\$1,283		1,283
12	Subcontractors (Psychiatrists)	\$11,700	0%	\$0	100%	\$11,700		11,700
13	Telephone & Internet	\$2,009	0%	\$0	100%	\$2,009		2,009
14	Training & Training Travel	\$250	0%	\$0	100%	\$250		250
15	Transportation Expense	\$40	0%	\$0	100%	\$40		40
16	Indirect Expense	\$18,955	0%	\$0	100%	\$18,955		18,955
	BTOTAL B:	\$49,509		\$0		\$49,509	0	49,509
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EXI	PENSES:			\$154,345	0	154,345

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B BUDGET NARRATIVE FY 2026 - 2027

Prepared by: Title: Gil A. Garcia CFO Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Chino)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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, 2026 - September 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.09 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$11,700 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2026 - 2027

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)					Contractor Na	ne: South Coast	Children's S	ociety			
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provide	r#					
Productiv	vity Expectation:	60%	CM Rate per Min.	CM Rate per Min. MHS Rate/Min MSS Rate/Min Crisis Rate/Min Contract/RFP#)			
	Agen	cy Per Min Rates:	\$2.20	\$2.20 \$2.99 \$5.56 \$4.20 Addres						25910 Acero, Suite 160			
		NOTE: If no estat	oalished agency per r	minute rates, pleas	se input the CCR ra				Mission Viejo, CA 92691				
	-	Per Unit of Service		\$1.08	\$1.51	\$1.51	Date Form Complet						
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form Revis	ed: 2/18/2025		t- 0			
	Catimatad			Projec	ted Revenue Ger	erated by Service	ype			Census	90		
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census		
Jul-26	45,795	2.94	\$1,543	\$43,731	\$5,145	\$1,029			10	10	90		
Aug-26	45,795	2.94	\$1,543	\$43,731	\$5,145	\$1,029			10	10	90		
Sep-26	45,795	2.94	\$1,543	\$43,731	\$5,145	\$1,029			10	10	90		
Oct-26			\$0	\$0	\$0	\$0							
Nov-26			\$0	\$0	\$0	\$0							
Dec-26			\$0	\$0	\$0	\$0							
Jan-27			\$0	\$0	\$0	\$0							
Feb-27			\$0	\$0	\$0	\$0							
Mar-27			\$0	\$0	\$0	\$0							
Apr-27			\$0	\$0	\$0	\$0							
May-27			\$0	\$0	\$0	\$0							
Jun-27			\$0	\$0	\$0	\$0							
TOTAL	137,386		\$4,630	\$131,193	\$15,435	\$3,087			30	30			
					Total Revenue		\$154,3	15 Undupl	icated Clie	nts Served	120		
							Estimate	d Cost Per Client:	\$1,286				

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
5,842	121,797	7,706	2,040	137,386
487	10150	642	170	11449
5	113	7	2	127
0.09	1.88	0.12	0.03	2.12

Avg Monthly Census Expected Length of Program (months)

Total Hours Per Unduplicated Client for Duration of the Program: 25.44

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCH	EDULE	A - Planning Estimates		DINO COUNTY	A1 T11				
			EPARTMENT OF B			Contractor Name:	South Coast Ch	nildren's Society	
Actual	Cost C	ontract (cost reimbursement)		Mental Health	ı	Provider#			
			(G	MH)		Contract/RFP#	#24-174 & 24-1	78 (Redlands)	
					(9 Months)	Address:	25910 Acero, S		
Prepar		Gil A. Garcia	October 1, 2	0 <mark>24 - June 30, 2</mark> 0			Mission Viejo, CA 92691		
	Title:	CFO				Form Completed: te Form Revised:			
LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient		2/10/2023		
#		SERVICE FUNCTION	Case Management (01- 09)	Mental Health	Medication Support (60)	Crisis Intervention (70)		TOTAL	
1	100%	Distribution %	3.00%	85.00%	10.00%	2.00%			
2		EXPENSES TSALADIES	0.240	222.070	27.402	F 400		274.047	
3		SALARIES BENEFITS	8,248 1,567	233,679 44,398	27,492 5,223	5,498 1,045	0	274,917 52,233	
,		(2+3 must equal total staffing costs)	9,815		32,715	6,543	0	327,150	
4		OPERATING EXPENSES	6,980	197,759	23,266	4,653	0	232,658	
5		TOTAL EXPENSES (2+3+4)	16,794	475,837	55,981	11,196	0	559,808	
		AGENCY REVENUES							
6		PATIENT FEES						0	
7 8		PATIENT INSURANCE						0	
9		MEDI-CARE GRANTS/OTHER						0	
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	
11		CONTRACT AMOUNT (5-10)	16,794	475,837	55,981	11,196	0	559,808	
	Mix %	FUNDING Shar							
12	94.08%	MEDI-CAL (FFP) 50.0		223,834	26,333	5,267	0	263,334	
13	3.08%	EPSDT (2011 Realignment) 36.0		4,968	584	117	0	5,844	
14 15		1991 Realignment Match 13.6	7,725	218,865	25,750 0	5,149 0	0	257,489	
16	5.92%	1991 Realignment - Net County	994	28.170	3,314	663	0	33,141	
17	0.0276	FUNDING TOTAL	16,794	475,837	55,981	11,196	0	559,808	
18		NET COUNTY FUNDS (Local Cost) MUST = ZEI		0	0	0	0	0	
19		STATE FUNDING (Including Realignment)	8.894	252.003	29.648	5,929	0	296,474	
20		FEDERAL FUNDING	7,900	223,834	26,333	5,267	0	263.334	
21		TOTAL FUNDING	16,794	475,837	55,981	11,196	0	559,808	
22		TARGET COST PER UNIT OF SERVICE	\$2.75		\$6.95				
23		UNITS OF TIME (Minutes)	6.101	127,194	8.052	2.129	0	143,475	
APPRO	f Sawi	Q2/18/2025 The	lma Rodriguez BH FISCAL SERVIC	(,	Heatherd.	-	02/20/2025 DATE	
DD	OVIDE	Gil A. Garcia R AUTHORIZED SIGNER (PRINT NAME)	Thelm DBH FISCAL SEI	a Rodriguez	NAME)	DBH SENIOR	Heather Lo	ouer NAGER (PRINT NAME)	
CF(A AO THORIZED SIGNER (FRINT NAME)	Administrat	•	•	DBH FISCAL		loger Ma	

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Clinical FTE Providing SMHS 0.00 0.00 2.00 0.11 0.00 0.50 0.23 0.00 0.00 0.00 0.00 0.00 0.00 0.23 0.00 0.00 0.00 0.00 0.00 3.07

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL FY 2024 - 2025

October 1, 2024 - June 30, 2025

(9 months)

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

CONTRACTOR NAME: South Coast Children's Society

		Cimaren's Society	0.75 year									
			If Staff Position is <u>not</u>		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benefit
Name	Degree/	Position	Clinical FTE Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged to Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	46,314		38,919	7,395
BD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	8,173		6,868	1,305
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	5,052		4,246	807
BD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	14,575		12,248	2,327
BD		Program Admin Assistant	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	46.0%	22,580		18,975	3,605
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	5,596		4,703	893
BD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704
BD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	219
TBD	MD	Subcontracted Psychiatrist	Y	С	520,000	0	520,000	23.0%	0		0	0
							0		0		0	0
							0		0		0	0
									0		0	0
									0		0	0
									0		0	0
					_						274,917	52,233

TOTAL COST: 327,149

0.75 -----

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

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2024 - 2025

Prepared by: Gil A. Garcia Title: CFO Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Redlands)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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.

October 1, 2024 - June 30, 2025

		(9 Months)					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	Advertising & Recruitment	\$1,172	0%	\$0	100%	\$1,172	0	1,172
2	Computer & Equipment Expenses	\$1,706	0%	\$0	100%	\$1,706		1,706
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$2,745	0%	\$0	100%	\$2,745		2,745
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$9,144	0%	\$0	100%	\$9,144		9,144
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$4,036	0%	\$0	100%	\$4,036		4,036
10	Office Space/Occupancy	\$43,229	0%	\$0	100%	\$43,229		43,229
11	Program Expense: Other	\$3,891	0%	\$0	100%	\$3,891		3,891
12	Subcontractors (Psychiatrists)	\$89,700	0%	\$0	100%	\$89,700		89,700
13	Telephone & Internet	\$6,480	0%	\$0	100%	\$6,480		6,480
14	Training & Training Travel	\$1,125	0%	\$0	100%	\$1,125		1,125
15	Transportation Expense	\$679	0%	\$0	100%	\$679		679
16	Indirect Expense	\$68,751	0%	\$0	100%	\$68,751		68,751
	BTOTAL B:	\$232,658		\$0		\$232,658	0	232,658
GF	ROSS COSTS TOTAL STAFFING A	AND OPERATING EX	PENSES:			\$559,807	0	559,807

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

Prepared by: Gil A. Garcia Title: CFO Contractor Name:
Provider #
Contract/RFP# #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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.

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn 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 determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 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.
12 Subcontractors (Psychiatrists)	Budgeted for 0.23 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$89,700 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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.
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

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

Service Projections (Mode 15)

Prior fisc	ral vear Rates (Co	mpleted by DBH)					Contractor Name	South Coast	Children's S	ociety	
1 1101 1100			\$2.20	\$2.99	\$5.56	\$4.20					
Producti	-		CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24	4-178 (Redla	inds)	
	Agen	cy Per Min Rates:	\$2.34	\$3.18	\$5.91	\$4.47	Address	25910 Acero	, Suite 160		
	Contract/RFP# #24-174 & 24										
			•	*	\$5.26	\$5.26					
ALL YELL	OW HIGHLIGHTE	D AREAS REQUIF	RE INPUT BY PROV		tod Boyonyo Cor	orated by Convice		2/18/2025		lients Serve	d
	Estimated										90
MONTH	Units of Service		Management	Services	Support	Intervention			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	0		\$0	\$0	\$0	\$0					
Aug-24	0		\$0	\$0	\$0	\$0					
Sep-24	0		\$0	\$0	\$0	\$0					
Oct-24	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Nov-24	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Dec-24	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Jan-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Feb-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Mar-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Apr-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
May-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Jun-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
TOTAL	143,475		\$16,794	\$475,837	\$55,981	\$11,196			108	108	
					Total Revenue		\$559,808	Undupl	icated Clie	nts Served	198

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\$2,827

Estimated Cost Per Client:

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
6,101	127,194	8,052	2,129	143,475
508	3 10599	671	177	11956
(5 118	7	2	133
0.0	9 1.96	0.12	0.03	2.21

Avg Monthly
Census

Expected Length
of Program
(months)

90
12

Total Minutes of Services Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

Total Hours Per Unduplicated Client for Duration of the Program: 26.57

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society **General Mental Health** Actual Cost Contract (cost reimbursement) Provider # (GMH) #24-174 & 24-178 (Chino) Contract/RFP# (9 Months) Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691 FY 2025 - 2026 Prepared by: October 1, 2025 - June 30, 2026 Gil A. Garcia Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025

LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		
#		SERVICE FUNCTION	Case Management (01- 09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL
1	100%	Distribution %	3.00%	85.00%	10.00%	2.00%		
		EXPENSES						
2		SALARIES	7,929	224,649	26,429	5,286	0	264,293
3		BENEFITS	1,506	42,684	5,022	1,004	0	50,216
		(2+3 must equal total staffing costs)	9,435	267,332	31,451	6,290	0	314,509
4		OPERATING EXPENSES	4,456	126,248	14,853	2,971	0	148,527
5		TOTAL EXPENSES (2+3+4)	13,891	393,580	46,304	9,261	0	463,036
		AGENCY REVENUES						
6		PATIENT FEES						0
7		PATIENT INSURANCE						0
8		MEDI-CARE						0
9		GRANTS/OTHER						0
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)	13,891	393,580	46,304	9,261	0	463,036
	Mix %	FUNDING Share %						
12	94.08%	MEDI-CAL (FFP) 50.00%	6,534	185,140	21,781	4,356	0	217,811
13	3.08%	EPSDT (2011 Realignment) 36.03%	145	4,109	483	97	0	4,834
14		1991 Realignment Match 13.97%	6,390	181,031	21,298	4,259	0	212,979
15			0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County	822	23,300	2,741	548	0	27,412
17		FUNDING TOTAL	13,891	393,580	46,304	9,261	0	463,036
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	7,357	208,440	24,523	4,905	0	245,225
20		FEDERAL FUNDING	6,534	185,140	21,781	4,356	0	217,811
21		TOTAL FUNDING	13,891	393,580	46,304	9,261	0	463,036
22		TARGET COST PER UNIT OF SERVICE	\$2.38	\$3.23	\$6.01	\$4.54	\$0.00	
23		UNITS OF TIME (Minutes)	5,842	121,808	7,711	2,039	0	137,400

APPROVED: Heatherd Forse 02/20/2025 02/18/2025 02/19/2025 DBH FISCAL SERVICES DBH PROGRAM MANAGER PROVIDER AUTHORIZED SIGNATURE DATE DATE DATE

Gil A. Garcia Thelma Rodriguez Heather Louer DBH FISCAL SERVICES (PRINT NAME) PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME)

Administrative Supervisor I

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Roger Ma

DBH FISCAL

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.12 0.00 0.50 0.23 0.00 0.00 0.00 0.00 0.00 0.00 0.09 0.00 0.00 0.00 0.00 0.00 2.94

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL

FY 2025 - 2026 October 1, 2025 - June 30, 2026

(9 months)

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

CONTRACTOR NAME: South Coast Children's Society

		Cimaren's Society						0.75	year			
			If Staff Position is <u>not</u>		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benef
Name	Degree/	Position	Clinical FTE Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged t
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to "N"	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
BD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,42
BD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	35.0%	32,420		27,244	5,17
BD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,72
BD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	12.0%	8,916		7,493	1,42
BD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	5,052		4,246	80
BD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,70
BD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	14,575		12,248	2,32
BD		Program Admin Assistant	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,70
BD		Client Care Coordinator	N	D	55,000	10,450	65,450	46.0%	22,580		18,975	3,60
BD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,42
BD		QA Support	N	D	57,000	10,830	67,830	12.0%	6,105		5,130	97
BD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,70
BD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	22
BD	MD	Subcontracted Psychiatrist	Y	С	520,000	0	520,000	9.0%	0		0	
							0		0		0	
							0		0		0	
									0		0	
							•		0		0	
									0		0	
											264,293	50,21

TOTAL COST: 314,508

0.75 -----

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment,

Vacation Pay, Sick Pay, Pension and Health Benefits

¹⁾ Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position (2)

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Prepared by: Gil A. Garcia Title: CFO Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Chino)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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.

October 1, 2025 - June 30, 2026

		(9 Months)					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	Advertising & Recruitment	\$332	0%	\$0	100%	\$332	0	332
2	Computer & Equipment Expenses	\$907	0%	\$0	100%	\$907		907
	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$1,981	0%	\$0	100%	\$1,981		1,981
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$4,373	0%	\$0	100%	\$4,373		4,373
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$4,096	0%	\$0	100%	\$4,096		4,096
10	Office Space/Occupancy	\$34,128	0%	\$0	100%	\$34,128		34,128
11	Program Expense: Other	\$3,850	0%	\$0	100%	\$3,850		3,850
12	Subcontractors (Psychiatrists)	\$35,100	0%	\$0	100%	\$35,100		35,100
13	Telephone & Internet	\$6,027	0%	\$0	100%	\$6,027		6,027
14	Training & Training Travel	\$750	0%	\$0	100%	\$750		750
15	Transportation Expense	\$119	0%	\$0	100%	\$119		119
16	Indirect Expense	\$56,864	0%	\$0	100%	\$56,864		56,864
	BTOTAL B:	\$148,527		\$0		\$148,527	0	148,527
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EXP	PENSES:	-		\$463,035	0	463,035

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

Prepared by: Gil A. Garcia Title: CFO

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.

October 1, 2025 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn 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 determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 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.
12 Subcontractors (Psychiatrists)	Budgeted for 0.09 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$35,100 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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.
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

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

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)	sbdbh				Contract	or Name:	South Coast	Children's S	ociety	
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	F	Provider#				
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contra	act/RFP#	#24-174 & 24	4-178 (Chino)	
	Agen	cy Per Min Rates:	\$2.34	\$3.18	\$5.91	\$4.47		Address:	25910 Acero	, Suite 160		
		NOTE: If no estat	alished agency per r	minute rates, pleas	se input the CCR ra				Mission Viejo	, CA 92691		
	Target Cost F	Per Unit of Service	\$2.38	\$3.23	\$4.54	\$4.54	Date Form Co					
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form	Revised:	2/18/2025			
	5-titt			Projec	ted Revenue Gen	erated by Service	Type				lients Serve Census	90 90
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	0		\$0	\$0	\$0	\$0						
Aug-25	0		\$0	\$0	\$0	\$0						
Sep-25	0		\$0	\$0	\$0	\$0						
Oct-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Nov-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Dec-25	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Jan-26	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Feb-26	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Mar-26	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Apr-26	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
May-26	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Jun-26	15,267	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
TOTAL	137,400		\$13,891	\$393,580	\$46,304	\$9,261				90	90	
					Total Revenue		\$4	463,036	Undupli	icated Clie	nts Served	180
							Es	stimated C	ost Per Client:	\$2,572		

45.000	45.00	45.00	45.000	
Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
5,842	121,808	7,711	2,039	137,400
487	10151	643	170	11450
5	113	7	2	127
0.09	1.88	0.12	0.03	2.12

Avg Monthly Census	Expected Length of Program (months)
90	12

25.44

Total Hours Per Unduplicated Client for Duration of the Program:

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society Actual Cost Contract (cost reimbursement) General Mental Health Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Upland) FY 2024 - 2025 (9 Months) Address: 25910 Acero, Suite 160 October 1, 2024 - June 30, 2025 Mission Viejo, CA 92691 Prepared by: Gil A. Garcia CFO Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025 MODE OF SERVICE 15-Outpatient LINE 15-Outpatient 15-Outpatient 15-Outpatient Mental Health Case Medication TOTAL Crisis Intervention SERVICE FUNCTION Management (01-Services Support (70)(10-50)09) (60)100% Distribution % 3.00% 85.00% 10.00% 2.00% EXPENSES SALARIES 11,809 334,577 39,362 7,872 0 393,620 3 BENEFITS 74,789 2,244 63,570 7,479 1,496 0 (2+3 must equal total staffing costs) 14.052 398,147 46,841 9,368 0 468,408 OPERATING EXPENSES 5,662 160,415 18,872 3,774 0 188,724 4 TOTAL EXPENSES (2+3+4) 5 558,562 65.713 13,143 657,132 19,714 0 AGENCY REVENUES PATIENT FEES 0 6 PATIENT INSURANCE 0 8 MEDI-CARE 0 9 GRANTS/OTHER 0 TOTAL AGENCY REVENUES (6+7+8+9) 10 0 0 11 CONTRACT AMOUNT (5-10) 19,714 558,562 65,713 13,143 0 657,132 FUNDING Mix % Share % 12 MEDI-CAL (FFP) 50.00% 9.273 262,748 30.911 6.182 0 309.114 13 EPSDT (2011 Realignment) 206 5,832 686 137 0 6,861 36.03% 14 1991 Realignment Match 9,068 256,915 30,226 6,046 0 302,255 13.97% 15 0 0 1991 Realignment - Net County 3,890 778 38,902 16 1,167 33,067 0 5.92% 17 558,562 65,713 13,143 0 657,132 FUNDING TOTAL 19,714 NET COUNTY FUNDS (Local Cost) MUST = ZERO 18 0 19 STATE FUNDING (Including Realignment) 10,441 34,802 6,961 295,814 0 348,018 20 FEDERAL FUNDING 9.273 262,748 30.911 6.182 0 309,114 TOTAL FUNDING 21 657,132 19,714 558.562 65,713 13,143 0 22 TARGET COST PER UNIT OF SERVICE \$2.39 \$3.25 \$6.04 \$4.57 \$0.00 UNITS OF TIME (Minutes) 171,940 10,884 193,949 23 8,247 2,878 APPROVED: Heather Lover 02/18/2025 Thelma Rodriguez 02/19/2025 02/20/2025 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE Gil A. Garcia Thelma Rodriguez Heather Louer PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME)

Administrative Supervisor I

DBH FISCAL

CFO

Page 67 of 96

Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 3.00 0.16 0.00 0.50 0.32 0.00 0.00 0.00 0.00 0.00 0.00 0.17 0.00 0.00 0.00 0.00 0.00 4.15

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH STAFFING DETAIL FY 2024 - 2025

Schedule B

October 1, 2024 - June 30, 2025

(9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year												
			If Staff Position is <u>not</u>		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benef
Name	Degree/	Position	Clinical FTE Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged t
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to "N"	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
BD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	27.0%	36,146		30,375	5,77
BD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	65.0%	60,208		50,595	9,61
BD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	300.0%	222,902		187,313	35,59
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	16.0%	11,888		9,990	1,89
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	8.0%	6,737		5,661	1,07
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,70
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	32.0%	20,278		17,040	3,23
BD		Program Admin Assistant	N	D	52,000	9,880	61,880	32.0%	14,851		12,480	2,37
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	64.0%	31,416		26,400	5,01
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	27.0%	15,037		12,636	2,40
TBD		QA Support	N	D	57,000	10,830	67,830	16.0%	8,140		6,840	1,30
TBD		Office Coordinator	N	D	52,000	9,880	61,880	32.0%	14,851		12,480	2,37
BD		Financial Analyst	N	D	110,000	20,900	130,900	2.8%	2,749		2,310	43
TBD	MD	Subcontracted Psychiatrist	Y	С	520,000	0	520,000	17.0%	0		0	
							0		0		0	
							0		0		0	
									0		0	
									0		0	
									0		0	
											393,620	74,78

TOTAL COST: 468,407

0.75 -----

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment,

Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2024 - 2025

Provider #

Contractor Name: South Coast Children's Society

Contract/RFP# #24-174 & 24-178 (Upland)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia Title: CFO

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.

October 1, 2024 - June 30, 2025

(9 Months)					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	Advertising & Recruitment	\$870	0%	\$0	100%	\$870	0	870
2	Computer & Equipment Expenses	\$3,158	0%	\$0	100%	\$3,158		3,158
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$2,771	0%	\$0	100%	\$2,771		2,771
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$7,916	0%	\$0	100%	\$7,916		7,916
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$783	0%	\$0	100%	\$783		783
10	Office Space/Occupancy	\$16,776	0%	\$0	100%	\$16,776		16,776
11	Program Expense: Other	\$2,850	0%	\$0	100%	\$2,850		2,850
12	Subcontractors (Psychiatrists)	\$66,300	0%	\$0	100%	\$66,300		66,300
13	Telephone & Internet	\$4,693	0%	\$0	100%	\$4,693		4,693
14	Training & Training Travel	\$1,500	0%	\$0	100%	\$1,500		1,500
15	Transportation Expense	\$406	0%	\$0	100%	\$406		406
16	Indirect Expense	\$80,701	0%	\$0	100%	\$80,701		80,701
	BTOTAL B:	\$188,724		\$0		\$188,724	0	188,724
GR	OSS COSTS TOTAL STAFFING A	\$657,131	0	657,131				

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

Prepared by: Gil A. Garcia Title: CFO Contractor Name: South Coast Children's Society
Provider#
Contract/RFP# #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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.

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn 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 determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 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.
12 Subcontractors (Psychiatrists)	Budgeted for 0.17 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$86,300 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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.
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

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

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)					Contractor Nan	e: South Coast	Children's S	ociety	
Old County Contract (CCR) Rates:			\$2.20	\$2.99	\$5.56	\$4.20	Provide	#			
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RF	P# #24-174 & 2	4-178 (Uplar	nd)	
	Agen	ncy Per Min Rates:	\$2.34	\$2.34 \$3.18 \$5.91 \$4.47 Address: 25910 Acero, Suite 160							
		NOTE: If no estab	oalished agency per r	minute rates, pleas	se input the CCR ra				o, CA 92691		
	Target Cost F	Per Unit of Service	\$2.39	\$3.25	\$4.57	\$4.57	Date Form Complete				
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form Revise	d: 2/18/2025			
	F-1:11			Projec	ted Revenue Ger	erated by Service	Туре			Clients Serve Census	115
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	0		\$0	\$0	\$0	\$0					
Aug-24	0		\$0	\$0	\$0	\$0					
Sep-24	0		\$0	\$0	\$0	\$0					
Oct-24	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			13	13	115
Nov-24	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			13	13	115
Dec-24	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			13	13	115
Jan-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
Feb-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
Mar-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
Apr-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
May-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
Jun-25	21,550	4.15	\$2,190	\$62,062	\$7,301	\$1,460			14	14	115
TOTAL	193,949		\$19,714	\$558,562	\$65,713	\$13,143			123	123	
					Total Revenue		\$657,13	2 Undup	duplicated Clients Served 2		
							Estimated	Cost Per Client	\$2,761]	

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	se Mental Health		Crisis Intervention	TOTAL
8,247	171,940	10,884	2,878	193,949
687	14328	907	240	16162
6	125	8	2	141
0.10	2.08	0.13	0.03	2.34

Avg Monthly Census	Expected Length of Program (months)
115	12

Total Hours Per Unduplicated Client for Duration of the Program: 28.11

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society **General Mental Health** Actual Cost Contract (cost reimbursement) Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Redlands) FY 2025 - 2026 (9 Months) Address: 25910 Acero, Suite 160 Prepared by: Gil A. Garcia October 1, 2025 - June 30, 2026 Mission Viejo, CA 92691 CFO Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025 LINE MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient 15-Outpatient Mental Health Medication Case Crisis Intervention TOTAL SERVICE FUNCTION Services Management (01-Support (70)(10-50)(60)09) 100% Distribution % 3.00% 85.00% 10.00% 2.00% **EXPENSES** SALARIES 233,679 27,492 5,498 274,917 8,248 0 BENEFITS 3 1.567 44,399 5.223 1.045 52,235 0 (2+3 must equal total staffing costs) 9.815 278.079 32.715 6.543 327.152 0 OPERATING EXPENSES 23,265 4.653 232,654 197,756 6,980 0 5 TOTAL EXPENSES (2+3+4) 16.794 475,835 55,981 11,196 0 559,806 AGENCY REVENUES PATIENT FEES 6 0 PATIENT INSURANCE 0 8 MEDI-CARE 0 9 GRANTS/OTHER 0 TOTAL AGENCY REVENUES (6+7+8+9) 10 0 0 0 0 0 11 CONTRACT AMOUNT (5-10) 16,794 475,835 55,981 559,806 11,196 0 FUNDING Share % MEDI-CAL (FFP) 5,267 12 94.08% 50.00% 7.900 223,833 26,333 0 263,333 4,968 13 3.08% EPSDT (2011 Realignment) 36.03% 175 584 117 0 5,844 25,750 5,149 14 1991 Realignment Match 7,725 218,864 0 257,488 13.97% 15 0 0 0 0 1991 Realignment - Net County 28,169 16 5.92% 994 3,314 663 0 33,140 **FUNDING TOTAL** 16,794 475,835 55,981 11,196 559,806 17 0 NET COUNTY FUNDS (Local Cost) MUST = ZERO 18 0 0 0 19 STATE FUNDING (Including Realignment) 8,894 252,002 29,648 5,929 0 296,473 FEDERAL FUNDING 20 7.900 223,833 26,333 5.267 0 263,333 21 TOTAL FUNDING 559,806 16,794 475,835 55,981 11,196 0 22 TARGET COST PER UNIT OF SERVICE \$2.75 \$3.74 \$6.95 \$5.26 \$0.00 23 UNITS OF TIME (Minutes) 6,101 127,194 8,052 2,129 0 143,475 APPROVED: Henry Lover Thelma Rodriguez 02/20/2025 02/18/2025 02/19/2025 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE Gil A. Garcia Thelma Rodriguez Heather Louer DBH FISCAL SERVICES (PRINT NAME) PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME) CFO Administrative Supervisor I

DBH FISCAL

Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.11 0.00 0.50 0.23 0.00 0.00 0.00 0.00 0.00 0.00 0.23 0.00 0.00 0.00 0.00 0.00 3.07

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH STAFFING DETAIL

Schedule B

FY 2025 - 2026

October 1, 2025 - June 30, 2026

(9 months)

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

CONTRACTOR NAME: South Coast Children's Society

CONTRACTOR NAME	E. South Coast	Ciliar en's Society			0.75 year							
			If Staff Position is <u>not</u>		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benefits
Name	Degree/	Position	Clinical FTE Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged to Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	46,314		38,920	7,395
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	8,173		6,869	1,305
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	5,052		4,246	807
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	14,575		12,248	2,327
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	46.0%	22,580		18,975	3,605
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	5,596		4,703	893
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220
TBD	MD	Subcontracted Psychiatrist	Y	С	520,000	0	520,000	23.0%	0		0	0
							0		0		0	0
							0		0		0	0
									0		0	0
									0		0	0
									0		0	0
								•			274,917	52,235

TOTAL COST: 327,150

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

^[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position (2)

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Redlands)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Prepared by: Gil A. Garcia Title: CFO

Date Form Completed: 1/29/2025

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.

October 1, 2025 - June 30, 2026

		, 2020	Budget Revision					
ITEM		(9 Months) 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	Advertising & Recruitment	\$1,172	0%	\$0	100%	\$1,172	0	1,172
2	Computer & Equipment Expenses	\$1,706	0%	\$0	100%	\$1,706		1,706
3	Dues & Publications	\$0	0%	\$0	100%	\$0		0
4	EHR Support Fees	\$2,745	0%	\$0	100%	\$2,745		2,745
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0
6	Insurance-Liability	\$9,144	0%	\$0	100%	\$9,144		9,144
7	Interest Expense	\$0	0%	\$0	100%	\$0		0
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9	Office Expenses	\$4,036	0%	\$0	100%	\$4,036		4,036
10	Office Space/Occupancy	\$43,228	0%	\$0	100%	\$43,228		43,228
11	Program Expense: Other	\$3,891	0%	\$0	100%	\$3,891		3,891
12	Subcontractors (Psychiatrists)	\$89,700	0%	\$0	100%	\$89,700		89,700
13	Telephone & Internet	\$6,480	0%	\$0	100%	\$6,480		6,480
14	Training & Training Travel	\$1,125	0%	\$0	100%	\$1,125		1,125
15	Transportation Expense	\$679	0%	\$0	100%	\$679		679
16	Indirect Expense	\$68,748	0%	\$0	100%	\$68,748		68,748
SU	BTOTAL B:	\$232,654		\$0		\$232,654	0	232,654
GF	OSS COSTS TOTAL STAFFING	AND OPERATING EXP	PENSES:			\$559,804	0	559,804

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

Prepared by: Gil A. Garcia Title: CFO Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

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.

October 1, 2025 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn 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 determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 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.
12 Subcontractors (Psychiatrists)	Budgeted for 0.23 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$89,700 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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.
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

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

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)					Contractor Na	me: South Coas	t Children's S	ociety	
Old County Contract (CCR) Rates:			\$2.20	\$2.99	\$5.56	\$4.20	Provid	er#			,
Productivity Expectation: 60%			CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/R	FP# #24-174 & 2	24-178 (Redla	ands)	
	Agen	ncy Per Min Rates:	\$2.34	\$3.18	\$5.91	\$4.47	Addr	ess: 25910 Acer	o, Suite 160		
		NOTE: If no estab	palished agency per r	minute rates, pleas	se input the CCR ra	ates in the highligh	ed cells	Mission Vie	jo, CA 92691		
	Target Cost F	Per Unit of Service	\$2.75	\$3.74	\$5.26	\$5.26	Date Form Comple				
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV				Date Form Revi	sed: 2/18/2025			
				Projected Revenue Generated by Service Type Clients Served Starting Census							ed 90
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	0		\$0	\$0	\$0	\$0					
Aug-25	0		\$0	\$0	\$0	\$0					
Sep-25	0		\$0	\$0	\$0	\$0					
Oct-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Nov-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Dec-25	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Jan-26	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Feb-26	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Mar-26	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Apr-26	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
May-26	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
Jun-26	15,942	3.07	\$1,866	\$52,871	\$6,220	\$1,244			12	12	90
TOTAL	143,475		\$16,794	\$475,835	\$55,981	\$11,196			108	108	
				•	Total Revenue		\$559,8	06 Undup	licated Clie	nts Served	198
							Estimat	ed Cost Per Client	\$2,827]	

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
6,101	127,194	8,052	2,129	143,475
508	10599	671	177	11956
6	118	7	2	133
0.09	1.96	0.12	0.03	2.21

Avg Monthly Census Expected Length of Program (months)

90 12

Total Hours Per Unduplicated Client for Duration of the Program: 26.57

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society Actual Cost Contract (cost reimbursement) **General Mental Health** Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Yucaipa) FY 2024 - 2025 (9 Months) Address: 25910 Acero, Suite 160 Prepared by: Gil A. Garcia October 1, 2024 - June 30, 2025 Mission Viejo, CA 92691 Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025 LINE MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient 15-Outpatient Case Mental Health Medication Crisis Intervention TOTAL SERVICE FUNCTION Management (01-Services Support (70)(10-50)(60)# Distribution % 3.00% 85.00% 10.00% 2.00% EXPENSES SALARIES 2 8,162 231,261 27,207 5.441 0 272,072 3 BENEFITS 1.034 1.551 43.940 5.169 0 51.695 (2+3 must equal total staffing costs) 275,202 32,377 6,475 323,767 9,713 0 4 OPERATING EXPENSES 3.952 111.979 13,174 2.635 0 131,740 5 TOTAL EXPENSES (2+3+4) 455,507 13,665 387,181 45,551 9,110 0 AGENCY REVENUES PATIENT FEES 6 0 PATIENT INSURANCE 0 0 8 MEDI-CARE GRANTS/OTHER 0 9 10 TOTAL AGENCY REVENUES (6+7+8+9) 0 0 0 0 0 0 CONTRACT AMOUNT (5-10) 11 13,665 387,181 45,551 9,110 0 455,507 FUNDING Mix % Share % 182,130 4,285 214,270 12 94.08% MEDI-CAL (FFP) 50.00% 6,428 21,427 0 13 EPSDT (2011 Realignment) 36.03% 143 4,042 476 0 4,756 0 14 1991 Realignment Match 6.285 178,088 20.951 209.515 13.97% 4.191 15 0 0 16 1991 Realignment - Net County 809 22,921 2,697 539 0 26,966 5.92% 13,665 455,507 17 FUNDING TOTAL 387,181 45,551 9,110 0 18 NET COUNTY FUNDS (Local Cost) MUST = ZERO 0 0 19 STATE FUNDING (Including Realignment) 0 241,237 7,237 205,051 24,124 4,825 20 FEDERAL FUNDING 4,285 0 214,270 6,428 182,130 21,427 21 TOTAL FUNDING 455,507 13.665 387,181 45,551 9,110 0 22 TARGET COST PER UNIT OF SERVICE \$2.37 \$3,22 \$5.99 \$4.53 \$0.00 23 UNITS OF TIME (Minutes) 120,151 7,606 2.011 135,531 5.763 0 APPROVED: 02/19/2025 Herry L. Fores 02/18/2025 02/18/2025 Thelma Rodriguez DBH FISCAL SERVICES PROVIDER AUTHORIZED SIGNATURE DATE DATE DBH PROGRAM MANAGER DATE Thelma Rodriguez Heather Louer Gil A. Garcia PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME) Administrative Supervisor I **CFO**

DBH FISCAL

Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.11 0.00 0.50 0.22 0.00 0.00 0.00 0.00 0.00 0.00 0.07 0.00 0.00 0.00 0.00 0.00 2.90

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

October 1, 2024 - June 30, 2025 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

Schedule B

on Here For the	IL. SOUTH COUST	Ciliaren a society			0.75 year								
			If Staff Position is not		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries	Total Benefi	
Name	Degree/	Position	Clinical FTE Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Charged to Contract	Charged to Contract	
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services	
			to "N"	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services			
BD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420	
BD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	46,314		38,920	7,39	
BD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726	
BD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	8,173		6,869	1,305	
BD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	5.0%	4,210		3,539	672	
BD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	
BD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	22.0%	13,941		11,715	2,226	
BD		Program Admin Assistant	N	D	52,000	9,880	61,880	22.0%	10,210		8,580	1,631	
BD		Client Care Coordinator	N	D	55,000	10,450	65,450	44.0%	21,599		18,150	3,449	
BD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423	
BD		QA Support	N	D	57,000	10,830	67,830	11.0%	5,596		4,703	893	
BD		Office Coordinator	N	D	52,000	9,880	61,880	22.0%	10,210		8,580	1,631	
BD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220	
BD	MD	Subcontracted Psychiatrist	Y	С	520,000	0	520,000	7.0%	0		0	C	
							0		0		0	0	
							0		0		0	C	
									0		0	0	
									0		0	0	
									0		0	(
											272,072	51,695	

TOTAL COST: 323,765

0.75

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment,

Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2024 - 2025

Prepared by: Gil A. Garcia

Title: CFO

Contractor Name: South Coast Children's Society

Provider#

Contract/RFP# #24-174 & 24-178 (Yucaipa)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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.

October 1, 2024 - June 30, 2025

(9 Months)									
ITEM		TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	ER FUNDING FUNDING SOURCE TO PROGRAM		TOTAL COST TO PROGRAM	Request Change	Revised Budget	
1	Advertising & Recruitment	\$1,370	0%	\$0	100%	\$1,370	0	1,370	
2	Computer & Equipment Expenses	\$826	0%	\$0	100%	\$826		826	
1	Dues & Publications	\$0	0%	\$0	100%	\$0		0	
4	EHR Support Fees	\$1,620	0%	\$0	100%	\$1,620		1,620	
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0	
6	Insurance-Liability	\$3,361	0%	\$0	100%	\$3,361		3,361	
7	Interest Expense	\$0	0%	\$0	100%	\$0		0	
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0	
9	Office Expenses	\$4,114	0%	\$0	100%	\$4,114		4,114	
10	Office Space/Occupancy	\$30,902	0%	\$0	100%	\$30,902		30,902	
11	Program Expense: Other	\$2,537	0%	\$0	100%	\$2,537		2,537	
12	Subcontractors (Psychiatrists)	\$27,300	0%	\$0	100%	\$27,300		27,300	
13	Telephone & Internet	\$2,969	0%	\$0	100%	\$2,969		2,969	
14	Training & Training Travel	\$750	0%	\$0	100%	\$750		750	
15	Transportation Expense	\$52	0%	\$0	100%	\$52		52	
16	Indirect Expense	\$55,939	0%	\$0	100%	\$55,939		55,939	
	BTOTAL B:	\$131,740		\$0		\$131,740	0	131,740	
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EXP	PENSES:			\$455,505	0	455,505	

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

Prepared by: Gil A. Garcia Title: CFO

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.

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
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6 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. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn 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 determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 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.
12 Subcontractors (Psychiatrists)	Budgeted for 0.07 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$27,300 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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.
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

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

Service Projections (Mode 15)

Prior fisc	cal year Rates (Co	mpleted by DBH)					Contractor Name	South Coast	Children's S	ociety	
	Old County Cont	tract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider #	ŧ			
Producti	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24	4-178 (Yucai	pa)	
	Agen	cy Per Min Rates:	\$2.34	\$3.18	\$5.91	\$4.47	Address	ss: 25910 Acero, Suite 160			
		NOTE: If no estat	palished agency per r	minute rates, pleas	se input the CCR ra			Mission Viejo	, CA 92691		
	Target Cost F	Per Unit of Service	\$2.37	\$3.22	\$4.53	\$4.53	Date Form Completed				
ALL YELL	ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER Date Form Revised: 2/18/2025 Projected Revenue Generated by Service Type Clients Served										
	Estimated			Projec	ted Revenue Ger	erated by Service	Type	Ι		Clients Serve Census	90
MONTH Units of Service (Minutes) Planned Clinical FTE's Management (01-06 & 08-09) Mental Health Services Support Intervention (10-50) (60) (70)									Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	0										
Aug-24	0		\$0	\$0	\$0	\$0					
Sep-24	0		\$0	\$0	\$0	\$0					
Oct-24	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Nov-24	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Dec-24	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Jan-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Feb-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Mar-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Apr-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
May-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
Jun-25	15,059	2.90	\$1,518	\$43,020	\$5,061	\$1,012			9	9	90
TOTAL	135,531		\$13,665	\$387,181	\$45,551	\$9,110			81	81	
					Total Revenue		\$455,507	Undupl	icated Clie	nts Served	171
	Estimated Co.								\$2,664		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
5,763	120,151	7,606	2,011	135,531
480	10013	634	168	11294
5	111	7	2	125
0.09	1.85	0.12	0.03	2.09

25.10

Avg Monthly Census Expected Length of Program (months)

Total Hours Per Unduplicated Client for Duration of the Program:

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month

SCHEDULE A - Planning Estimates SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society General Mental Health Actual Cost Contract (cost reimbursement) Provider # (GMH) Contract/RFP# #24-174 & 24-178 (Chino) FY 2025 - 2026 (3 Months) Address: 25910 Acero, Suite 160 Prepared by: Gil A. Garcia July 1, 2025 - September 30, 2025 Mission Viejo, CA 92691 CFO Date Form Completed: 1/29/2025 Title: Date Form Revised: 2/18/2025 LINE MODE OF SERVICE 15-Outpatient 15-Outpatient 15-Outpatient 15-Outpatient Case Mental Health Medication Crisis Intervention TOTAL SERVICE FUNCTION Services Support Management (01-(70)09) (10-50)(60)# Distribution % 3.00% 85.00% 10.00% 2.00% EXPENSES SALARIES 2,643 74,883 8,810 1,762 88,098 0 BENEFITS 3 502 14,228 1.674 335 0 16,739 (2+3 must equal total staffing costs) 3.145 89,111 10.484 2.097 0 104.836 OPERATING EXPENSES 42,083 4,951 990 0 49,509 1,485 5 TOTAL EXPENSES (2+3+4) 4.630 131,193 15,435 3.087 0 154,345 AGENCY REVENUES PATIENT FEES 6 0 PATIENT INSURANCE 0 MEDI-CARE 0 8 9 GRANTS/OTHER 0 10 TOTAL AGENCY REVENUES (6+7+8+9) 0 0 0 0 0 0 CONTRACT AMOUNT (5-10) 11 4,630 131,193 15,435 3,087 0 154,345 FUNDING Share % 94.08% MEDI-CAL (FFP) 61,713 7,260 1,452 72,603 12 50.00% 2,178 0 13 1,370 32 3.08% EPSDT (2011 Realignment) 36.03% 48 161 0 1,611 60,344 14 1991 Realignment Match 2,130 7,100 1,420 0 70,994 13.97% 15 0 0 0 0 0 1991 Realignment - Net County 274 7,767 914 183 16 5.92% 0 9,137 17 **FUNDING TOTAL** 4.630 131,193 15,435 3.087 0 154,345 NET COUNTY FUNDS (Local Cost) MUST = ZERO 18 0 0 0 0 19 STATE FUNDING (Including Realignment) 2,452 69,480 8,175 1,635 0 81,742 FEDERAL FUNDING 20 2,178 61,713 7,260 1,452 0 72,603 21 TOTAL FUNDING 4.630 131,193 15,435 3.087 154.345 0 22 \$2.00 \$1.51 \$0.00 TARGET COST PER UNIT OF SERVICE \$0.79 \$1.08 23 UNITS OF TIME (Minutes) 5.842 121,797 7,706 2.040 0 137,386 APPROVED: Heather L. Forse Thelma Rodriguez 02/20/2025 02/18/2025 02/19/2025 DBH FISCAL SERVICES PROVIDER AUTHORIZED SIGNATURE DATE DATE DBH PROGRAM MANAGER DATE Gil A. Garcia Thelma Rodriguez Heather Louer PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH SENIOR PROGRAM MANAGER (PRINT NAME) **CFO** DBH FISCAL Roger Ma Administrative Supervisor I

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.12 0.00 0.50 0.23 0.00 0.00 0.00 0.00 0.00 0.00 0.09 0.00 0.00 0.00 0.00 0.00 0.00 2.94

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL FY 2025 - 2026

July 1, 2025 - September 30, 2025 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

Name			ONTRACTOR NAME: South Coast Children's Society 0.25 year													
Name Degree Pointion Providing SMHs, change to "N" D. D. D. D. D. D. D. D	Total Benefits	201111 0111111200	Budgeted	Total Salaries	% Cost	Total	Full	Full		Position is not						
TBD LMFT/LCSW Program Director N D 150,000 28,500 178,500 16.0% 7,140 6,000	Charged to Contract	_	Hours of	and Benefits	Allocated	Full Time	Time	Time			Position	Degree/	Name			
TBD	Services	Services	Contract	Charged to	Contract	Salaries &	Fringe	Annual		SMHS, change	Title	License				
TBD			Services						D/I/C (1)	to " <u>N</u> "						
TBD	1,140	6,000		7,140	16.0%	178,500	28,500	150,000	D	N	Program Director	LMFT/LCSW	BD			
TBD	1,726	9,081		10,807	35.0%	123,504	19,719	103,785	D	N	Program Supervisor	LMFT/LCSW	BD			
TBD	7,909	41,625		49,534	200.0%	99,068	15,818	83,250	D	Y	Clinicians	LMFT/LCSW/A	BD			
TBD	475	2,498		2,972	12.0%	99,068	15,818	83,250	D	Y	Clinical Assessor	LMFT/LCSW/A	BD			
TBD	269	1,415		1,684	6.0%	112,277	17,927	94,350	D	N	Clinical Supervisor	LMFT/LCSW/A	BD			
TBD	1,235	6,500		7,735	50.0%	61,880	9,880	52,000	D	Y	Mental Health Speciali		BD			
TBD Client Care Coordinato N D 55,000 10,450 65,450 46.0% 7,527 6,325	776	4,083		4,858	23.0%	84,490	13,490	71,000	D	Y	Licensed Psych Tech	LPT	BD			
TBD Medi-Cal Billing Analy N D 62,400 11,856 74,256 16.0% 2,970 2,496	568	2,990		3,558	23.0%	61,880	9,880	52,000	D	N	Program Admin Assista		BD			
TBD QA Support N D 57,000 10,830 67,830 12.0% 2,035 1,710 TBD Office Coordinator N D 52,000 9,880 61,880 23.0% 3,558 2,990 TBD Financial Analyst N D 110,000 20,900 130,900 1.4% 458 385 TBD MD Subcontracted Psychiat Y C 520,000 0 9.0% 0 0 0 Image: Contracted Psychiat Y C 520,000 0 520,000 9.0% 0	1,202	6,325		7,527	46.0%	65,450	10,450	55,000	D	N	Client Care Coordinato		BD			
TBD Office Coordinator N D 52,000 9,880 61,880 23.0% 3,558 2,990 TBD Financial Analyst N D 110,000 20,900 130,900 1.4% 458 385 TBD MD Subcontracted Psychiat Y C 520,000 0 520,000 9.0% 0 0 0 C Subcontracted Psychiat Y C 520,000 0 9.0% 0 0 0 0 C Subcontracted Psychiat Y C 520,000 0 9.0% 0	474	2,496		2,970	16.0%	74,256	11,856	62,400	D	N	Medi-Cal Billing Analy		BD			
TBD	325	1,710		2,035	12.0%	67,830	10,830	57,000	D	N	QA Support		BD			
TBD MID Subcontracted Psychiat Y C 520,000 0 520,000 9.0% 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	568	2,990		3,558	23.0%	61,880	9,880	52,000	D	N	Office Coordinator		BD			
	73	385		458	1.4%	130,900	20,900	110,000	D	N	Financial Analyst		BD			
	0	0		0	9.0%	520,000	0	520,000	С	Y	Subcontracted Psychiat	MD	BD			
	0	0		0		0					·					
0 0 0	0	0		0		0										
	0	0		0		0										
	0	0		0		0										
	0	0		0		0										
	0															
\$8,098	16,739	88.098														

TOTAL COST: 104,836

. . . .

"Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #

Contract/RFP# #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691

Prepared by: Gil A. Garcia Title: CFO

Date Form Completed: 1/29/2025

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

July 1, 2025 - September 30, 2025

(3 Months) Budget Revisi												
	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	Advertising & Recruitment	\$111	0%	\$0	100%	\$111	0	111				
2	Computer & Equipment Expenses	\$302	0%	\$0	100%	\$302		302				
3 Dues & Publications		\$0	0%	\$0	100%	\$0		0				
4	EHR Support Fees	\$660	0%	\$0	100%	\$660		660				
5	Furniture Expense		0									
6	Insurance-Liability	\$1,458	0%	\$0	100%	\$1,458		1,458				
7	Interest Expense	\$0	0%	\$0	100%	\$0		0				
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0				
9	Office Expenses	\$1,365	0%	\$0	100%	\$1,365		1,365				
10	Office Space/Occupancy	\$11,376	0%	\$0	100%	\$11,376		11,376				
11	Program Expense: Other	\$1,283	0%	\$0	100%	\$1,283		1,283				
12	Subcontractors (Psychiatrists)	\$11,700	0%	\$0	100%	\$11,700		11,700				
13	Telephone & Internet	\$2,009	0%	\$0	100%	\$2,009		2,009				
14	Training & Training Travel	\$250	0%	\$0	100%	\$250		250				
15	Transportation Expense	\$40	0%	\$0	100%	\$40		40				
16	16 Indirect Expense		0%	\$0	100%	\$18,955		18,955				
	BTOTAL B:	\$49,509		\$49,509	0	49,509						
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EXP	PENSES:			\$154,345	0	154,345				

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

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society

Provider #

Contract/RFP# #24-174 & 24-178 (Chino)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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

July 1, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.09 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$11,700 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

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

Service Projections (Mode 15)

Prior fisc	al year Rates (Co	mpleted by DBH)					Contra	actor Name:	South Coast	Children's So	ociety	
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	1	Provider #				
Productiv	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Cor	ntract/RFP#	#24-174 & 24	1-178 (Chino)	
	Agen	cy Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20		Address:	25910 Acero	Suite 160		
		NOTE: If no estab	palished agency per i	minute rates, pleas	e input the CCR ra	ates in the highligh	ed cells		Mission Viejo, CA 92691			
		er Unit of Service		•	\$1.51	\$1.51	Date Form					
ALL YELL	OW HIGHLIGHTE	D AREAS REQUIF	RE INPUT BY PROV		ted Devemos Com			m Revised:	2/18/2025		lianta Cama	-
	Catimated			Projec	tea Revenue Ger	nerated by Service	e rype			Starting	lients Serve Census	90
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	45,795	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Aug-25	45,795	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Sep-25	45,795	2.94	\$1,543	\$43,731	\$5,145	\$1,029				10	10	90
Oct-25			\$0	\$0	\$0	\$0						
Nov-25			\$0	\$0	\$0	\$0						
Dec-25			\$0	\$0	\$0	\$0						
Jan-26			\$0	\$0	\$0	\$0						
Feb-26			\$0	\$0	\$0	\$0						
Mar-26			\$0	\$0	\$0	\$0						
Apr-26			\$0	\$0	\$0	\$0						
May-26			\$0	\$0	\$0	\$0						
Jun-26			\$0	\$0	\$0	\$0						
TOTAL	137,386		\$4,630	\$131,193	\$15,435	\$3,087				30	30	
					Total Revenue	•		\$154,345	Undupli	cated Clier	nts Served	120
								Estimated C	ost Per Client:	\$1,286		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
5,842	121,797	7,706	2,040	137,386
487	10150	642	170	11449
5	113	7	2	127
0.09	1.88	0.12	0.03	2.12

Avg Monthly Census Expected Length of Program (months)

Dosage (hours) per client per month 0.09 1.88 0.12 0.03

Total Hours Per Unduplicated Client for Duration of the Program:

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month

25.44

SAN BERNARDINO COUNTY **SCHEDULE A - Planning Estimates**

DEPARTMENT OF BEHAVIORAL HEALTH Contractor Name: South Coast Children's Society

General Mental Health Actual Cost Contract (cost reimbursement) Provider #

(GMH) Contract/RFP# #24-174 & 24-178 (Redlands)

FY 2025 - 2026 (3 Months) Address: 25910 Acero, Suite 160 Mission Viejo, CA 92691 Prepared by: Gil A. Garcia July 1, 2025 - September 30, 2025

CFO Date Form Completed: 1/29/2025 Date Form Revised: 2/18/2025

LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		
#		SERVICE FUNCTION	Case Management (01- 09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		TOTAL
1	100%	Distribution %	3.00%	85.00%	10.00%	2.00%		
		EXPENSES						
2		SALARIES	2,749	77,893	9,164	1,833	0	91,639
3		BENEFITS	522	14,800	1,741	348	0	17,412
		(2+3 must equal total staffing costs)	3,272	92,693	10,905	2,181	0	109,051
4		OPERATING EXPENSES	2,247	63,663	7,490	1,498	0	74,898
5		TOTAL EXPENSES (2+3+4)	5,518	156,356	18,395	3,679	0	183,949
		AGENCY REVENUES						
6		PATIENT FEES						0
7		PATIENT INSURANCE						0
8		MEDI-CARE						0
9		GRANTS/OTHER	_	_	_	_	-	0
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)	5,518	156,356	18,395	3,679	0	183,949
	Mix %	FUNDING Share %						
12		MEDI-CAL (FFP) 50.00%	2,596	73,550	8,653	1,731	0	86,530
13	3.08%	EPSDT (2011 Realignment) 36.03%	58	1,632	192	38	0	1,920
14		1991 Realignment Match 13.97%	2,538	71,918	8,461	1,692	0	84,609
15		4004 Bartisanant Nat County	0	0	0	0	0	10.000
16 17	5.92%	1991 Realignment - Net County	327 5.518	9,256	1,089 18,395	218	0	10,890
		FUNDING TOTAL		156,356	-	3,679	_	183,949
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	2,922	82,806	9,742	1,948	0	97,419
20		FEDERAL FUNDING	2,596	73,550	8,653	1,731	0	86,530
21		TOTAL FUNDING	5,518	156,356	18,395	3,679	0	183,949
22		TARGET COST PER UNIT OF SERVICE	\$0.90	\$1.23	\$2.29	\$1.73	\$0.00	
23		UNITS OF TIME (Minutes)	6,101	127,183	8,046	2,130	0	143,461

APPROVED:

Hentrerd. Forser Thelma Rodriguez 02/20/2025 02/18/2025 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

Gil A. Garcia Heather Louer

Thelma Rodriguez

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

CFO Administrative Supervisor I **DBH FISCAL** Roger Ma

Clinical FTE Providing SMHS 0.00 0.00 2.00 0.11 0.00 0.50 0.23 0.00 0.00 0.00 0.00 0.00 0.00 0.23 0.00 0.00 0.00 0.00 0.00 0.00 3.07

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL FY 2025 - 2026

July 1, 2025 - September 30, 2025 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

ONTRACTOR NAME: South Coast Children's Society 0.25 year												
			If Staff Position is not Clinical FTE		Full	Full	Total	% Cost	Total Salaries	Budgeted	Total Salaries Charged to	Total Benefits Charged to
Name	Degree/	Position	Providing		Time	Time	Full Time	Allocated	and Benefits	Hours of	Contract	Contract
	License	Title	SMHS, change		Annual	Fringe	Salaries &	Contract	Charged to	Contract	Services	Services
			to " <u>N</u> "	D/I/C (1)	Salary*	Benefits*	Benefits*	Services	Contract Services	Services		
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	15,438		12,973	2,465
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	2,724		2,290	435
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	1,684		1,415	269
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	4,858		4,083	776
TBD		Program Admin Assista	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	46.0%	7,527		6,325	1,202
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	1,865		1,568	298
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73
TBD	MD	Subcontracted Psychiat	Y	С	520,000	0	520,000	23.0%	0		0	0
							0		0		0	0
							0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
											91,639	17,412
								TOTAL		1	,	,,,,,

TOTAL COST: 109,050

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

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

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Redlands)

Prepared by: Gil A. Garcia Title: CFO ontract/RFP# #24-174 & 24-178 (Redlands)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

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

July 1, 2025 - September 30, 2025

(3 Months) 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	Advertising & Recruitment	\$391	0%	\$0	100%	\$391	0	391				
	Computer & Equipment Expenses	\$569	0%	\$0	100%	\$569		569				
3 Dues & Publications		\$0	0%	\$0	100%	\$0		0				
4	EHR Support Fees	\$915	0%	\$0	100%	\$915		915				
5	Furniture Expense	\$0	0%	\$0	100%	\$0		0				
6	Insurance-Liability	\$3,048	0%	\$0	100%	\$3,048		3,048				
7 Interest Expense		\$0	0%	\$0	100%	\$0		0				
8	Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0				
9	Office Expenses	\$1,345	0%	\$0	100%	\$1,345		1,345				
10	Office Space/Occupancy	\$12,083	0%	\$0	100%	\$12,083		12,083				
11	Program Expense: Other	\$1,297	0%	\$0	100%	\$1,297		1,297				
12	Subcontractors (Psychiatrists)	\$29,900	0%	\$0	100%	\$29,900		29,900				
13	Telephone & Internet	\$2,160	0%	\$0	100%	\$2,160		2,160				
14 Training & Training Travel		\$375	0%	\$0	100%	\$375		375				
15	Transportation Expense	\$226	0%	\$0	100%	\$226		226				
16	Indirect Expense	\$22,589	0%	\$0	100%	\$22,589		22,589				
	STOTAL B:	\$74,898	0	74,898								
GR	OSS COSTS TOTAL STAFFING	AND OPERATING EX	PENSES:			\$183,948	0	183,948				

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

Provider #

Contractor Name: South Coast Children's Society

Contract/RFP# #24-174 & 24-178 (Redlands)

Address: 25910 Acero, Suite 160

Mission Viejo, CA 92691

Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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

July 1, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 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 and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 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;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 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.
10 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 programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.23 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$29,900 for psychiatrists is includind on Staffing tab.
13 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 acess.
14 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.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 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 Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation
16 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 Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

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

Service Projections (Mode 15)

Prior fisc	al year Rates (Co	mpleted by DBH)					Contractor Name	South Coast	Children's S	ociety	
	Old County Cont	ract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider	#			
Productiv	vity Expectation:	60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP	#24-174 & 24	4-178 (Redla	inds)	
	Agen	cy Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Address	Address: 25910 Acero, Suite 160			
			oalished agency per r	minute rates, pleas	e input the CCR ra			Mission Viejo	o, CA 92691		
		er Unit of Service		\$1.23	\$1.73	\$1.73	Date Form Completed				
ALL YELL	OW HIGHLIGHTE	D AREAS REQUI	RE INPUT BY PROV		tod Boyonyo Con	erated by Service	Date Form Revised	2/18/2025		lients Serve	d
	Estimated			Projec	ted Revenue Gen	erated by Service	Туре	Τ		Census	90
MONTH	Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	47,820	3.07	\$1,839	\$52,119	\$6,132	\$1,226			12	12	90
Aug-25	47,820	3.07	\$1,839	\$52,119	\$6,132	\$1,226			12	12	90
Sep-25	47,820	3.07	\$1,839	\$52,119	\$6,132	\$1,226			12	12	90
Oct-25			\$0	\$0	\$0	\$0					
Nov-25			\$0	\$0	\$0	\$0					
Dec-25			\$0	\$0	\$0	\$0					
Jan-26			\$0	\$0	\$0	\$0					
Feb-26			\$0	\$0	\$0	\$0					
Mar-26			\$0	\$0	\$0	\$0					
Apr-26 \$0 \$0 \$0 \$0											
May-26			\$0	\$0	\$0	\$0					
Jun-26			\$0	\$0	\$0	\$0					
TOTAL	143,461		\$5,518	\$156,356	\$18,395	\$3,679			36	36	
				•	Total Revenue		\$183,949	Undupl	icated Clie	nts Served	126
Estimated Cost Per Client: \$1,460									\$1,460		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
6,101	127,183	8,046	2,130	143,461
508	10599	671	178	11955
6	118	7	2	133
0.09	1.96	0.12	0.03	2.21

Avg Monthly Census Expected Length of Program (months)

26.57

Total Hours Per Unduplicated Client for Duration of the Program:

Total Minutes of Services

Total Monthly Minutes of Services (Average) Dosage (minutes) per client per month Dosage (hours) per client per month



Levine Act – Campaign Contribution Disclosure

(formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- · Personal employment contracts
- Contracts under \$50,000
- Contracts where no party receives financial compensation
- · Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or \$50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

DEFINITIONS

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

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

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

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

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

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

	ontractors must respond to the q A or Not Applicable.	uestions on the	fol	lowing page.	f a question does not apply re	spond		
1.	Name of Contractor: South Coast Children's Society, Inc.							
2.	Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?							
	Yes ☑ If yes, skip Question Nos. 3-4 and go to Question No. 5 No □							
3.	Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, <u>if</u> the individual actively supports the matter <u>and</u> has a financial interest in the decision:							
4.	If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):							
5.	Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):							
	Company Name			Relationship				
L	Outsource Management Services		Subsidia		ry			
6.	Name of agent(s) of Contractor: Company Name Agen N/A		ent(s) Date Agent Reta (if less than 12 mont		r)		
7.	7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter <u>and</u> (2) has a financial interest in the decision <u>and</u> (3) will be possibly identified in the contract with the County or board governed special district.							
	Company Name	Subcontractor(s):			Principal and//or Agent(s):			
	N/A							
8 .		of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support ose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision: Company Name Individual(s) Name						
	N/A							

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board

	of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?					
	No ⊠	If no, please skip Question No. 10.				
	Yes □	If yes, please continue to complete this form.				
10.	10. Name of Board of Supervisor Member or other County elected officer:					
	Name of Contributor:					
	Date(s) of Contribution(s):					
	Amount(s):				
	Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone					

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.

listed made campaign contributions.