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

SAN BERNARDINO COUNTY

Contract Number

21-690 A-3

SAP Number
4400024726

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	Citrus Counseling Services, Inc. dba Family Service Agency of San Bernardino
Contractor Representative	Roger Uminski
Telephone Number	(909) 793-1078 ext. 101
Contract Term	October 1, 2021, through September 30, 2026
Original Contract Amount	$2,500,000
Amendment Amount	$ 625,000
Total Contract Amount	$3,125,000
Cost Center	9206311000
Grant Number (If applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

IN THAT CERTAIN **Contract No. 21-690** by and between San Bernardino County, a political subdivision of the State of California, hereinafter called the County, and Citrus Counseling Services, Inc. dba Family Service Agency of San Bernardino, 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 FUNDING AND BUDGETARY RESTRICTIONS, paragraph I and J are hereby amended to read as follows:

I. The contract amendment amount of $625,000 shall increase the total contract amount from $2,500,000 to $3,125,000 for the contract term.

J. This amendment hereby adds Schedules A and B for FY2025-26 and 2026-27 as set forth in Exhibit I. All previously approved schedules remain in effect.

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

D.2 Payments for the partial fiscal years (FY 2021-22, FY 2024-25, and 2026-27) will be at different allocation rates. For FY 2021/22, FY 2024/25 and FY 2025/26, payments will be at one-ninth (1/9) of the maximum allocations for the mode of service. For FY 2024/25, FY 2025/26, and 2026/27, payments will be one-third (1/3) of the maximum allocation for the mode of service.

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

A. The term of this Agreement shall be from October 1, 2021, through September 30, 2026, inclusive.

IV. ARTICLE XVII PERSONNEL, paragraph M is hereby amended to read 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 $500 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.

V. ATTACHMENT III Campaign Contribution Disclosure (SB 1439) 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 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

► Dawn Rowe

Dawn Rowe, Chair, Board of Supervisors

Dated: AUG 19 2025

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

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

By _____ Deputy

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

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

By Signed by: Roger Uminski II
20CFB0B9EAA214C6...
(Authorized signature - sign in blue ink)

Name Roger Uminski II
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: 8/1/2025

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

FOR COUNTY USE ONLY

Approved as to Legal Form
Signed by: Dawn Martin
► 8FD7414769704F8...
Dawn Martin, Deputy County Counsel
Date 8/4/2025

Reviewed for Contract Compliance
Signed by: Michael Shin
► 8B6DC7D1AE3C4B7...
Michael Shin, Administrative Manager
Date 8/4/2025

Reviewed/Approved by Department
DocuSigned by: Georgina Yoshioka
► 7DF667EFA674B2...
Georgina Yoshioka, Director
Date 8/5/2025

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health
(GMH)
FY 2025 - 2026
Oct. 1, 2025 - June 30, 2026

Prepared by: Valerie Vega
Title: Financial Controller

Contractor Name: Citrus Counseling Services, Inc. DBA Family Service Agency of San
Provider #: 00288 36A1 RU36HS1
Contract/RFP#: RTP# 24-185
Address: 101 E. Redlands Blvd. STE 215, Redlands, CA 92373
Date Form Completed: 02/25/2025
Date Form Revised: 3/17/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %	Operating Expenses	5.63%	39.38%	53.87%	1.13%		
	100%	Distribution %	S&B	96.50%	0.50%	2.50%	0.50%		
		EXPENSES							
2		SALARIES		146,501	759	3,795	759	0	151,814
3		BENEFITS		19,044	99	493	99	0	19,735
		(2+3 must equal total staffing costs)		165,545	858	4,289	858	0	171,549
4		OPERATING EXPENSES		7,429	52,005	71,136	1,486	0	132,056
5		TOTAL EXPENSES (2+3+4)		172,974	52,862	75,425	2,344	0	303,605
		AGENCY REVENUES							
6		PATIENT FEES							0
7		PATIENT INSURANCE							0
8		MEDI-CARE							0
9		GRANTS/OTHER							0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		172,974	52,862	75,425	2,344	0	303,605
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	81,367	24,866	35,480	1,102	0	142,815
13	3.08%	EPSDT (2011 Realignment)	36.03%	1,806	552	787	24	0	3,169
14		1991 Realignment Match	13.97%	79,561	24,315	34,693	1,079	0	139,647
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		10,240	3,129	4,465	139	0	17,973
17		FUNDING TOTAL		172,974	52,862	75,425	2,344	0	303,605
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		91,607	27,996	39,945	1,242	0	160,790
20		FEDERAL FUNDING		81,367	24,866	35,480	1,102	0	142,815
21		TOTAL FUNDING		172,974	52,862	75,425	2,344	0	303,605
22		TARGET COST PER UNIT OF SERVICE		$2.55	$3.46	$6.43	$5.39	$0.00	
23		UNITS OF TIME (Minutes)		67,931	15,287	11,723	435	0	95,376

APPROVED:

Roger Uminski II 03/24/2025 | Thelma Rodriguez 03/26/2025 | Heather P. Louer 03/26/2025

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

Roger Uminski | Thelma Rodriguez | Heather Louer

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

CEO | Administrative Supervisor I | DBH FISCAL | Roger Ma

EXHIBIT I

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2025 - 2026
Oct. 1, 2025 - June 30, 2026 (9 months)

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

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

Name	Degree/ License	Position Title	If Staff Position is 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 Benefits Charged to Contract Services	Clinical FTE Providing SMHS
Clinic Supervisor	LCSW/LMFT	Clinic Supervisor	Y	D	67,500	8,775	76,275	60%	45,765		40,500	5,265	0.60
Case Manager		Case Manager	Y	D	51,418	6,684	58,102	100%	58,102		51,418	6,684	1.00
Mental Health Clinician-A	AMFT/ASW/APCC	Mental Health Clinici	Y	D	50,250	6,533	56,783	0%	0		0	0	0.00
LVN/Psych Tech	LVN, Psych Tech	LVN/Psych Tech	Y	D	62,400	8,112	70,512	20%	14,102		12,480	1,622	0.20
Intake Coordinator		Intake Coordinator	N	D	26,821	3,487	30,307	75%	22,731		20,116	2,615	0.00
Receptionist/Clerical Support		Receptionist/Clerical	N	D	27,300	3,549	30,849	100%	30,849		27,300	3,549	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
											151,814	19,735	1.80

TOTAL COST: 171,549

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.**

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: Citrus Counseling Services, Inc. DBA Family Service Agency of San
Provider # 00288 36A1 RU36HS1
Contract/RFP# RTP# 24-185
Address: 101 E. Redlands Blvd. STE 215, Redlands, CA 92373
Date Form Completed: 02/25/2025

Prepared by: Valerie Vega
Title: Financial Controller

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

Oct. 1, 2025 - June 30, 2026

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Office Equipment & Supplies	$20,250	96%	$19,526	4%	$724	0	724
2	Program Supplies	$54,750	90%	$49,275	10%	$5,475	0	5,475
3	Rent	$168,750	90%	$151,875	10%	$16,875	0	16,875
4	Staff Development	$5,625	93%	$5,209	7%	$416	0	416
5	Travel/Mileage Reimbursement	$11,421	100%	$11,421	0%	$0	0	0
6	IT Management	$157,500	96%	$151,200	4%	$6,300	0	6,300
7	Utilities/Repair and Maintenance	$56,250	95%	$53,438	5%	$2,813	0	2,813
8	Insurance	$93,750	97%	$90,938	3%	$2,813	0	2,813
9	Audit/Accounting Cost	$48,750	97%	$47,288	3%	$1,463	0	1,463
10	Executive Support	$177,740	97%	$171,519	4%	$6,221	0	6,221
11	Admin Support (HR, Fiscal)	$113,349	97%	$109,949	3%	$3,400	0	3,400
12	Clinical Contractor-Psychologist	$343,980	86%	$295,823	14%	$48,157	0	48,157
13			100%	$0	0%	$0	0	0
14	Indirect 15%	$37,400	0%	$0	100%	$37,400	0	37,400
SUBTOTAL B:		$1,289,514		$1,157,458		$132,056	0	$132,056
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$303,605	0	303,605

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE

FY 2025 - 2026

Citrus Counseling Services, Inc. DBA
Contractor Name: Family Service Agency of San Bernardino -
Provider # 00288 36A1 RU36HS1
Contract/RFP# RTP# 24-185
Address: 101 E. Redlands Blvd. STE 215
Redlands, CA 92373
Date Form Completed: 02/25/2025

Prepared by: Valerie Vega
Title: Financial Controller

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

Oct. 1, 2025 - June 30, 2026

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

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

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

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name:	Citrus Counseling Services, Inc. DBA Family Service Agency of San Bernardino - ADELANTO
Provider #:	00288 38A1 RU36HS1
Contract/RFP#:	RFP # 23-107
Address:	101 E. Redlands Blvd. STE 215
	Redlands, CA 92373
Date Form Completed:	02/25/2025
Date Form Revised:	2/25/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type: Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Clients Served: Starting Census 18 — Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Oct-25	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
Nov-25	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
Dec-25	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
Jan-26	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
Feb-26	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
Mar-26	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
Apr-26	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
May-26	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
Jun-26	7,948	1.80	$14,415	$4,405	$6,285	$195				1	1	18
Jul-26	0	1.80	$0	$0	$0	$0				0	0	0
Aug-26	0	1.80	$0	$0	$0	$0				0	0	0
Sep-26	0	1.80	$0	$0	$0	$0				0	0	0
TOTAL	95,376		$172,974	$52,862	$75,425	$2,344				9	9	
			Total Revenue					$303,605	Unduplicated Clients Served			27
									Estimated Cost Per Client:	$11,245		

EXHIBIT I

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	67,931	15,287	11,723	435	95,376
Total Monthly Minutes of Services (Average)	5661	1274	977	36	7948
Dosage (minutes) per client per month	419	94	72	3	589
Dosage (hours) per client per month	6.99	1.57	1.21	0.04	9.81

Avg Monthly Census	Expected Length of Program (months)
14	9

Total Hours Per Unduplicated Client for Duration of the Program: 88.31

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health

(GMH)

FY 2026 - 2027

July 1, 2026 - Sept. 30, 2026

Contractor Name: Citrus Counseling Services, Inc. DBA Family Service Agency of San

Provider # 00288 36A1 RU36HS1-Adelanto

Contract/RFP# RTP# 24-185

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

Prepared by: Valerie Vega

Title: Financial Controller

Date Form Completed: 02/25/2025

Date Form Revised: 3/17/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %	Operating Expenses	5.83%	40.81%	52.26%	1.17%		
	100%	Distribution %	S&B	96.50%	0.50%	2.50%	0.50%		
		EXPENSES							
2		SALARIES		50,298	261	1,303	261	0	52,122
3		BENEFITS		6,539	34	169	34	0	6,776
		(2+3 must equal total staffing costs)		56,837	294	1,472	294	0	58,898
4		OPERATING EXPENSES		2,399	16,808	21,499	480	0	41,187
5		TOTAL EXPENSES (2+3+4)		59,236	17,103	22,972	775	0	100,085
		AGENCY REVENUES							
6		PATIENT FEES							0
7		PATIENT INSURANCE							0
8		MEDI-CARE							0
9		GRANTS/OTHER							0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		59,236	17,103	22,972	775	0	100,085
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	27,864	8,045	10,806	364	0	47,079
13	3.08%	EPSDT (2011 Realignment)	36.03%	618	179	240	8	0	1,045
14		1991 Realignment Match	13.97%	27,247	7,866	10,566	357	0	46,036
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		3,507	1,012	1,360	46	0	5,925
17		FUNDING TOTAL		59,236	17,103	22,972	775	0	100,085
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		31,372	9,058	12,166	411	0	53,006
20		FEDERAL FUNDING		27,864	8,045	10,806	364	0	47,079
21		TOTAL FUNDING		59,236	17,103	22,972	775	0	100,085
22		TARGET COST PER UNIT OF SERVICE		$2.52	$2.74	$5.09	$4.26	$0.00	
23		UNITS OF TIME (Minutes)		23,523	6,251	4,513	182	0	34,469

APPROVED:

Roger Uminski	03/24/2025	Thelma Rodriguez	03/26/2025	Heather L. Louer	03/26/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Roger Uminski		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CEO		Administrative Supervisor I		DBH FISCAL	Roger Ma

EXHIBIT I

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2026 - 2027
July 1, 2026 - Sept. 30, 2026 (3 months)

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

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

Name	Degree/ License	Position Title	If Staff Position is 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 Benefits Charged to Contract Services	Clinical FTE Providing SMHS
Clinic Supervisor	LCSW/LMFT	Clinic Supervisor	Y	D	23,175	3,013	26,188	60%	15,713		13,905	1,808	0.60
Case Manager		Case Manager	Y	D	17,653	2,295	19,948	100%	19,948		17,653	2,295	1.00
Mental Health Clinician-As	AMFT/ASW/APCC	Mental Health Clinici	Y	D	17,253	2,243	19,495	0%	0		0	0	0.00
LVN/Psych Tech	LVN, Psych Tech	LVN/Psych Tech	Y	D	21,424	2,785	24,209	20%	4,842		4,285	557	0.20
Intake Coordinator		Intake Coordinator	N	D	9,208	1,197	10,406	75%	7,804		6,906	898	0.00
Receptionist/Clerical Support		Receptionist/Clerical	N	D	9,373	1,218	10,591	100%	10,591		9,373	1,218	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
											52,122	6,776	1.80

TOTAL COST: 58,898

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.**

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2027

Contractor Name: Citrus Counseling Services, Inc. DBA Family Service Agency of San
Provider # 00288 36A1 RU36HS1-Adelanto
Contract/RFP# RTP# 24-185
Address: 101 E. Redlands Blvd. STE 215
Redlands, CA 92373
Date Form Completed: 02/25/2025

Prepared by: Valerie Vega
Title: Financial Controller

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

July 1, 2026 - Sept. 30, 2026

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

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE

FY 2026 - 2027

Contractor Name: Citrus Counseling Services, Inc. DBA Family Service Agency of San Bernardino -
Provider # 00288 36A1 RU36HS1-Adelanto
Contract/RFP# RTP# 24-185
Address: 101 E. Redlands Blvd. STE 215
Redlands, CA 92373
Date Form Completed: 02/25/2025

Prepared by: Valerie Vega
Title: Financial Controller

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

July 1, 2026 - Sept. 30, 2026

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

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2027
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	Citrus Counseling Services, Inc. DBA Family Service Agency of San Bernardino - ADELANTO
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #:	00288 36A1 RU36HS1-Adelanto
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#:	RFP # 23-107
Agency Per Min Rates:	$2.43	$3.30	$6.14	$6.14	Address:	101 E. Redlands Blvd. STE 215
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighed cells						Redlands, CA 92373
Target Cost Per Unit of Service	$0.84	$1.14	$2.12	$1.78	Date Form Completed:	02/25/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/25/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type: Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Clients Served: Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census 18 / Monthly Census
Oct-25	0	1.80	$0	$0	$0	$0				1	1	18
Nov-25	0	1.80	$0	$0	$0	$0				1	1	18
Dec-25	0	1.80	$0	$0	$0	$0				1	1	18
Jan-26	0	1.80	$0	$0	$0	$0				1	1	18
Feb-26	0	1.80	$0	$0	$0	$0				1	1	18
Mar-26	0	1.80	$0	$0	$0	$0				1	1	18
Apr-26	0	1.80	$0	$0	$0	$0				1	1	18
May-26	0	1.80	$0	$0	$0	$0				1	1	18
Jun-26	0	1.80	$0	$0	$0	$0				1	1	18
Jul-26	8,070	1.80	$4,936	$1,425	$1,914	$65				1	1	18
Aug-26	8,070	1.80	$4,936	$1,425	$1,914	$65				1	1	18
Sep-26	8,070	1.80	$4,936	$1,425	$1,914	$65				1	1	18
TOTAL	96,838		$59,236	$17,103	$22,972	$775				12	12	
			Total Revenue					$100,085	Unduplicated Clients Served			30
									Estimated Cost Per Client	$3,336		

EXHIBIT I

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	23,523	6,251	4,513	182	34,469
Total Monthly Minutes of Services (Average)	1960	521	376	15	2872
Dosage (minutes) per client per month	109	29	21	1	160
Dosage (hours) per client per month	1.82	0.48	0.35	0.01	2.66

Total Hours Per Unduplicated Client for Duration of the Program: 7.98

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

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health

(GMH)

FY 2026 - 2027

July 1, 2026 - Sept. 30, 2026

Contractor Name: Family Service Agency of San Bernardino -CRESTLINE

Provider # 00288 36A1 RU36A11

Contract/RFP# RTP# 24-185

Address: 1669 North E Street, San Bernardino CA 92405

Prepared by: sbdbh

Title: Financial Controller

Date Form Completed: 2/25/25

Date Form Revised: 3/17/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %	Operating Expenses	6.98%	55.80%	35.83%	1.40%		
	100%	Distribution %	S&B	96.50%	0.50%	2.50%	0.50%		
		EXPENSES							
2		SALARIES		26,762	139	693	139	0	27,733
3		BENEFITS		3,479	18	90	18	0	3,605
		(2+3 must equal total staffing costs)		30,241	157	783	157	0	31,338
4		OPERATING EXPENSES		1,732	13,854	8,894	346	0	24,827
5		TOTAL EXPENSES (2+3+4)		31,973	14,011	9,678	503	0	56,165
		AGENCY REVENUES							
6		PATIENT FEES							0
7		PATIENT INSURANCE							0
8		MEDI-CARE							0
9		GRANTS/OTHER							0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		31,973	14,011	9,678	503	0	56,165
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	15,040	6,591	4,552	237	0	26,420
13	3.08%	EPSDT (2011 Realignment)	36.03%	334	146	101	5	0	586
14		1991 Realignment Match	13.97%	14,706	6,445	4,452	231	0	25,834
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		1,893	829	573	30	0	3,325
17		FUNDING TOTAL		31,973	14,011	9,678	503	0	56,165
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		16,933	7,420	5,126	266	0	29,745
20		FEDERAL FUNDING		15,040	6,591	4,552	237	0	26,420
21		TOTAL FUNDING		31,973	14,011	9,678	503	0	56,165
22		TARGET COST PER UNIT OF SERVICE		$2.55	$2.78	$5.13	$3.91	$0.00	
23		UNITS OF TIME (Minutes)		12,519	5,038	1,887	129	0	19,573

APPROVED:

Roger Uminski	03/24/2025	Thelma Rodriguez	03/26/2025	Heather L. Louer	03/26/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Roger Uminski		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CEO		Administrative Supervisor I		DBH FISCAL	Roger Ma

EXHIBIT I

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2026 - 2027
July 1, 2026 - Sept. 30, 2026 (3 months)

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

CONTRACTOR NAME: Family Service Agency of San Bernardino -CRESTLINE

Name	Degree/ License	Position Title	If Staff Position is 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 Benefits Charged to Contract Services	Clinical FTE Providing SMHS
Clinic Supervisor	LCSW/LMFT	Clinic Supervisor	Y	D	23,175	3,013	26,188	20%	5,238		4,635	603	0.20
Case Manager		Case Manager	Y	D	17,653	2,295	19,948	55%	10,972		9,709	1,262	0.55
Mental Health Clinician-As	AMFT/ASW/APCC	Mental Health Clinic	Y	D	17,253	2,243	19,495	0%	0		0	0	0.00
LVN/Psych Tech	LVN, Psych Tech	LVN/Psych Tech	Y	D	21,424	2,785	24,209	8%	1,937		1,714	223	0.08
Intake Coordinator		Intake Coordinator	N	D	9,208	1,197	10,406	25%	2,601		2,302	299	0.00
Receptionist/Clerical Support		Receptionist/Clerical	N	D	9,373	1,218	10,591	100%	10,591		9,373	1,218	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
											27,733	3,605	0.83

TOTAL COST:	31,339

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

[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.**

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2027

Contractor Name: Family Service Agency of San Bernardino -CRESTLINE
Provider #: 00288 36A1 RU36A11
Contract/RFP#: RTP# 24-185
Address: 1669 North E Street, San Bernardino CA 92405
Date Form Completed: 2/25/25

Prepared by: sbdbh
Title: Financial Controller

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

July 1, 2026 - Sept. 30, 2026

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Office Equipment & Supplies	$6,750	95%	$6,419	5%	$331	0	331
2	Program Supplies	$18,250	93%	$16,973	7%	$1,278	0	1,278
3	Rent	$56,250	100%	$56,250	0%	$0	0	0
4	Staff Development	$1,875	91%	$1,697	9%	$178	0	178
5	Travel/Mileage Reimbursement	$3,807	100%	$3,807	0%	$0	0	0
6	IT Management	$52,500	97%	$50,925	3%	$1,575	0	1,575
7	Utilities/Repair and Maintenance	$18,750	85%	$15,938	15%	$2,813	0	2,813
8	Insurance	$31,250	97%	$30,313	3%	$938	0	938
9	Audit/Accounting Cost	$16,250	97%	$15,763	3%	$488	0	488
10	Executive Support	$61,024	96%	$58,583	4%	$2,441	0	2,441
11	Admin Support (HR, Fiscal)	$38,916	96%	$37,360	4%	$1,557	0	1,557
12	Clinical Contractor-Psychologist	$118,100	95%	$112,195	5%	$5,905	0	5,905
13			100%	$0	0%	$0	0	0
14	Indirect 15%	$7,326	0%	$0	100%	$7,326	0	7,326
SUBTOTAL B:		$431,048		$406,221		$24,827	0	24,827
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$56,166	0	56,166

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE

FY 2026 - 2027

Contractor Name: Family Service Agency of San Bernardino - CRESTLINE
Provider # 00288 36A1 RU36A11
Contract/RFP# RTP# 24-185
Address: 1669 North E Street
San Bernardino CA 92405
Date Form Completed: 2/25/25

Prepared by: sbdbh
Title: Financial Controller

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

July 1, 2026 - Sept. 30, 2026

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

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2027
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	Family Service Agency of San Bernardino -CRESTLINE
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #:	00288 36A1 RU36A11
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#:	RFP # 21-03
Agency Per Min Rates:	$3.10	$4.22	$7.78	$5.93	Address:	1669 North E Street
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighed cells						San Bernardino CA 92405
Target Cost Per Unit of Service	$1.02	$1.39	$2.56	$1.95	Date Form Completed:	2/25/25
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/25/2026

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		2
			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	3,784	0.83	$2,664	$1,168	$806	$42				0	0	2
Aug-26	3,784	0.83	$2,664	$1,168	$806	$42				0	0	2
Sep-26	3,784	0.83	$2,664	$1,168	$806	$42				0	0	2
Oct-26	0	0.83	$0	$0	$0	$0				0	0	2
Nov-26	0	0.83	$0	$0	$0	$0				0	0	0
Dec-26	0	0.83	$0	$0	$0	$0				0	0	0
Jan-27	0	0.83	$0	$0	$0	$0				0	0	0
Feb-27	0	0.83	$0	$0	$0	$0				0	0	0
Mar-27	0	0.83	$0	$0	$0	$0				0	0	0
Apr-27	0	0.83	$0	$0	$0	$0				0	0	0
May-27	0	0.83	$0	$0	$0	$0				0	0	0
Jun-27	0	0.83	$0	$0	$0	$0				0	0	0
TOTAL	45,405		$31,973	$14,011	$9,678	$503				0	0	
			Total Revenue					$56,165	Unduplicated Clients Served			2
									Estimated Cost Per Client:	$28,082		

EXHIBIT I

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	12,519	5,038	1,887	129	19,573
Total Monthly Minutes of Services (Average)	1043	420	157	11	1631
Dosage (minutes) per client per month	1565	630	236	16	2447
Dosage (hours) per client per month	26.08	10.49	3.93	0.27	40.78

Avg Monthly Census	Expected Length of Program (months)
1	3

Total Hours Per Unduplicated Client for Duration of the Program: 122.33

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health

(GMH)

FY 2025 - 2026

Oct. 1, 2025 - June 30, 2026

Contractor Name: Family Service Agency of San Bernardino -CRESTLINE

Provider # 00288 36A1 RU36A11

Contract/RFP# RTP# 24-185

Address: 1669 North E Street, San Bernardino CA 92405

Prepared by: Valerie Vega

Title: Financial Controller

Date Form Completed: 2/25/25

Date Form Revised: 3/17/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %	Operating Expenses	6.98%	55.80%	35.83%	1.40%		
	100%	Distribution %	S&B	96.50%	0.50%	2.50%	0.50%		
		EXPENSES							
2		SALARIES		77,950	404	2,019	404	0	80,777
3		BENEFITS		10,133	53	263	53	0	10,501
		(2+3 must equal total staffing costs)		88,083	456	2,282	456	0	91,278
4		OPERATING EXPENSES		5,153	41,220	26,463	1,031	0	73,867
5		TOTAL EXPENSES (2+3+4)		93,236	41,677	28,745	1,487	0	165,145
		AGENCY REVENUES							
6		PATIENT FEES							0
7		PATIENT INSURANCE							0
8		MEDI-CARE							0
9		GRANTS/OTHER							0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		93,236	41,677	28,745	1,487	0	165,145
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	43,858	19,605	13,522	699	0	77,684
13	3.08%	EPSDT (2011 Realignment)	36.03%	973	435	300	16	0	1,724
14		1991 Realignment Match	13.97%	42,885	19,169	13,222	684	0	75,960
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		5,520	2,467	1,702	88	0	9,777
17		FUNDING TOTAL		93,236	41,677	28,745	1,487	0	165,145
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		49,378	22,072	15,223	788	0	87,461
20		FEDERAL FUNDING		43,858	19,605	13,522	699	0	77,684
21		TOTAL FUNDING		93,236	41,677	28,745	1,487	0	165,145
22		TARGET COST PER UNIT OF SERVICE		$3.00	$4.09	$7.54	$5.75	$0.00	
23		UNITS OF TIME (Minutes)		31,040	10,192	3,813	259	0	45,304

APPROVED:

Roger Uminski	03/24/2025	Thelma Rodriguez	03/26/2025	Heather Louer	03/26/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Roger Uminski		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CEO		Administrative Supervisor I		DBH FISCAL	Roger Ma

EXHIBIT I

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2025 - 2026
Oct. 1, 2025 - June 30, 2026 (9 months)

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

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

Name	Degree/ License	Position Title	If Staff Position is 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 Benefits Charged to Contract Services	Clinical FTE Providing SMHS
Clinic Supervisor	LCSW/LMFT	Clinic Supervisor	Y	D	67,500	8,775	76,275	20%	15,255		13,500	1,755	0.20
Case Manager		Case Manager	Y	D	51,418	6,684	58,102	55%	31,956		28,280	3,676	0.55
Mental Health Clinician-As	AMFT/ASW/APCC	Mental Health Clinic	Y	D	50,250	6,533	56,783	0%	0		0	0	0.00
LVN/Psych Tech	LVN, Psych Tech	LVN/Psych Tech	Y	D	62,400	8,112	70,512	8%	5,641		4,992	649	0.08
Intake Coordinator		Intake Coordinator	N	D	26,821	3,487	30,307	25%	7,577		6,705	872	0.00
Receptionist/Clerical Support		Receptionist/Clerica	N	D	27,300	3,549	30,849	100%	30,849		27,300	3,549	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
							0	0%	0		0	0	0.00
											80,777	10,501	0.83

TOTAL COST:	91,278

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

(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.**

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: Family Service Agency of San Bernardino -CRESTLINE
Provider # 00288 36A1 RU36A11
Contract/RFP# RTP# 24-185
Address: 1669 North E Street
San Bernardino CA 92405
Date Form Completed: 2/25/25

Prepared by: Valerie Vega
Title: Financial Controller

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

Oct. 1, 2025 - June 30, 2026

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

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE

FY 2025 - 2026

Family Service Agency of San Bernardino -
Contractor Name: CRESTLINE
Provider # 00288 36A1 RU36A11
Contract/RFP# RTP# 24-185
Address: 1669 North E Street
San Bernardino CA 92405
Date Form Completed: 2/25/25

Prepared by: Valerie Vega
Title: Financial Controller

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

Oct. 1, 2025 - June 30, 2026

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

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

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	$3.10	$4.22	$7.78	$6.98
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	$3.00	$4.09	$7.54	$5.75

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name:	Family Service Agency of San Bernardino -CRESTLINE
Provider #:	00288 36A1 RU36A11
Contract/RFP#:	RFP # 21-03
Address:	1669 North E Street
	San Bernardino CA 92405
Date Form Completed:	2/25/25
Date Form Revised:	2/25/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		2
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Oct-25	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
Nov-25	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
Dec-25	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
Jan-26	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
Feb-26	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
Mar-26	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
Apr-26	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
May-26	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
Jun-26	3,775	0.83	$7,770	$3,473	$2,395	$124				0	0	2
Jul-26	0	0.83	$0	$0	$0	$0				0	0	0
Aug-26	0	0.83	$0	$0	$0	$0				0	0	0
Sep-26	0	0.83	$0	$0	$0	$0				0	0	0
TOTAL	45,304		$93,236	$41,677	$28,745	$1,487				0	0	
			Total Revenue					$165,145	Unduplicated Clients Served			2
								Estimated Cost Per Client	$82,572			

EXHIBIT I

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	31,040	10,192	3,813	259	45,304
Total Monthly Minutes of Services (Average)	2587	849	318	22	3775
Dosage (minutes) per client per month	1724	566	212	14	2517
Dosage (hours) per client per month	28.74	9.44	3.53	0.24	41.95

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

Total Hours Per Unduplicated Client for Duration of the Program: 377.53

ATTACHMENT III

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.

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

ATTACHMENT III

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

1. Name of Contractor: Citrus Counseling Services, Inc. dba Family Service Agency of San Bernardino
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?

   Yes X If yes, skip Question Nos. 3-4 and go to Question No. 5 No ☐
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: _____
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
N/A	

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
N/A		

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

Company Name	Subcontractor(s):	Principal and//or Agent(s):
N/A		

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

Company Name	Individual(s) Name
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 X If no, please skip Question No. 10.

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

10. Name of Board of Supervisor Member or other County elected officer: _____

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 listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than $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.