

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



Contract Number

20-608 A-4

SAP Number

4400014665

Department of Behavioral Health

Department Contract Representative	<u>Eric Williams</u>
Telephone Number	<u>(909) 388-0951</u>
Contractor	<u>Helping Hearts California, LLC</u>
Contractor Representative	<u>Ynez Cross</u>
Telephone Number	<u>(661) 305-9406</u>
Contract Term	<u>July 1, 2020 – June 30, 2025</u>
Original Contract Amount	<u>\$36,749,300</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>\$36,749,300</u>
Cost Center	<u>9209242200</u>

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Helping Hearts California, LLC referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 20-608** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Adult Residential Facilities with Social Rehabilitation Program Services, which Contract first became effective July 1, 2020, the following changes are hereby made and agreed to, effective October 11, 2023:

- I. "Referenced Contract Provisions" is hereby amended to read as follows:

REFERENCED CONTRACT PROVISIONS

Term: July 1, 2020 through June 30, 2025, inclusive.

Maximum Obligation:

FY 2020-2021	\$6,168,500
FY 2021-2022	\$6,059,000
FY 2022-2023	\$6,782,800
FY 2023-2024	\$8,869,500
FY 2024-2025	\$8,869,500

Basis for Reimbursement:

Fee for Service

Payment Method:

Fee for Service

Payment/Reimbursement Rate:

County Authorized Basic Service Day

Daily rate per bed \$450.00

Notices to County and Contractor:

COUNTY:

San Bernardino County
 Department of Behavioral Health
 Contracts Development Unit
 303 E. Vanderbilt Way
 San Bernardino, CA 92415-0026

CONTRACTOR:

Helping Hearts California, LLC
 1845 Business Center Dr.
 Suite 112
 San Bernardino, CA 92408
 909-292-8997

LOCATION OF SERVICES:

ACACIA SITE 1767 N. Acacia Avenue Rialto, CA 92376	EUCLID SITE 747 N. Euclid Avenue Ontario, CA 91761
AURORA SITE 13132 Aurora Avenue Victorville, CA 92392	KERN SITE 2421 W. Kern Street San Bernardino, CA 92407
BLACKWOOD SITE 11253 Blackwood Street Fontana, CA 92337	ROBIN SITE 6272 Robin Lane San Bernardino, CA. 92407
BONANZA SITE 14516 Bonanza Road Victorville, CA 92392	VISCONTI SITE 1288 Visconti Drive Colton, CA 92324

II. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraph K is hereby added to read as follows:

K. The allowable funding sources for this Contract include Medi-Cal and Mental Health Services Act. Contractor cannot use any funding from this contract as match funds to draw down Federal funding.

III. ARTICLE VI PROVISIONAL PAYMENT, Paragraph A is hereby amended, Paragraph C.2 is hereby deleted, and Paragraph W is hereby added to read as follows:

A. During the term of this agreement, the County shall make interim payments to Contractor on a monthly basis at the Payment/Reimbursement Rate specified in the Referenced Contract Provisions for each DBH authorized patient. All beds shall be billed as one (1) Basic Service Day. Maximum billing per bed, per day, shall not exceed one (1) Basic Service Day. All payments are subject to the funding and budgetary restrictions limitations described in Article V Funding and Budgetary Restrictions, Paragraph A.

W. Prior to facility location becoming eligible for payments as an existing facility, Contractor is required to provide Certificate of Occupancy, proof of compliance with all Federal, State, County and/or Local requirements and licensure for a Residential Treatment Facility.

IV. ARTICLE XVII PERSONNEL, paragraph J, is hereby amended and paragraphs L and M, are hereby added to read as follows:

J. Iran Contracting Act

IRAN CONTRACTING ACT OF 2010, Public Contract Code sections 2200 et seq. (Applicable for all Contracts of one million dollars (\$1,000,000) or more) In accordance with Public Contract Code Section 2204(a), the Contractor certifies that at the time the Contract is signed, the Contractor signing the Contract is not identified on a list created pursuant to subdivision (b) of Public Contract Code Section 2203 as a person [as defined in Public Contract Code Section 2202(e)] engaging in investment activities in Iran described in subdivision (a) of Public Contract Code Section 2202.5, or as a person described in subdivision (b) of Public Contract Code Section 2202.5, as applicable.

Contractors are cautioned that making a false certification may subject the Contractor to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code Section 2205.

L. Executive Order N-6-22 Russia Sanctions

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

advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

M. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or 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 Purchasing Department. 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 County elected officer for 12 months after the County's consideration of the Contract.

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

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

V. ADDENDUM I "ADULT RESIDENTIAL FACILITIES WITH LONG TERM and TRANSITIONAL SOCIAL REHABILITATION TREATMENT SERVICES" Section II "PERSONS TO BE SERVED", Paragraph B. "Consumer Access Management", Number 4 has been removed and Paragraph B.1., is hereby amended to read as follows:

B.1. Contractor shall respond to all DBH's request within seventy-two (72) hours unless indicated otherwise within this SOW. In addition, responses to referrals timeframe scheduling of admission or readmission, and outcome of interviews shall occur within seventy-two (72) hours. Furthermore, the contractor shall communicate with DBH staff to timely evaluate appropriateness of admission for consumers in need of further stabilization as deemed appropriate.

VI. ADDENDUM I "ADULT RESIDENTIAL FACILITIES WITH LONG TERM and TRANSITIONAL SOCIAL REHABILITATION TREATMENT SERVICES" Section III "DESCRIPTION OF SPECIFIC SERVICES TO BE PROVIDED", Paragraph A. "DEFINITIONS", Number 4, "Mental Health Services", subparagraph b, "Assessment", is hereby amended to read as follows:

4.b. Prior to admission, consumers will be pre-screened and referred to DBH discharge/placement team by an acute psychiatric hospital treatment team, other adult locked residential facilities treatment teams, or internal/external agencies. Then, DBH discharge/placement team will refer appropriate consumers to be considered by the Contractor's treatment team for placement into the long-term or transitional residential facilities. Contractor shall conduct necessary assessment during admission. The Contractor shall respond to all DBH's request within seventy-two (72) hours unless indicated otherwise within this Scope of Work. In addition, responses to referrals timeframe scheduling of admission or readmission, and outcome of interviews shall occur within seventy-two (72) hours.

VII. ADDENDUM I "ADULT RESIDENTIAL FACILITIES WITH LONG TERM and TRANSITIONAL SOCIAL REHABILITATION TREATMENT SERVICES" Section IV "BILLING UNIT", is hereby amended to read as follows:

This is a fee for service with Medi-Cal billable services within the schedules. Each bed day is billable only once. DBH is reserving all beds as identified in Section III. "DESCRIPTION OF SPECIFIC SERVICES TO BE PROVIDED" at the rate specified in the "REFERENCED CONTRACT PROVISIONS".

- VIII. This amendment hereby incorporates Budget Schedules A and B for FY 2023/24 and FY 2024/25. All previously approved schedules remain in effect.
- IX. ATTACHMENT III "CAMPAIGN CONTRIBUTION DISCLOSURE (SB1439)", is hereby added.

L. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

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

SAN BERNARDINO COUNTY

▶ Dawn Rowe
Dawn Rowe, Chair, Board of Supervisors

Dated: MAR 26 2024
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD



By Nyma Monell
Nyma Monell, Clerk of the Board of Supervisors
San Bernardino County

Helping Hearts California, LLC

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

DocuSigned by:
By [Signature]
Authorized signature - sign in blue ink

Name Ynez Cross
(Print or type name of person signing contract)

Title Managing Member, CEO
(Print or Type)

Dated: 3/11/2024

Address 1845 Business Center Dr. Suite 112
San Bernardino, CA 92408

FOR COUNTY USE ONLY

Approved as to Legal Form
DocuSigned by:
▶ Dawn Martin
Dawn Martin, Deputy County Counsel
Date 3/7/2024

Reviewed for Contract Compliance
▶ Natalie Kesse
Natalie Kesse, Contracts Manager
Date 3/7/2024

Reviewed/Approved by Department
▶ Georgina Yoshioka
Georgina Yoshioka, Director
Date 3/7/2024

Helping Hearts Extension FY 23-24 & 24-25

Total: \$ 8,869,500
 (54 beds) @ \$450/bed day

	985,500	Medi-Cal 90%	MHSA MATCH	MHSA 10%	985,500	Current # of beds
Aurora Victorville	985,500	443,475	443,475	98,550	985,500	6
Blackwood Fontana	985,500	443,475	443,475	98,550	985,500	6
Bonanza Victorville	1,642,500	739,125	739,125	164,250	1,642,500	10
Euclid Ontario	821,250	369,563	369,563	82,125	821,250	5
Visconti Colton	985,500	443,475	443,475	98,550	985,500	6
Kern San Bernardino (continued for now)	1,478,250	665,213	665,213	147,825	1,478,250	9
Acacia Rialto (new location)*	985,500	443,475	443,475	98,550	985,500	6
Robin San Bernardino (new location)*	985,500	443,475	443,475	98,550	985,500	6
Total	\$ 8,869,500	3,991,275	3,991,275	886,950	8,869,500	54

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A

Contractor Name: Helping Hearts California, LLC
Contract #: 20-508

Address: 13132 Aurora Ave
Victorville, CA 92392

Legal Entity No.: 01884 RU 9603AR
Date: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO
Adult Residential Facilities with Social Rehab. Program Services
FY 2023 - 2024
July 1, 2023 to June 30, 2024

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE	MODE OF SERVICE	05	05	05	
#	SERVICE FUNCTION	20-29	65-79	65-79	
1	EXPENSES				
2	SALARIES		520,005		520,005
3	BENEFITS		124,803		124,803
4	TOTAL SALARIES AND BENEFITS		644,808		644,808
5	OPERATING EXPENSES		340,692		340,692
6	TOTAL EXPENSES (1+2+3)		985,500		985,500
7	AGENCY REVENUES				
8	PATIENT FEES				
9	PATIENT INSURANCE				
10	MEDI-CARE				
11	GRANTS/OTHER				
12	TOTAL AGENCY REVENUES (5+6+7+8)		985,500		985,500
13	CONTRACT AMOUNT (4-9)				
14	CONTRACT DAYS		365		365
15	CONTRACT MONTHS		12		12
16	NUMBER OF BEDS		6		6
17	TOTAL CLIENT DAYS (11 * 13)		2,180		2,180
18	ANNUAL AMOUNT PER BED (10 / 13)		164,250		
19	MONTHLY AMOUNT PER BED (15 / 12)		13,688		
20	*NEGOTIATED DAILY BED RATE (10 / 14)		450.00		
21	TOTAL MONTHLY AMOUNT (18 * 12)		82,125		82,125
22	TOTAL AMOUNT (11*13*17)		985,500		985,500
23	FUNDING:				
24	MEDI-CAL		443,475		443,475
25	PATH				
26	SAMSHA				
27	MHSA (Non-Med-Cal)		98,550		98,550
28	MHSA MATCH		443,475		443,475
29	REALIGNMENT				
30	OTHER:				
31	TOTAL FUNDING		985,500		985,500

APPROVED:

[Signature]
PROVIDER AUTHORIZED SIGNATURE

5/18/23
DATE

[Signature]
DBH FISCAL SERVICES

4.18.23
DATE

[Signature]
DBH PROGRAM MANAGER

03/24/23
DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

FY 2023 - 2024
July 1, 2023 to June 30, 2024 (12 months)

Schedule B

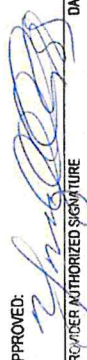
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)


CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Christal Hampton	MA	Executive Director	182,000	43,680	225,680	9.38%	21,158	195	17,063	4,095	
Christophe Loyd	BA	Senior Director of Operations	120,000	31,200	151,200	9.38%	15,113	195	12,188	2,925	
Brian Sprad	LMFT	Head of Service	125,000	30,000	155,000	9.38%	14,531	195	11,719	2,812	
Brylne McCannahan		Clinical Coordinator	87,500	21,056	108,556	9.38%	10,172	195	8,203	1,969	
Haidy Bonilla or designee		Community Liaison	65,000	15,600	80,600	9.38%	7,956	195	6,094	1,863	
Brian Whitworth or designee		Weekend Program Coordinator	70,000	16,200	86,200	9.38%	8,138	195	6,563	1,575	
Anthony Rodriguez or designee		Weekend Program Coordinator	67,500	15,200	82,700	9.38%	7,847	195	6,328	1,519	
Kathy Boyle or designee	BA	Health Information Manager	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575	
Jennifer Lara or designee	SUD	Health Information Manager	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575	
Dr. Ailie Perez	LCSW	Clinical Supervisor	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250	
	PSYD	Clinical Supervisor	95,000	20,400	115,400	9.38%	10,463	195	8,438	2,025	
	LMFT	Clinician	43,980	10,483	54,463	9.38%	5,078	195	4,095	983	
Miguel Amaya or designee		Administrative Support Specialist	67,000	14,400	81,400	9.38%	6,975	195	5,625	1,350	
Jessica Zepeda or designee		Employee Staff Developer	67,000	14,400	81,400	9.38%	6,975	195	5,625	1,350	
Lisa Vann	LVN	Medication Oversight/Inpatient Care	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350	
Kelby Adams		Quality Assurance	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350	
Jessica Zepeda or designee		Employee on-site training and coordination	50,000	11,600	61,600	100.00%	51,460	2,080	41,500	9,960	
TBD		Transitional BHT-2	47,500	9,950	57,450	100.00%	51,460	2,080	41,500	9,960	
TBD		Program Director	55,000	15,600	70,600	100.00%	80,600	2,080	55,000	15,600	
TBD		WDD BHT-2	45,000	10,800	55,800	100.00%	55,800	2,080	45,000	10,800	
TBD		WDD BHT-2	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520	
TBD		WED BHT-1	47,000	10,080	57,080	100.00%	57,080	2,080	42,000	10,080	
TBD		WED BHT-1	44,000	10,550	54,550	100.00%	54,550	2,080	44,000	10,550	
TBD		WDN BHT-1	44,000	10,550	54,550	100.00%	54,550	2,080	44,000	10,550	
TBD		WEN BHT-1	47,000	11,260	58,260	100.00%	58,260	2,080	47,000	11,260	
Contract Nurse Practitioner	NP		55,000	15,600	70,600	9.38%	7,556	195	5,094	1,463	
Total Program:							2,364,903	644,808			

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

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

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross

DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano

DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

DATE: 03/24/23

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

FY 2023 - 2024

Contractor Name: **Helping Hearts California, LLC**
20-608

Address: **13132 Aurora Ave
Victorville, CA 92392**

Prepared by: **Ynez Cross**
Title: **CEO**

Date Form Completed: **2/17/2023**
Updated

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$49,872	100.00%	0.00%	\$49,872
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$108,032	100.00%	0.00%	\$108,032
11				
SUBTOTAL B:	\$340,692			\$340,692
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

[Signature] 5/18/23

[Signature] 4-18-23

[Signature] 03/24/23

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)
Ynez Cross **Anthony Altamirano** **Christina Entz, PM II**

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 13132 Aurora Ave
Victorville, CA 92392
 Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments activities and other treatment
3. Rent	Rent for facility at \$1 500 per member per month and includes all taxes, property insurance and all maintenance excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity gas water, garbage cable internet and phone
5. Clinical Support	Electronic health record system computer support office supplies continued education for clinical staff license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting executive compensation and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE
 DATE: 5/18/23
 DBH FISCAL SERVICES
 DATE: 4-8-23
 DBH PROGRAM MANAGER
 DATE: 03/24/23
 DBH FISCAL SERVICES (PRINT NAME) Anthony Altamirano
 DBH PROGRAM MANAGER (PRINT NAME) Christina Entz, PMI II

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 13132 Aurora Ave
 Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

Client Service Projections for: July 1, 2023 to June 30, 2024													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES

Contractor Name: Helping Hearts California, LLC
Contract #: 20-100

Address: 11253 Blackwood St
Fontana, CA 92337

Legal Entity No.: 01994 RU3621AR
Date: 2/17/2023

Adult Residential Facilities with Social Rehab. Program Services

SCHEDULE A
FY 2023 - 2024

July 1, 2023 to June 30, 2024

Prepared by: Ynez Cross
Title: CEO

Updated

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE #	MODE OF SERVICE	05	05	05	
	SERVICE FUNCTION	20-29	65-79	65-79	
1	SALARIES			520,005	520,005
2	BENEFITS			124,803	124,803
3	TOTAL SALARIES AND BENEFITS			644,808	644,808
4	OPERATING EXPENSES			340,892	340,892
5	TOTAL EXPENSES (1+2+3)			985,500	985,500
6	AGENCY REVENUES				
7	PATIENT FEES				
8	PATIENT INSURANCE				
9	MED-CARE				
10	GRANTS/OTHER				
11	TOTAL AGENCY REVENUES (5+6+7+8)			985,500	985,500
12	CONTRACT AMOUNT (4-9)				
13	CONTRACT DAYS			365	365
14	CONTRACT MONTHS			12	12
15	NUMBER OF BEDS			6	6
16	TOTAL CLIENT DAYS (11*13)			2,180	2,180
17	ANNUAL AMOUNT PER BED (10/13)			184,250	
18	MONTHLY AMOUNT PER BED (15/12)			13,688	
19	"NEGOTIATED DAILY BED RATE (10/14)			450.00	
20	TOTAL MONTHLY AMOUNT (16*13)			82,125	82,125
21	TOTAL AMOUNT (11*13*17)			985,500	985,500
22	FUNDING:				
23	MEDICAL			443,475	443,475
24	PATH				
25	SAMSHA				
26	MHSA (Non-Med-Cal)			98,550	98,550
27	MHSA MATCH			443,475	443,475
28	REALIGNMENT				
29	OTHER:				
30	TOTAL FUNDING			985,500	985,500

APPROVED:  5/18/23 DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE:  4-18-23 DATE: 4-18-23
 DBH FISCAL SERVICES DATE: 03/24/23
 DBH PROGRAM MANAGER DATE: 03/24/23

Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Jennifer L. Muñoz DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2023 - 2024
July 1, 2023 to June 30, 2024
(12 months)

Schedule B


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


CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salary & Benefits	% Time Spent on Contract Services	Total Salaries Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Christal Hamilton	MA	Executive Director	182,000	43,690	225,690	9.38%	21,158	195	17,063	4,095	
Christopher Lloyd	BA	Senior Director of Operations	130,000	31,200	161,200	9.38%	15,113	195	12,188	2,925	
Brian Siroff	LMFT	Head of Service	125,000	30,000	155,000	9.38%	14,531	195	11,719	2,813	
Blythe McClanahan		Clinical Coordinator	87,500	21,000	108,500	9.38%	10,172	195	8,203	1,969	
Hector Benilla or designee		Community Liaison	65,000	15,500	80,500	9.38%	7,556	195	6,094	1,463	
Brian Whitworth or designee		Weekday Program Coordinator	70,000	19,800	89,800	9.38%	8,138	195	6,563	1,575	
Anthony Rodriguez or designee	BA	Weekend Program Coordinator	67,500	19,200	86,700	9.38%	7,847	195	6,328	1,519	
Kathy Boyle or designee		Health Information Manager	70,000	19,800	89,800	9.38%	8,138	195	6,563	1,575	
Jennifer Lara or designee	SUD	SUD Counselor	70,000	19,800	89,800	9.38%	8,138	195	6,563	1,575	
TBD	LCSW	Clinical Supervisor	100,000	24,000	124,000	9.38%	11,825	195	9,375	2,450	
Dr. Alie Perez	PhD	Interim Clinical Supervisor	90,000	21,500	111,500	9.38%	10,483	195	8,438	2,045	
TBD	LMFT	Clinician	65,000	20,400	85,400	9.38%	9,981	195	7,969	1,913	
Miguel Amara or designee		Administrative Support Specialist	43,800	10,483	54,183	9.38%	5,078	195	4,095	963	
Jessica Zendejas or designee		Employee Staff Developer	50,000	14,400	64,400	9.38%	6,975	195	5,625	1,350	
Lisa Ann	(1/7)	Medication oversight/training and com	100,000	24,000	124,000	9.38%	11,825	195	9,375	2,450	
Kathy Adams		Quality Assurance	50,000	14,400	64,400	9.38%	6,975	195	5,625	1,350	
Jessica Zendejas or designee		Employee on-site training and com	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350	
TBD		Transitional BHT-2	41,500	9,950	51,450	100.00%	51,450	2,090	41,500	9,950	
TBD		Program Director	65,000	15,500	80,500	100.00%	80,500	2,090	65,000	15,500	
TBD		WDD BHT-2	45,000	10,500	55,500	100.00%	55,500	2,090	45,000	10,500	
TBD		WED BHT-2	48,000	11,520	59,520	100.00%	59,520	2,090	48,000	11,520	
TBD		WED BHT-1	42,000	10,080	52,080	100.00%	52,080	2,090	42,000	10,080	
TBD		WED BHT-1	44,000	10,550	54,550	100.00%	54,550	2,090	44,000	10,550	
TBD		WED BHT-1	44,000	10,550	54,550	100.00%	54,550	2,090	44,000	10,550	
TBD		WED BHT-1	47,000	11,250	58,250	100.00%	58,250	2,090	47,000	11,250	
Contract Nurse Praclioner	NP		65,000	15,500	80,500	9.38%	7,556	195	5,084	1,463	
							TOTAL		644,808	174,813	
							TOTAL	2,364,903		644,808	

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

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

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4/18/23

DBH FISCAL SERVICES DATE: 03/24/23

DBH PROGRAM MANAGER: Jennifer L. Murfob
DBH FISCAL SERVICES (PRINT NAME): Jennifer L. Murfob
DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608

Address: 11253 Blackwood St
Fontana, CA 92337

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$49,872	100.00%	0.00%	\$49,872
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$108,032	100.00%	0.00%	\$108,032
11				
SUBTOTAL B:	\$340,692			\$340,692
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

Ynez Cross 5/18/23

Jennifer L. Mufioz 4-18-23

Christina Entz 03/24/23

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

Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
Jennifer L. Mufioz DBH FISCAL SERVICES (PRINT NAME)
Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 11253 Blackwood St
Fontana, CA 92337
 Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
 Title: CEO

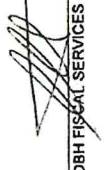
Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2023 to June 30, 2024

ITEM	Justification of Cost
1	Professional liability insurance as required per contract. Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments, activities and other treatment.
2	Transportation Costs
3	Rent for facility at \$1 500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6	Food and supplies for clients
7	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10	Administrative expense includes audit and accounting executive compensation and IT fees not to exceed 15% of modified direct costs
11	

APPROVED:


 PROVIDER AUTHORIZED SIGNATURE


 DBH FISCAL SERVICES


 DBH PROGRAM MANAGER

03/24/23

4.18.23

5/18/23

DATE

DATE

DATE

Ynez Cross

Jennifer L. Muñoz

Christina Entz, PM II

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 11253 Blackwood St

Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

Client Service Projections for: July 1, 2023 to June 30, 2024													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES**

Contractor Name: Helping Hearts California LLC

Contract #: 20-600

Address: 141516 Bonanza St

Victorville CA 92392

Legal Entity No.: 01984 RU36LJAR

Date: 2/17/2023

Updated

Prepared by: Ynez Cross
Title: CEO

Adult Residential Facilities with Social Rehab. Program Services

FY 2023 - 2024
July 1, 2023 to June 30, 2024

SCHEDULE A

100.00%	DISTRIBUTION	0.00%	0.00%	0.00%	100.00%	TOTAL
LINE	MODE OF SERVICE	06	05	05	05	
#	SERVICE FUNCTION	20-29	65-79	65-79	65-79	
EXPENSES						
1	SALARIES				850,671	850,671
2	BENEFITS				204,162	204,162
	TOTAL SALARIES AND BENEFITS				1,054,833	1,054,833
3	OPERATING EXPENSES				587,667	587,667
4	TOTAL EXPENSES (1+2+3)				1,642,500	1,642,500
AGENCY REVENUES						
5	PATIENT FEES					
6	PATIENT INSURANCE					
7	MEDI-CARE					
8	GRANTS/OTHER					
9	TOTAL AGENCY REVENUES (5+6+7+8)					
10	CONTRACT AMOUNT (4-9)				1,642,500	1,642,500
CONTRACT DATA						
11	CONTRACT DAYS				365	365
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)				3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)				164,250	164,250
16	MONTHLY AMOUNT PER BED (15 / 12)				13,688	13,688
17	NEGOTIATED DAILY BED RATE (10 / 14)				450.00	450.00
18	TOTAL MONTHLY AMOUNT (16 * 13)				136,875	136,875
19	TOTAL AMOUNT (11+13+17)				1,642,500	1,642,500
FUNDING:						
20	MEDICAL				739,125	739,125
21	PATH					
22	SAMSHA					
23	MHSA (Non-Medi-Cal)				164,250	164,250
24	MHSA MATCH				739,125	739,125
25	REALIGNMENT					
26	OTHER					
	TOTAL FUNDING				1,642,500	1,642,500

APPROVED: [Signature] DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE: 4.18.23 DBH FISCAL SERVICES DATE: 03/24/23
 DBH PROGRAM MANAGER

Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)
Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)
Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2023 - 2024
July 1, 2023 to June 30, 2024 (12 months)

Schedule B

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

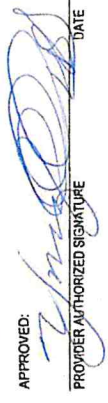
CONTRACTOR NAME: Helping Hearts California, LLC


Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hampton	MA	Executive Director	182,000	43,680	225,680	15.63%	35,263	325	28,438	6,825
Christopher Lloyd	BA	Senior Director of Operations	130,000	31,200	161,200	15.63%	25,188	325	20,313	4,875
Brian Scott	LMFT	Head of Service	125,000	30,000	155,000	15.63%	24,219	325	19,531	4,688
Byrnie McConahan		Clinical Coordinator	67,500	21,600	89,100	15.63%	13,953	325	11,156	2,797
Haley Bomala or designee		Community Liaison	65,000	15,600	80,600	15.63%	12,584	325	10,156	2,428
Brian Whitworth or designee		Weekend Program Coordinator	70,000	16,800	86,800	15.63%	13,563	325	10,838	2,725
Anthony Rodriguez or designee	BA	Health Information Manager	97,500	15,200	112,700	15.63%	17,625	325	14,375	3,250
Kathy Boyle or designee	SUD	SUD Counselor	70,000	16,800	86,800	15.63%	13,563	325	10,938	2,625
Jennifer Lara or designee	LCSW	Clinical Supervisor	100,000	24,000	124,000	15.63%	19,375	325	15,625	3,750
Dr. Alig Perez	PsD	Intern Clinical Supervisor	90,000	21,600	111,600	15.63%	17,438	325	14,063	3,375
TBD	LMFT	Clinician	65,000	20,400	85,400	15.63%	13,281	325	10,781	2,500
Margie Amaya or designee		Administrative Support Specialist	43,680	10,483	54,163	15.63%	8,463	325	6,832	1,631
Jessica Zeneda or designee		Employee Staff Developer	65,000	14,400	79,400	15.63%	12,400	325	9,975	2,425
Lisa Vann	LVN	Medication oversight/training/care	100,000	24,000	124,000	15.63%	19,375	325	15,625	3,750
Kathy Adams		Quality Assurance	60,000	14,400	74,400	15.63%	11,625	325	9,375	2,250
Jessica Zereda or designee		Employee on-site training and com	80,000	14,400	94,400	15.63%	14,625	325	11,625	3,000
TBD		Program Director	70,000	16,800	86,800	100.00%	86,800	2,050	70,000	16,800
TBD		WDD Lead BHT	52,000	12,480	64,480	100.00%	64,480	2,050	52,000	12,480
TBD		WDD BHT-1	48,000	11,520	59,520	100.00%	59,520	2,050	48,000	11,520
TBD		WDD BHT-2	48,000	11,520	59,520	100.00%	59,520	2,050	48,000	11,520
TBD		WED BHT-1	48,000	11,520	59,520	100.00%	59,520	2,050	48,000	11,520
TBD		WED BHT-2	48,000	11,520	59,520	100.00%	59,520	2,050	48,000	11,520
TBD		WEN BHT-1	51,000	12,240	63,240	100.00%	63,240	2,050	51,000	12,240
TBD		WEN BHT-2	51,000	12,240	63,240	100.00%	63,240	2,050	51,000	12,240
TBD		Transitional BHT-1	47,500	11,400	58,900	100.00%	58,900	2,050	47,500	11,400
TBD		Transitional BHT-2	47,500	11,400	58,900	100.00%	58,900	2,050	47,500	11,400
Contract Nurse Practitioner	NP		55,000	15,600	70,600	15.63%	11,000	325	8,875	2,125
						TOTAL	1,054,833		859,671	201,162

Total Program: 2,656,303 COST: 1,054,833

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

* - Sub-Contracted Person listed on Schedule A - Planning its operating expenses, not salaries & benefits

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4-18-23

DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano

DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

DATE: 03/24/23

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-508

Address: 14516 Bonanza St
Victorville, CA 92392

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,250	100.00%	0.00%	\$6,250
2 Transportation Costs	\$30,000	100.00%	0.00%	\$30,000
3 Rent	\$180,000	100.00%	0.00%	\$180,000
4 Utilities	\$28,500	100.00%	0.00%	\$28,500
5 Clinical Support	\$35,000	100.00%	0.00%	\$35,000
6 Food and Supplies	\$82,700	100.00%	0.00%	\$82,700
7 Client Activities and Misc Client Costs	\$13,983	100.00%	0.00%	\$13,983
8 Repair and Maintenance - Client Damage	\$16,500	100.00%	0.00%	\$16,500
9 Interest Expense	\$14,250	100.00%	0.00%	\$14,250
10 Administrative Expense	\$170,484	100.00%	0.00%	\$170,484
11				\$0
SUBTOTAL B:	\$587,667			\$587,667
GROSS COSTS TOTAL A + B:	\$1,642,500			\$1,642,500

APPROVED:  DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE: 4.18.23 DBH FISCAL SERVICES DATE: 03/24/23
 PROVIDER AUTHORIZED SIGNATURE DATE: CHIEF DBH PROGRAM MANAGER DATE: 03/24/23

Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)
 Christina Eniz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608
Address: 14516 Bonanza St
Victorville, CA 92392
Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract. Mileage expense at IRS rate related to client appointments activities and other treatment
3. Rent	Rent for facility at \$1,500 per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  5/18/23 DATE
 PROVIDER AUTHORIZED SIGNATURE
 DBH PBCAL SERVICES 4.18.23 DATE
 DBH PROGRAM MANAGER 03/24/23 DATE

Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Almirano DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608
14516 Bonanza St

Prepared by: Ynez Cross

Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2023 to June 30, 2024													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A
FY 2023 - 2024
July 1, 2023 to June 30, 2024**

Contractor Name: Helping Hearts California, LLC
Contract #: 20-0001
Address: 747 N Euclid Ave
Ontano, CA 91782
Legal Entity No.: 01983 RU38UJAR
Date Updated: 2/17/2023

Prepared by: Ynez Cross
Title: CEO
Adult Residential Facilities with Social Rehab, Program Services

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE	MODE OF SERVICE	05	05	05	
#	SERVICE FUNCTION	20-29	65-79	65-79	
EXPENSES					
1	SALARIES			444,974	444,974
2	BENEFITS			105,793	105,793
3	TOTAL SALARIES AND BENEFITS			551,767	551,767
4	OPERATING EXPENSES			269,493	269,493
4	TOTAL EXPENSES (1+2+3)			821,250	821,250
AGENCY REVENUES					
5	PATIENT FEES				
6	PATIENT INSURANCE				
7	MEDICARE				
8	GRANTS/OTHER				
9	TOTAL AGENCY REVENUES (5+6+7+8)				
10	CONTRACT AMOUNT (4-9)			821,250	821,250
CONTRACT DATA					
11	CONTRACT DAYS			385	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			5	5
14	TOTAL CLIENT DAYS (11 * 13)			1,825	1,825
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250	
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688	
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450.00	
18	TOTAL MONTHLY AMOUNT (16 * 13)			68,438	68,438
19	TOTAL AMOUNT (11*13*17)			821,250	821,250
FUNDING					
20	MEDI-CAL			369,563	369,563
21	PATH				
22	SAMSHA				
23	MHSA			82,124	82,124
24	MHSA MATCH			369,563	369,563
25	REALIGNMENT				
26	OTHER:				
	TOTAL FUNDING			821,250	821,250

APPROVED:  DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23
 DBH-FISCAL SERVICES DATE: 03/24/23
 DBH PROGRAM MANAGER: CHRISTINA ENTZ, PM II

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross
 DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano
 DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2023 - 2024
July 1, 2023 to June 30, 2024
(12 months)

Schedule B

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

CONTRACTOR NAME: Helping Hearts California, LLC.

Name	Degree/License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits*	Total Full Time Salary & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Crystal Hamilton	MA	Executive Director	151,000	45,864	236,864	7.81%	18,513	163	14,930	3,583
Christopher Lloyd	BA	Senior Director of Operations	139,500	32,780	189,280	7.81%	13,223	163	10,664	2,569
Brian Siroat	LMFT	Head of Service	131,250	31,500	162,750	7.81%	12,715	163	10,254	2,461
Byrre McClellan		Clinical Coordinator	97,875	22,050	113,825	7.81%	8,900	163	7,178	1,723
Haidi Bonilla or designee		Community Liaison	88,250	16,380	104,630	7.81%	6,612	163	5,332	1,280
Brian Whitworth or designee		Weekend Program Coordinator	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	7.81%	6,866	163	5,531	1,329
Kathy Boyce or designee	BA	Health Information Manager	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
TBD	LCSSW	Clinical Supervisor	102,200	25,200	130,200	7.81%	10,172	163	8,203	1,969
Dr. Arie Perez	Ps.D	Inter. Clinical Supervisor	84,500	21,580	117,180	7.81%	9,155	163	7,383	1,772
TBD	LMFT	Clinician	89,250	21,420	110,670	7.81%	8,646	163	6,973	1,673
Manuel Amaya or designee		Administrative Support Specialist	49,854	11,007	56,871	7.81%	4,443	163	3,583	860
Jessica Zepeda or designee		Employee Staff Drive Order	51,800	13,120	78,120	7.81%	6,103	163	4,922	1,181
Lisa Vann	LVN	Medication oversight and care of	105,000	25,200	130,200	7.81%	10,172	163	8,203	1,969
Kamr Adams		Quality Assurance	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
Jessica Zepeda or designee		Employee on-site training and support	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
TBD		Program Director	73,500	17,640	91,140	50.00%	45,570	1,040	35,750	8,820
TBD		WDD Lead BHT	54,600	13,104	67,704	50.00%	33,852	1,040	27,300	6,552
TBD		WDD BHT-2	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WDD BHT-1	47,250	11,340	58,590	50.00%	29,295	1,040	23,625	5,670
TBD		WEN BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WEN BHT-2	55,001	13,200	68,201	50.00%	34,101	1,040	27,501	6,600
TBD		WED BHT-2	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WED BHT-1	52,400	12,096	62,488	50.00%	31,248	1,040	25,200	6,048
TBD		WEN BHT-1	53,550	12,852	68,402	50.00%	33,201	1,040	26,775	6,426
TBD		WLN BHT-1	53,950	12,852	68,402	50.00%	33,201	1,040	26,775	6,426
TBD		Transitional BHT-2	49,575	11,870	61,845	50.00%	30,923	1,040	24,938	5,995
Contract Nurse Practitioner	NP		65,001	15,900	80,601	7.81%	6,297	163	5,078	1,219
							Total Program	551,767	2,781,881	651,767

Total Program: 2,781,881 COST: 551,767

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

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

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23

DBH FISCAL SERVICES DATE: 03/24/23

DBH PROGRAM MANAGER: Anthony Allamirano (PRINT NAME) DBH PROGRAM MANAGER: Christina Entz, PM II (PRINT NAME)

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608

Address: 747 N Euclid Ave
Ontario, CA 91762

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 5 DBH Clients for total)	\$4,250	100.00%	0.00%	\$4,250
2 Transportation Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	\$10,000	100.00%	0.00%	\$10,000
3 Rent (expressed on per client basis multiplied times 5 DBH Clients for total)	\$90,000	100.00%	0.00%	\$90,000
4 Utilities (expressed on per client basis multiplied times 5 DBH Clients for total)	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support (expressed on per client basis multiplied times 5 DBH Clients for total)	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies (expressed on per client basis multiplied times 5 DBH Clients for total)	\$53,598	100.00%	0.00%	\$53,598
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	\$8,056	100.00%	0.00%	\$8,056
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 5 DBH Clients for total)	\$4,750	100.00%	0.00%	\$4,750
9 Interest Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	\$8,750	100.00%	0.00%	\$8,750
10 Administrative Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	\$56,079	100.00%	0.00%	\$56,079
11				\$0
SUBTOTAL B:	\$269,483			\$269,483
GROSS COSTS TOTAL A + B:	\$821,250			\$821,250

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23

DBH FISCAL SERVICES

DBH PROGRAM MANAGER: Christina Entz, PM II DATE: 03/24/23

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano

DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
 20-608
 Address: 747 N Euclid Ave
Ontario, CA 91762
 Date Form Completed: 2/17/2023
 Updated

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1 Professional Liability (expressed on per client basis multiplied times 5 DBH Clients for total)	Professional liability insurance as required per contract
2 Transportation Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments activities and other treatment
3 Rent (expressed on per client basis multiplied times 5 DBH Clients for total)	Rent for facility at \$1 500 per member per month and includes all taxes property insurance and all maintenance excessive wear and tear and repairs other than direct client damage
4 Utilities (expressed on per client basis multiplied times 5 DBH Clients for total)	Annual utilities including electricity gas water garbage cable internet and phone
5 Clinical Support (expressed on per client basis multiplied times 5 DBH Clients for total)	Electronic health record system computer support office supplies continued education for clinical staff license fees to CCLD
6 Food and Supplies (expressed on per client basis multiplied times 5 DBH Clients for total)	Food and supplies for clients
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 5 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9 Interest Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10 Administrative Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	Administrative expense includes audit and accounting executive compensation and IT fees not to exceed 15% of modified direct costs
11	

APPROVED:  Ynez Cross 5/18/23 DATE
 PROVIDER AUTHORIZED SIGNATURE
 DBH FISCAL SERVICES 4.18.23 DATE
 DBH PROGRAM MANAGER  DATE
 DBH FISCAL SERVICES (PRINT NAME) Anthony Altamirano DBH PROGRAM MANAGER (PRINT NAME) Christina Entz, PM II
 DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608 747 N Euclid Ave
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2023 to June 30, 2024

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	5	5	5	5	5	5	5	5	5	5	5	5	60
Projected Bed Days	155	155	150	155	150	155	155	140	155	150	155	150	1,825

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES**

Contractor Name: Helping Hearts California, LLC
Contract #: 25-500

Address: 1288 Visconti Dr
Colton, CA 92324

Legal Entity No.: 01984 RU 36HJAR
Date: 10/7/2021
Updated: 2/17/2023

Adult Residential Facilities with Social Rehab, Program Services

SCHEDULE A

FY 2023 - 2024

July 1, 2023 to June 30, 2024

Prepared by: Ynez Cross
Title: CEC

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE #	MODE OF SERVICE / SERVICE FUNCTION	05	05	05	
		20-29	65-79	65-79	
EXPENSES					
1	SALARIES	-	-	533,968	533,968
2	BENEFITS	-	-	128,157	128,157
TOTAL SALARIES AND BENEFITS					
3	OPERATING EXPENSES	-	-	562,126	562,126
4	TOTAL EXPENSES (1+2+3)	-	-	323,374	323,374
AGENCY REVENUES					
5	PATIENT FEES	-	-	985,500	985,500
6	PATIENT INSURANCE	-	-	-	-
7	MEDICARE	-	-	-	-
8	GRANTS/OTHER	-	-	-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	985,500	985,500
10	CONTRACT AMOUNT (4-9)	-	-	-	-
CONTRACT DAYS					
11	CONTRACT DAYS	-	-	365	365
12	CONTRACT MONTHS	-	-	12	12
13	NUMBER OF BEDS	-	-	6	6
14	TOTAL CLIENT DAYS (11 * 13)	-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	164,250	164,250
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	13,688	13,688
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	450.00	450.00
18	TOTAL MONTHLY AMOUNT (18 * 13)	-	-	82,125	82,125
19	TOTAL AMOUNT (11*13*17)	-	-	985,500	985,500
FUNDING:					
20	MEDI-CAL	-	-	443,475	443,475
21	PATH	-	-	-	-
22	SAMSHA	-	-	-	-
23	MHSA	-	-	98,550	98,550
24	MHSA MATCH	-	-	443,475	443,475
25	REALIGNMENT	-	-	-	-
26	OTHER:	-	-	-	-
TOTAL FUNDING					
		-	-	985,500	985,500

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23

DBH FISCAL SERVICES DATE: 03/24/23

DBH PROGRAM MANAGER:  DATE: 03/24/23

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross

DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano

DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

FY 2023 - 2024
July 1, 2023 to June 30, 2024
(12 months)

Staffing Detail - Personnel (includes Personnel Services Contracts for Professional Services)

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/Licensure	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Christa Hamilton	IMA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300	
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	9.38%	15,888	195	12,797	3,071	
Brian Strobel	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953	
Byrne McClanahan	LMFT	Clinical Coordinator	81,875	22,050	113,925	9.38%	10,680	195	8,013	2,667	
Hazi Benita or designee	Community Liaison	Community Liaison	66,250	15,360	84,630	9.38%	7,934	195	6,298	1,636	
Brian Whitcomb or designee	Weekend Program Coordinator	Weekend Program Coordinator	73,500	17,940	91,440	9.38%	8,544	195	6,645	1,899	
Anthony Rodriguez or designee	Weekend Program Coordinator	Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,345	1,894	
Kathy Bola or designee	BA	Health Information Manager	73,500	17,640	91,140	9.38%	8,544	195	6,645	1,899	
Jennifer Lara or designee	SUD	SUD Counselor	53,500	12,360	65,860	9.38%	6,144	195	4,844	1,300	
TBD	LCMSW	Clinical Supervisor	105,000	29,200	130,200	9.38%	12,206	195	9,844	2,363	
Dr. Alina Perez	Psych	Intern Clinical Supervisor	64,500	22,580	117,180	9.38%	10,966	195	8,059	2,126	
TBD	LMFT	Clinician	67,250	21,420	110,670	9.38%	10,375	195	8,307	2,008	
Manuel Amaya or designee	BA	Administrative Support Specialist	45,684	11,007	56,691	9.38%	5,332	195	4,300	1,032	
Jessica Zenada or designee	BA	Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,606	1,418	
Lisa Vann	LVN	Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363	
Kathy Adams	BA	Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,606	1,418	
Jessica Zenada or designee	BA	Employee on-site training and covid	63,000	15,120	78,120	9.38%	7,324	195	5,606	1,418	
TBD	BA	Program Director	73,500	17,640	91,140	60.00%	54,684	1,248	44,100	10,584	
TBD	BA	WDD Lead BHT	54,500	13,104	67,604	60.00%	40,622	1,248	32,760	7,862	
TBD	BA	WDD BHT-2	50,400	12,396	62,796	60.00%	37,498	1,248	30,240	7,258	
TBD	BA	WDD BHT-1	47,250	11,340	58,590	60.00%	35,194	1,248	28,350	6,804	
TBD	BA	WDD BHT-1	50,400	12,396	62,796	60.00%	37,498	1,248	30,240	7,258	
TBD	BA	WDD BHT-1	50,400	12,396	62,796	60.00%	37,498	1,248	30,240	7,258	
TBD	BA	WED Lead BHT	55,001	13,200	68,201	60.00%	40,921	1,248	33,001	7,920	
TBD	BA	WED BHT-2	50,400	12,396	62,796	60.00%	37,498	1,248	30,240	7,258	
TBD	BA	WED BHT-1	50,400	12,396	62,796	60.00%	37,498	1,248	30,240	7,258	
TBD	BA	WEN BHT-1	53,550	12,852	66,402	60.00%	39,841	1,248	32,130	7,711	
TBD	BA	WEN BHT-1	53,550	12,852	66,402	60.00%	39,841	1,248	32,130	7,711	
TBD	BA	WEN BHT-1	45,875	11,670	61,845	60.00%	37,107	1,248	29,925	7,182	
Contract Nurse Practitioner	NP	NP	65,001	15,600	80,601	9.38%	7,556	195	6,094	1,463	
							TOTAL		662,126		
							Program:	2,781,681			

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

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

APPROVED:

[Signature] 5/18/23
PROVIDER AUTHORIZED SIGNATURE

[Signature] 4.15.23
DBH FISCAL SERVICES

[Signature] 03/24/23
DBH PROGRAM MANAGER

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
 20-608
 Address: 1288 Visconti Dr
Colton, CA 92324
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 6 DBH Clients for total)	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	\$12,000	100.00%	0.00%	\$12,000
3 Rent (expressed on per client basis multiplied times 6 DBH Clients for total)	\$108,000	100.00%	0.00%	\$108,000
4 Utilities (expressed on per client basis multiplied times 6 DBH Clients for total)	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support (expressed on per client basis multiplied times 6 DBH Clients for total)	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies (expressed on per client basis multiplied times 6 DBH Clients for total)	\$54,000	100.00%	0.00%	\$54,000
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	\$25,000	100.00%	0.00%	\$25,000
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 6 DBH Clients for total)	\$8,500	100.00%	0.00%	\$8,500
9 Interest Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	\$66,374	100.00%	0.00%	\$66,374
11				\$0
SUBTOTAL B:	\$323,374			\$323,374
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:  5/18/23 DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  4.18.23 DATE: 4.18.23

DBH FISCAL SERVICES DATE: 03/24/23

DBH PROGRAM MANAGER DATE: 03/24/23

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross

DBH FISCAL SERVICES (PRINT NAME): Anthony Alkamirano

DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**


Contractor Name: Helping Hearts California, LLC
 20-608
 128B Visconti Dr
 Colton, CA 92324
 Address:
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1	Professional liability insurance as required per contract
2	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment
3	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6	Food and supplies for clients
7	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 DATE: 5/18/23
 DBH FISCAL SERVICES
 DBH PROGRAM MANAGER (PRINT NAME)
 DATE: 4-18-23
 DBH PROGRAM MANAGER (PRINT NAME)
 DATE: 03/24/23
 DBH PROGRAM MANAGER (PRINT NAME)
Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 1288 Viscontil Dr

Prepared by: Ynez Cross
 Date Form Completed: 10/7/2021
 Updated 2/17/2023

Client Service Projections for: July 1, 2023 to June 30, 2024

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	186	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES**

Contractor Name: Helping Hearts California, LLC
Contract #: 20-408


Address: 2421 Kern St
San Bernardino, CA 92407

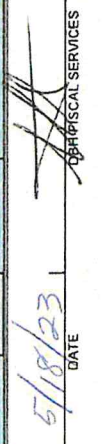
Legal Entity No.: 019864 RU 3638AR
Date: 10/7/2021
Updated: 2/17/2023


Prepared by: Ynez Cross
Title: CEO

Adult Residential Facilities with Social Rehab, Program Services
FY 2023 - 2024
July 1, 2023 to June 30, 2024

100.00% LINE #	DISTRIBUTION MODE OF SERVICE	0.00% 05	0.00% 05	100.00% 05	TOTAL
#	SERVICE FUNCTION	20-29	40-49	65-79	
EXPENSES					
1	SALARIES			800,952	800,952
2	BENEFITS			192,228	192,228
3	TOTAL SALARIES AND BENEFITS			993,180	993,180
4	OPERATING EXPENSES			485,070	485,070
4	TOTAL EXPENSES (1+2+3)			1,478,250	1,478,250
AGENCY REVENUES					
5	PATIENT FEES				-
6	PATIENT INSURANCE				-
7	MEDI-CARE				-
8	GRANTS/OTHER				-
9	TOTAL AGENCY REVENUES (5+6+7+8)				-
10	CONTRACT AMOUNT (4-9)			1,478,250	1,478,250
CONTRACT DAYS					
11	CONTRACT DAYS			365	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			9	9
14	TOTAL CLIENT DAYS (11 * 13)			3,285	3,285
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250	164,250
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688	13,688
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450.00	450.00
18	TOTAL MONTHLY AMOUNT (16 * 13)			123,188	123,188
19	TOTAL AMOUNT (11+13+17)			1,478,250	1,478,250
FUNDING:					
20	MEDICAL			665,213	665,213
21	PATH				-
22	SAMSHA				-
23	MHSA			147,824	147,824
24	MHSA MATCH			665,213	665,213
25	REALIGNMENT				-
26	OTHER:				-
26	TOTAL FUNDING			1,478,250	1,478,250

APPROVED:  5/18/23 DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  4.18.23 DATE: 4.18.23

DBH PROGRAM MANAGER:  03/24/23 DATE: 03/24/23

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL
FY 2023 - 2024

July 1, 2023 to June 30, 2024 (12 months)

Schedule B

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salary & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hamilton	MA	Executive Director	191,100	45,894	236,994	14.06%	33,323	293	26,873	6,450
Christopher Lloyd	BA	Senior Director of Operations	135,500	32,780	168,280	14.06%	23,802	253	19,195	4,607
Brian Sirota	LMFT	Head of Service	131,250	31,500	162,750	14.06%	22,887	293	18,457	4,430
Byling McLaughlin		Clinical Coordinator	91,875	22,959	114,834	14.06%	16,021	293	12,920	3,101
Haley Bonita of despinne		Community Liaison	88,250	16,380	104,630	14.06%	11,901	293	9,598	2,303
Brian Van Horn of despinne		Weekly Program Coordinator	73,500	17,640	91,140	14.06%	12,817	293	10,336	2,481
Anthony Rodriguez of despinne	BA	Weekend Program Coordinator	70,675	17,010	87,685	14.06%	12,359	293	9,967	2,392
Kathy Eby of despinne	SUD	Health Information Manager	75,500	17,640	93,140	14.06%	12,817	293	10,336	2,481
Jennifer Lera of despinne	SUD	SUD Coordinator	72,500	17,640	90,140	14.06%	12,817	293	10,336	2,481
Dr. Alvie Perez	LCSSW Psy D	Clinical Supervisor	105,000	25,200	130,200	14.06%	18,309	293	14,769	3,540
Manu Amala of despinne	LMFT	Clinician	89,250	21,420	110,670	14.06%	15,563	293	12,551	3,012
Jessica Zepeda of despinne	LVN	Administrative Support Specialist	45,354	11,077	56,431	14.06%	7,898	293	6,450	1,548
Lisa Vanni		Employee Staff Development	63,000	15,120	78,120	14.06%	10,986	293	8,859	2,125
Kathy Adams		Medication oversight/training/care	93,000	23,200	116,200	14.06%	16,478	293	13,289	3,189
Jessica Zepeda of despinne		Quality Assurance	78,120	19,200	97,320	14.06%	13,966	293	11,354	2,612
TBD		Employee on-site training and com	78,120	19,200	97,320	14.06%	13,966	293	11,354	2,612
TBD		Program Director	73,500	17,640	91,140	14.06%	12,817	293	10,336	2,481
TBD		WDD Lead BHT	54,803	13,104	67,907	14.06%	9,526	293	7,622	1,904
TBD		WDD BHT-2	59,403	14,256	73,659	14.06%	10,526	293	8,402	2,124
TBD		WDD BHT-1	47,250	11,340	58,590	14.06%	8,346	293	6,702	1,644
TBD		WDM BHT-1	50,400	12,096	62,496	14.06%	8,766	293	7,052	1,714
TBD		WED Lead BHT	53,001	13,200	66,201	14.06%	9,206	293	7,402	1,804
TBD		WED BHT-2	50,400	12,096	62,496	14.06%	8,766	293	7,052	1,714
TBD		WED BHT-1	50,400	12,096	62,496	14.06%	8,766	293	7,052	1,714
TBD		WEN BHT-1	53,550	12,852	66,402	14.06%	9,206	293	7,402	1,804
TBD		WEN BHT-2	53,550	12,852	66,402	14.06%	9,206	293	7,402	1,804
TBD		Transitional BHT-2	49,875	11,970	61,845	14.06%	8,766	293	7,052	1,714
Contract Nurse Practitioner	NP		65,001	15,600	80,601	14.06%	11,335	293	9,141	2,194

Total Program:	2,781,681	TOTAL COST:	983,180
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

APPROVED:  DATE: 4-18-23
 PROVIDER AUTHORIZED SIGNATURE:  DATE: 03/24/23
 DBH FISCAL SERVICES

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross
 DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano
 DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608

Address: 2421 Kern St
San Bernardino, CA 92407

Date Form Completed: 10/7/2021
Updated: 2/17/2023

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 9 DBH Clients for total)	\$6,250	100.00%	0.00%	\$6,250
2 Transportation Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	\$30,000	100.00%	0.00%	\$30,000
3 Rent (expressed on per client basis multiplied times 9 DBH Clients for total)	\$162,000	100.00%	0.00%	\$162,000
4 Utilities (expressed on per client basis multiplied times 9 DBH Clients for total)	\$28,500	100.00%	0.00%	\$28,500
5 Clinical Support (expressed on per client basis multiplied times 9 DBH Clients for total)	\$35,000	100.00%	0.00%	\$35,000
6 Food and Supplies (expressed on per client basis multiplied times 9 DBH Clients for total)	\$81,000	100.00%	0.00%	\$81,000
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	\$13,983	100.00%	0.00%	\$13,983
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 9 DBH Clients for total)	\$16,500	100.00%	0.00%	\$16,500
9 Interest Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	\$14,250	100.00%	0.00%	\$14,250
10 Administrative Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	\$97,587	100.00%	0.00%	\$97,587
11				\$0
SUBTOTAL B:	\$485,070			\$485,070
GROSS COSTS TOTAL A + B:	\$1,478,250			\$1,478,250

APPROVED:  5/18/23 DATE
 PROVIDER AUTHORIZED SIGNATURE DATE
 4/18/23 DATE
 DBH FISCAL SERVICES DBH PROGRAM MANAGER
 03/24/23 DATE
 DBH FISCAL SERVICES DBH PROGRAM MANAGER

Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
 20-508
 Address: 2421 Kern St
San Bernardino, CA 92407
 Date Form Completed: 10/7/2021
Updated 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1	Professional Liability (expressed on per client basis multiplied times 9 DBH Clients for total) Professional liability insurance as required per contract
2	Transportation Costs (expressed on per client basis multiplied times 9 DBH Clients for total) Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments activities and other treatment
3	Rent (expressed on per client basis multiplied times 9 DBH Clients for total) Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4	Utilities (expressed on per client basis multiplied times 9 DBH Clients for total) Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5	Clinical Support (expressed on per client basis multiplied times 9 DBH Clients for total) Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6	Food and Supplies (expressed on per client basis multiplied times 9 DBH Clients for total) Food and supplies for clients
7	Client Activities and Misc Client Costs (expressed on per client basis multiplied times 9 DBH Clients for total) Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8	Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 9 DBH Clients for total) Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9	Interest Expense (expressed on per client basis multiplied times 9 DBH Clients for total) Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10	Administrative Expense (expressed on per client basis multiplied times 9 DBH Clients for total) Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23
 DBH FISCAL SERVICES
 DBH PROGRAM MANAGER
 DATE: 03/24/23
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross
 DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano
 DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608
2421 Kern St

Prepared by: Ynez Cross
Date Form Completed: 10/7/2021
Updated 2/17/2023

Client Service Projections for: July 1, 2023 to June 30, 2024													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	9	9	9	9	9	9	9	9	9	9	9	9	108
Projected Bed Days	279	279	270	279	270	279	279	252	279	270	279	270	3,285

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES**

Contractor Name: Healths, Healths California, LLC

Contract #: 20-202

Address: 1787 N Acacia Ave
Rialto, CA 92376

Legal Entity No.: 01984 RU

Date: 2/17/2023
Updated

**SCHEDULE A
FY 2023 - 2024
Adult Residential Facilities with Social Rehab. Program Services**

July 1, 2023 to June 30, 2024

Prepared by: Ynez Cross

Title: CEO

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE #	MODE OF SERVICE	05	05	05	
	SERVICE FUNCTION	20-29	65-79	65-79	
1	SALARIES			520,005	520,005
2	BENEFITS			124,803	124,803
	TOTAL SALARIES AND BENEFITS			644,808	644,808
3	OPERATING EXPENSES			340,682	340,682
4	TOTAL EXPENSES (1+2+3)			985,500	985,500
5	AGENCY REVENUES				
6	PATIENT FEES				
7	PATIENT INSURANCE				
8	MEDI-CARE				
9	GRANTS/OTHER				
10	TOTAL AGENCY REVENUES (4+5+6+7+8+9)			985,500	985,500
11	CONTRACT DAYS			365	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			6	6
14	TOTAL CLIENT DAYS (11 * 13)			2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250	
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688	
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450.00	
18	TOTAL MONTHLY AMOUNT (16 * 13)			82,125	82,125
19	TOTAL AMOUNT (11*13+17)			985,500	985,500
20	FUNDING:				
	MEDI-CAL			443,475	443,475
21	PATH				
22	SAMSHA				
23	MHSA (Non-Med-Cal)			98,550	98,550
24	MHSA MATCH			443,475	443,475
25	REALIGNMENT				
26	OTHER:				
	TOTAL FUNDING			985,500	985,500

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23

DBH FISCAL SERVICES DATE: 03/24/23

DBH PROGRAM MANAGER DATE: 03/24/23

PROVIDER AUTHORIZED SIGNER (PRINT NAME): **Ynez Cross**

DBH FISCAL SERVICES (PRINT NAME): **Anthony Altamirano**

DBH PROGRAM MANAGER (PRINT NAME): **Christina Entz, PM II**

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2023 - 2024
July 1, 2023 to June 30, 2024 (12 months)

Schedule B

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hamilton	MA	Executive Director	182,000	43,560	225,560	9.38%	21,158	195	17,063	4,095
Christopher Lloyd	BA	Senior Director of Operations	130,000	31,200	161,200	9.38%	15,113	195	12,188	2,925
Brian Sproat	LMFT	Head of Service	125,000	30,000	155,000	9.38%	14,531	195	11,719	2,813
Blithe McClanahan		Clinical Coordinator	57,500	21,000	78,500	9.38%	10,172	195	8,703	1,469
Hadi Bonilla or desunnee		Community Liaison	65,000	15,500	80,500	9.38%	7,556	195	6,094	1,463
Brian Whitworth or desunnee		Weekend Program Coordinator	70,500	16,500	87,000	9.38%	8,138	195	6,563	1,575
Anthony Rodriguez or desunnee		Weekend Program Coordinator	57,500	15,500	73,000	9.38%	7,847	195	6,328	1,519
Kathy Boyle or desunnee	BA	Health Information Manager	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Jennifer Lara or desunnee	SUD	SUD Counselor	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
TBD	LCSW	Clinical Supervisor	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Dr Allie Perez	Ps/D	Intern Clinical Supervisor	50,000	21,600	71,600	9.38%	10,463	195	8,438	2,025
TBD	LMFT	Chronician	85,000	20,400	105,400	9.38%	9,881	195	7,969	1,913
Miguel Amara or desunnee		Administrative Support Specialist	43,586	10,463	54,049	9.38%	5,078	195	4,095	963
Jessica Zeneda or desunnee		Employee Staff Developer	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Lisa Vann	LVN	Medication oversight/training/care	150,000	24,000	174,000	9.38%	11,625	195	9,375	2,250
Kathy Adams		Quality Assurance	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Jessica Zeneda or desunnee		Employee on-site training and com	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
TBD		Transitional BHT-2	41,500	9,960	51,460	100.00%	51,460	2,080	41,500	9,960
TBD		Program Director	60,000	15,000	75,000	100.00%	75,000	2,080	60,000	15,000
TBD		WDD BHT-2	45,000	10,500	55,500	100.00%	55,500	2,080	45,000	10,500
TBD		WED BHT-2	45,000	11,250	56,250	100.00%	56,250	2,080	45,000	11,250
TBD		WDD BHT-1	42,000	10,500	52,500	100.00%	52,500	2,080	42,000	10,500
TBD		WED BHT-1	44,000	10,500	54,500	100.00%	54,500	2,080	44,000	10,500
TBD		WIDN BHT-*	44,000	10,500	54,500	100.00%	54,500	2,080	44,000	10,500
TBD		WIEN BHT-1	47,000	11,250	58,250	100.00%	58,250	2,080	47,000	11,250
Contract Nurse Practitioner	NP		65,000	15,500	80,500	9.38%	7,556	195	6,094	1,463

Total Program: 2,364,903 (COST) TOTAL 644,808

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

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

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23

DBH PSYCHIC SERVICES: Anthony Altamirano DBH PROGRAM MANAGER: Christina Entz, PM II

DATE: 03/24/23

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608

Address: 1767 N Acacia Ave
Rialto, CA 92376

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$49,872	100.00%	0.00%	\$49,872
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$108,032	100.00%	0.00%	\$108,032
11				
SUBTOTAL B:	\$340,692			\$340,692
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

[Signature] 5/18/23

[Signature] 4-18-23

[Signature] 03/24/23

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

Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME) Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME) Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
20-608
Address: 1767 N Acacia Ave
Rialto, CA 92376
Date Form Completed: 2/17/2023
Updated

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract. mileage expense at IRS rate related to client appointments, activities and other treatment.
3. Rent	Rent for facility at \$1,500 per member per month and includes all taxes property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity gas water garbage cable internet and phone
5. Clinical Support	Electronic health record system, computer support office supplies, continued education for clinical staff license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting executive compensation and IT fees not to exceed 15% of modified direct costs.
11.	

APPROVED:


PROVIDER AUTHORIZED SIGNATURE

DATE: 5/18/23
DBH FISCAL SERVICES

DATE: 4-18-23
DBH PROGRAM MANAGER

DATE: 03/24/23
DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 1787 N Acacia Ave

Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

Client Service Projections for: July 1, 2023 to June 30, 2024

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: Helping Hearts California, LLC
Contract #: 20-409
Address: 6272 Robin Lane
San Bernardino, CA 92407
Legal Entity No.: 01884 RU
Date: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEC
Adult Residential Facilities with Social Rehab. Program Services
FY 2023 - 2024
July 1, 2023 to June 30, 2024

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE	MODE OF SERVICE	05	05	05	
#	SERVICE FUNCTION	20-29	66-79	66-79	
1	SALARIES			520,005	520,005
2	BENEFITS			124,803	124,803
3	TOTAL SALARIES AND BENEFITS			644,808	644,808
4	OPERATING EXPENSES			340,692	340,692
4	TOTAL EXPENSES (1+2+3)			985,500	985,500
5	AGENCY REVENUES				
5	PATIENT FEES				
6	PATIENT INSURANCE				
7	MEDI-CARE				
8	GRANTS/OTHER				
9	TOTAL AGENCY REVENUES (6+7+8)				
10	CONTRACT AMOUNT (4-9)			985,500	985,500
11	CONTRACT DAYS			365	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			8	8
14	TOTAL CLIENT DAYS (11 * 13)			2,160	2,160
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250	
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688	
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450,000	
18	TOTAL MONTHLY AMOUNT (16 * 13)			82,125	82,125
19	TOTAL AMOUNT (11*13*17)			985,500	985,500
20	FUNDING:				
20	MEDI-CAL			443,475	443,475
21	PATH				
22	SAMSHA				
23	MHSA (Non-Medi-Cal)			98,550	98,550
24	MHSA MATCH			443,475	443,475
25	REALIGNMENT				
26	OTHER:				
	TOTAL FUNDING			985,500	985,500

APPROVED:  5/18/23 DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE:  4-18-23 DATE: 4-18-23
 DBH FISCAL SERVICES DATE: 03/24/23
 DBH PROGRAM MANAGER DATE: 03/24/23

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

FY 2023 - 2024

July 1, 2023 to June 30, 2024

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hampton	MA	Executive Director	182,000	43,680	225,680	9.38%	21,158	195	17,063	4,095
Christopher Lloyd	BA	Senior Director of Operations	135,000	31,200	161,200	9.38%	15,113	195	12,188	2,925
Brian Sirota	LMFT	Head of Service	125,000	30,000	155,000	9.38%	14,531	195	11,719	2,813
Brynn McLaughlin		Clinical Coordinator	87,500	21,000	108,500	9.38%	10,172	195	8,203	1,969
Haley Bonita or designee		Community Liaison	55,000	15,000	70,000	9.38%	7,555	195	6,094	1,463
Brian Winworth or designee		Weekend Program Coordinator	70,000	15,800	86,800	9.38%	8,138	195	6,563	1,575
Anthony Rodriguez or designee	BA	Health Information Manager	70,000	15,800	86,800	9.38%	8,138	195	6,563	1,575
Kath. Boyle or designee	SUD	SUD Counselor	70,000	15,800	86,800	9.38%	8,138	195	6,563	1,575
Jennifer Lara or designee	LCSW	Clinical Supervisor	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Dr. Ale Perez	PsyD	Intern Clinical Supervisor	50,000	21,600	111,600	9.38%	10,463	195	8,432	2,025
TBD	LMFT	Clinical	65,000	20,400	105,400	9.38%	9,881	195	7,969	1,913
Miguel Amaya or designee		Administrative Support Specialist	47,500	10,483	54,163	9.38%	6,078	195	4,995	983
Jessica Zepeda or designee		Employee Staff Developer	60,000	14,400	74,400	9.38%	6,973	195	5,625	1,350
Lisa Vain	LVN	Medication oversight/training/care	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Kathy Adams		Quality Assurance	50,000	14,400	74,400	9.38%	6,973	195	5,625	1,350
Jessica Zepeda or designee		Employee on-site training and compliance	60,000	14,400	74,400	9.38%	6,973	195	5,625	1,350
TBD		Transitional BHT-2	41,500	9,950	51,450	100.00%	51,450	2,080	41,500	9,950
TBD		Program Director	55,000	15,800	70,800	100.00%	70,800	2,080	65,000	15,800
TBD		WDD BHT-2	45,000	10,800	55,800	100.00%	55,800	2,080	45,000	10,800
TBD		WED BHT-2	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WDD BHT-1	42,000	10,080	52,080	100.00%	52,080	2,080	42,000	10,080
TBD		WED BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WEN BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WEN BHT-1	47,000	11,280	58,280	100.00%	58,280	2,080	47,000	11,280
Contract Nurse Practitioner	NP		65,000	15,600	80,600	9.38%	7,555	195	6,094	1,463
							Total Program:	TOTAL COST:	544,808	

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

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

APPROVED:

[Signature] 5/18/23

PROVIDER AUTHORIZED SIGNATURE

DATE

Ynez Cross

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH PERSONAL SERVICES

DATE

4 18 23

DBH PROGRAM MANAGER

Christina Entz, PM II

DATE

03/24/23

DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608

Address: 6272 Robin Lane
San Bernardino, CA 92407

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$49,872	100.00%	0.00%	\$49,872
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$108,032	100.00%	0.00%	\$108,032
11				
SUBTOTAL B:	\$340,692			\$340,692
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:  5/18/23 | DATE DBH FISCAL SERVICES

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES

 4.18.23 | DATE DBH PROGRAM MANAGER

 03/24/23 | DATE DBH PROGRAM MANAGER

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Alkamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608
Address: 6272 Robin Lane
San Bernardino, CA 92407
Date Form Completed: 2/17/2023


Prepared by: Ynez Cross
Title: CEO

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.

Updated
July 1, 2023 to June 30, 2024

ITEM	Justification of Cost
1	Professional liability insurance as required per contract
2	Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments. activities and other treatment
3	Rent for facility at \$1,500 per member per month and includes all taxes property insurance and all maintenance excessive wear and tear and repairs other than direct client damage
4	Annual utilities including electricity gas water garbage cable internet and phone
5	Electronic health record system computer support office supplies continued education for clinical staff license fees to CCLD
6	Food and supplies for clients
7	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10	Administrative expense includes audit and accounting executive compensation and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:



PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

03/24/23

4-18-23



Ynez Cross

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Alkamirano

DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II

DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 6272 Robin Lane

Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

Client Service Projections for: July 1, 2023 to June 30, 2024													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

Helping Hearts Extension FY 23-24 & 24-25

Total: \$ 8,869,500 @ \$450/bed day

	Medi-Cal 90%	MHSA MATCH	MHSA 10%	Current # of beds
Aurora Victorville	443,475	443,475	98,550	6
Blackwood Fontana	443,475	443,475	98,550	6
Bonanza Victorville	739,125	739,125	164,250	10
Euclid Ontario	369,563	369,563	82,125	5
Visconti Colton	443,475	443,475	98,550	6
Kern San Bernardino (continued for now)	665,213	665,213	147,825	9
Acacia Rialto (new location)*	443,475	443,475	98,550	6
Robin San Bernardino (new location)*	443,475	443,475	98,550	6
	3,991,275	3,991,275	886,950	54
	\$ 8,869,500		8,869,500	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES**

Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-500**
 Address: **13132 Aurora Ave
Victorville, CA 92382**
 Legal Entity No.: **01984 RU 3603AR**
 Date: **2/17/2023**
 Updated

SCHEDULE A
Adult Residential Facilities with Social Rehab. Program Services
FY 2024 - 2025
July 1, 2024 to June 30, 2025

Prepared by: **Ynez Cross**
 Title: **CEO**

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE #	MODE OF SERVICE	05	05	05	
	SERVICE FUNCTION	20-20	65-79	65-79	
EXPENSES					
1	SALARIES	-	-	546,002	546,002
2	BENEFITS	-	-	131,044	131,044
3	TOTAL SALARIES AND BENEFITS	-	-	677,046	677,046
4	OPERATING EXPENSES	-	-	308,454	308,454
5	TOTAL EXPENSES (1+2+3)	-	-	985,500	985,500
AGENCY REVENUES					
6	PATIENT FEES	-	-	-	-
7	PATIENT INSURANCE	-	-	-	-
8	MEDI-CARE	-	-	-	-
9	GRANTS/OTHER	-	-	-	-
10	TOTAL AGENCY REVENUES (6+7+8)	-	-	-	-
11	CONTRACT AMOUNT (4-9)	-	-	985,500	985,500
CONTRACT DAYS					
12	CONTRACT MONTHS	-	-	365	365
13	NUMBER OF BEDS	-	-	12	12
14	TOTAL CLIENT DAYS (11 * 13)	-	-	6	6
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	2,190	2,190
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	184,250	-
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	13,688	-
18	TOTAL MONTHLY AMOUNT (16 * 13)	-	-	450,00	-
19	TOTAL AMOUNT (11*13*17)	-	-	82,125	82,125
20	FUNDING:	-	-	985,500	985,500
21	MEDICAL	-	-	443,475	443,475
22	PATH	-	-	-	-
23	SAMSHA	-	-	98,550	98,550
24	MHSA (Non-Medi-Cal)	-	-	443,475	443,475
25	MHSA MATCH	-	-	-	-
26	REALIGNMENT	-	-	-	-
27	OTHER:	-	-	-	-
28	TOTAL FUNDING	-	-	985,500	985,500

APPROVED:  5/18/23 DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4-18-23

DBH FISCAL SERVICES DATE: 4-18-23

DBH PROGRAM MANAGER DATE: 03/24/23

PROVIDER AUTHORIZED SIGNER (PRINT NAME): **Ynez Cross**

DBH FISCAL SERVICES (PRINT NAME): **Anthony Altamirano**

DBH PROGRAM MANAGER (PRINT NAME): **Christina Entz, PM II**

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

(12 months)

Schedule B

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salary & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christa Hamlet	MA	Executive Director	191,400	45,864	237,264	9.38%	22,215	195	17,916	4,300
Christopher Lopez	BA	Senior Director of Operations	135,900	32,767	168,667	9.38%	15,868	195	12,797	3,071
Brian Sprout	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953
Brian McInab		Clinical Coordinator	118,725	22,050	140,775	9.38%	13,225	195	10,660	2,565
Hadi, Bostia or designee		Community Liaison	58,250	16,360	74,610	9.38%	7,934	195	6,398	1,536
Brian Whitworth or designee		Weekend Program Coordinator	33,500	17,640	51,140	9.38%	8,544	195	6,891	1,653
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,440	1,799
Kath, Boyie or designee	BA	Health Information Manager	72,500	17,540	90,040	9.38%	8,544	195	6,891	1,654
Jennifer Lara or designee	SUD	SUD Counselor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,362
Dr. Alie Perez	LCSW PsyD	Clinical Supervisor	94,500	22,680	117,180	9.38%	10,366	195	8,859	2,126
TBD	LMFT	Clinician	89,250	21,420	110,670	9.38%	10,375	195	8,367	2,008
Miguel Amaya O. or designee		Administrative Support Specialist	45,864	11,007	56,871	9.38%	5,332	195	4,306	1,032
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Lisa Vann	LVN	Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessica Zepeda or designee		Employee on-site training and com	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Transitional BHT-2	43,575	10,458	54,033	100.00%	54,033	2,080	41,575	10,458
TBD		Program Director	88,250	19,380	107,630	100.00%	107,630	2,080	88,250	19,380
TBD		WDD BHT-2	47,250	11,340	58,590	100.00%	58,590	2,080	47,250	11,340
TBD		WED BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDD BHT-1	44,100	10,584	54,684	100.00%	54,684	2,080	44,100	10,584
TBD		WED BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WON BHT-1	45,200	11,088	56,288	100.00%	56,288	2,080	45,200	11,088
TBD		WEN BHT-1	45,300	11,084	56,384	100.00%	56,384	2,080	45,300	11,084
Contract Nurse Practitioner	NP		89,250	19,380	108,630	9.38%	7,934	195	6,398	1,536

Total Program: 2,483,148 TOTAL COST: 677,046

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

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

APPROVED:

[Signature]

4.18.23

[Signature]

03/24/23

PROVIDER AUTHORIZED SIGNATURE DATE DBH/FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE
 Ynez Cross 5/18/23 Anthony Allamirano 4/18/23 Christina Entz, PM II 03/24/23

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

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
 20-608
 Address: 13132 Aurora Ave
Victorville, CA 92392
 Date Form Completed: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

Updated

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$43,562	100.00%	0.00%	\$43,562
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$82,104	100.00%	0.00%	\$82,104
11				
SUBTOTAL B:	\$308,454			\$308,454
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

 5/19/23

 4.18.23

 03/24/23

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

Ynez Cross _____ Anthony Altamirano _____ Christina Entz, PM II _____
 DBH AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)




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

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 13132 Aurora Ave
Victorville, CA 92392
 Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
 Title: CEO

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.
July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment
3. Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  Ynez Cross DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE: 4.18.23 DATE: 03/24/23
 Anthony Altamirano DBH FISCAL SERVICES DATE: 03/24/23
 PROVIDER AUTHORIZED SIGNATURE DATE: 03/24/23 DATE: 03/24/23
 Christina Entz, PM II DBH PROGRAM MANAGER DATE: 03/24/23
 PROVIDER AUTHORIZED SIGNATURE DATE: 03/24/23 DATE: 03/24/23

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608
13132 Aurora Ave

Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	188	186	180	186	180	2,190

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A

Contractor Name: Helping Hearts California, LLC
Contract #: 20-466
Address: 11253 Blackwood St
Fontana, CA 92337
Legal Entity No.: 01984 RU-3621AR
Date: 2/17/2023
Updated

Prepared by: Ynez Gross
Title: CEO
Adult Residential Facilities with Social Rehab, Program Services
FY 2024 - 2025
July 1, 2024 to June 30, 2025

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE #	MODE OF SERVICE	05	05	05	
	SERVICE FUNCTION	20-29	65-79	65-79	
EXPENSES					
1	SALARIES			546,002	546,002
2	BENEFITS			131,044	131,044
	TOTAL SALARIES AND BENEFITS			677,046	677,046
3	OPERATING EXPENSES			308,454	308,454
4	TOTAL EXPENSES (1+2+3)			985,500	985,500
AGENCY REVENUES					
5	PATIENT FEES				
6	PATIENT INSURANCE				
7	MEDICARE				
8	GRANTS/OTHER				
9	TOTAL AGENCY REVENUES (5+6+7+8)				
10	CONTRACT AMOUNT (4-8)			985,500	985,500
CONTRACT DAYS					
11	CONTRACT DAYS			365	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			5	5
14	TOTAL CLIENT DAYS (11 * 13)			2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)			184,250	
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688	
17	NEGOTIATED DAILY BED RATE (10 / 14)			450,000	
18	TOTAL MONTHLY AMOUNT (16 * 13)			82,125	82,125
19	TOTAL AMOUNT (11*13*17)			985,500	985,500
FUNDING:					
20	MEDICAL			443,475	443,475
21	PATH				
22	SAMSHA				
23	MHSA (Non-Med-Cat)			88,550	88,550
24	MHSA MATCH			443,475	443,475
25	REALIGNMENT				
26	OTHER:				
	TOTAL FUNDING			985,500	985,500

APPROVED:  5/18/23 DATE
 PROVIDER AUTHORIZED SIGNATURE:  4.18.23 DATE
 DBH PROGRAM MANAGER:  03/24/23 DATE

PROVIDER AUTHORIZED SIGNER (PRINT NAME) Ynez Gross
 DBH FISCAL SERVICES (PRINT NAME) Anthony Altamirano
 DBH PROGRAM MANAGER (PRINT NAME) Christina Entz, PM II

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

FY 2024 - 2025
July 1, 2024 to June 30, 2025
(12 months)

Staffing Detail - Personnel Includes: Personal Services Contracts for Professional Services

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits	8/1/2020 Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hamilton	MA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lloyd	BA	Senior Director of Operations	126,500	32,780	169,280	9.38%	15,888	195	12,797	3,071
Brian Sroog	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,943
Brianne McClanahan		Clinical Coordinator	91,875	22,050	113,925	9.38%	10,680	195	8,613	2,067
Kathy Bonita or designee		Community Liaison	66,205	16,396	82,601	9.38%	7,834	195	6,306	1,526
Brian Whitworth or designee		Workday Program Coordinator	73,500	17,640	91,140	9.38%	8,544	195	6,861	1,684
Anthony Rodriguez or designee		Workday Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,645	1,594
Kathy Boyle or designee		Health Information Manager	73,500	17,640	91,140	9.38%	8,544	195	6,861	1,684
Jennifer Lara or designee		SUD Counselor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Dr. Alvin Perez	LCSW	Clinical Supervisor	94,500	22,880	117,380	9.38%	10,886	195	8,859	2,028
Dr. Alvin Perez	Psych	Intern Clinical Supervisor	89,250	21,420	110,670	9.38%	10,376	195	8,367	2,009
Miguel Amaya or designee		Administrative Support Specialist	49,894	11,007	60,901	9.38%	5,332	195	4,300	1,032
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Lisa Vann	LVN	Medication oversight/training care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessica Zepeda or designee		Employee on site training and com	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Transitional BHT-2	43,513	10,458	54,033	100.00%	54,033	2,080	43,575	10,458
TBD		Program Director	68,250	16,380	84,630	100.00%	84,630	2,080	69,250	15,380
TBD		WDO BHT-2	47,250	11,340	58,590	100.00%	58,590	2,080	47,250	11,340
TBD		WED BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDO BHT-1	44,100	10,584	54,684	100.00%	54,684	2,080	44,100	10,584
TBD		WED BHT-1	46,200	11,988	58,188	100.00%	58,188	2,080	46,200	11,988
TBD		WDO BHT-1	46,200	11,988	58,188	100.00%	58,188	2,080	46,200	11,988
TBD		WED BHT-1	49,350	11,644	61,194	100.00%	61,194	2,080	49,350	11,644
Contract Nurse Practitioner	NP		68,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
						Total Program:	2,483,148	677,046		

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

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

APPROVED:  DATE: 5/18/23
PROVIDER AUTHORIZED SIGNATURE

 DATE: 4.18.23
DBH/FISCAL SERVICES

DATE: 03/24/23
DBH PROGRAM MANAGER

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608

Address: 11253 Blackwood St
Fontana, CA 92337

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$43,562	100.00%	0.00%	\$43,562
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$82,104	100.00%	0.00%	\$82,104
11				
SUBTOTAL B:	\$308,454			\$308,454
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

[Signature] 5/18/23
PROVIDER AUTHORIZED SIGNER (PRINT NAME) DATE

[Signature] 4/18/23
DBH FISCAL SERVICES DATE

[Signature] 03/24/23
DBH PROGRAM MANAGER DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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

Contractor Name: Helping Hearts California, LLC
 20-608
 Address: 11253 Blackwood St
Fontana, CA 92337
 Date Form Completed: 2/17/2023
 Updated

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract. mileage expense at IRS rate related to client appointments, activities and other treatment
3. Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance <u>excessive wear and tear and repairs other than direct client damage</u>
4. Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting, executive compensation, a 1 IT fees not to exceed 15% of modified direct costs
11	

APPROVED:


 PROVIDER AUTHORIZED SIGNATURE

5/18/23
 DATE

4-18-23
 DATE


 DBH PROGRAM MANAGER

03/24/23
 DATE

Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

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

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 11253 Blackwood St

Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

Client Service Projections for: July 1, 2024 to June 30, 2025

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Client's Service	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A

Contractor Name: Helping Hearts California, LLC
Contract #: 20-408

Address: 14516 Bonanza St
Victorville, CA 92382

Legal Entity No.: 01884 RU36LJAR

Date: 2/17/2023
Updated

Adult Residential Facilities with Social Rehab. Program Services
FY 2024 - 2025

July 1, 2024 to June 30, 2025

Prepared by: Ynez Cross
Title: CEO

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE	MODE OF SERVICE	05	05	05	
#	SERVICE FUNCTION	20-29	65-79	65-79	
1	SALARIES			890,350	890,350
2	BENEFITS			213,683	213,683
3	TOTAL SALARIES AND BENEFITS			1,104,033	1,104,033
4	OPERATING EXPENSES			538,487	538,487
4	TOTAL EXPENSES (1+2+3)			1,642,500	1,642,500
5	AGENCY REVENUES				
5	PATIENT FEES				
6	PATIENT INSURANCE				
7	MEDI-CARE				
8	GRANTS/OTHER				
9	TOTAL AGENCY REVENUES (5+6+7+8)				
10	CONTRACT AMOUNT (4-9)			1,642,500	1,642,500
11	CONTRACT DAYS			365	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			10	10
14	TOTAL CLIENT DAYS (11 * 13)			3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250	
16	MONTHLY AMOUNT PER BED (15 / 12)			13,888	
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450,00	
18	TOTAL MONTHLY AMOUNT (16 * 13)			138,875	138,875
19	TOTAL AMOUNT (11*13*17)			1,642,500	1,642,500
20	FUNDING:				
20	MEDI-CAL			739,125	739,125
21	PATH				
22	SAMSHA				
23	MHSA (Non-Medi-Cal)			164,250	164,250
24	MHSA MATCH			739,125	739,125
25	REALIGNMENT				
26	OTHER:				
	TOTAL FUNDING:			1,642,500	1,642,500

APPROVED:  5/18/23 DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE:  DATE: 4/18/23
 DBH FISCAL SERVICES DATE: 4/18/23
 DBH PROGRAM MANAGER:  DATE: 03/24/23

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608

Address: 14516 Bonanza St
Victorville, CA 92392

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,250	100.00%	0.00%	\$6,250
2 Transportation Costs	\$25,000	100.00%	0.00%	\$25,000
3 Rent	\$180,000	100.00%	0.00%	\$180,000
4 Utilities	\$22,500	100.00%	0.00%	\$22,500
5 Clinical Support	\$35,000	100.00%	0.00%	\$35,000
6 Food and Supplies	\$90,000	100.00%	0.00%	\$90,000
7 Client Activities and Misc Client Costs	\$1,250	100.00%	0.00%	\$1,250
8 Repair and Maintenance - Client Damage	\$8,250	100.00%	0.00%	\$8,250
9 Interest Expense	\$14,250	100.00%	0.00%	\$14,250
10 Administrative Expense	\$ 155,967	100.00%	0.00%	\$155,967
11				\$0
SUBTOTAL B:	\$538,467			\$538,467
GROSS COSTS TOTAL A + B:	\$1,642,500			\$1,642,500

APPROVED:  Ynez Cross DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE: 4.18.23 DBH FISCAL SERVICES DATE: 03/24/23
 DBH PROGRAM MANAGER DATE: 03/24/23
 DBH PROGRAM MANAGER: Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II
 DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano
 DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

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

Contractor Name: Helping Hearts California, LLC
20-508
Address: 14516 Bonanza St
Victorville, CA 92392
Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract. mileage expense at IRS rate related to client appointments activities and other treatment
3. Rent	Rent for facility at \$1,500 per month per month and includes all taxes property insurance and all maintenance excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity gas water garbage cable internet and phone
5. Clinical Support	Electronic health record system; computer support; office supplies; continued education for clinical staff; license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting executive compensation and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  5/18/23 DATE
 PROVIDER AUTHORIZED SIGNATURE DATE
 DBH FISCAL SERVICES DATE 4.18.23 DBH PROGRAM MANAGER DATE 03/24/23

 ANTHONY ALTAMIRANO DBH FISCAL SERVICES (PRINT NAME)
 Anthony Altamirano DBH PROGRAM MANAGER (PRINT NAME)
 DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

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

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 14516 Bonanza St

Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

Client Service Projections for: July 1, 2024 to June 30, 2025

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Client Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES

Contractor Name: Helping Hearts California, LLC

Contract #: 24-003

Address: 747 N Euclid Ave
Ontario, CA 91762

Legal Entity No.: 01983 RU56JAR

Date: 2/17/2023

Updated

SCHEDULE A
Adult Residential Facilities with Social Rehab. Program Services

FY 2024 - 2025

July 1, 2024 to June 30, 2026

Prepared by: Ynez Cross

Title: CEO

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE #	MODE OF SERVICE	05	05	05	
	SERVICE FUNCTION	20-23	65-79	65-79	
EXPENSES					
1	SALARIES			444,974	444,974
2	BENEFITS			106,793	106,793
TOTAL SALARIES AND BENEFITS					
3	OPERATING EXPENSES			551,767	551,767
OPERATING EXPENSES					
4	TOTAL EXPENSES (1+2+3)			269,483	269,483
AGENCY REVENUES					
5	PATIENT FEES				
6	PATIENT INSURANCE				
7	MED-CARE				
8	GRANTS/OTHER				
TOTAL AGENCY REVENUES (5+6+7+8)					
9					
CONTRACT AMOUNT (4-9)					
10				821,250	821,250
CONTRACT AMOUNT					
11	CONTRACT DAYS			365	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			5	5
14	TOTAL CLIENT DAYS (11 * 13)			1,825	1,825
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250	
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688	
17	NEGOTIATED DAILY BED RATE (10 / 14)			450.00	
18	TOTAL MONTHLY AMOUNT (16 * 13)			68,438	68,438
19	TOTAL AMOUNT (11+13+17)			821,250	821,250
FUNDING:					
20	MEDICAL			369,563	369,563
21	PATH				
22	SAMSHA				
23	MHSA			82,124	82,124
24	MHSA MATCH			369,563	369,563
25	REALIGNMENT				
26	OTHER:				
TOTAL FUNDING:					
				821,250	821,250

APPROVED:  5/18/23 DATE

PROVIDER AUTHORIZED SIGNATURE:  4.18.23 DATE

DBH PROGRAM MANAGER:  03/24/23 DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

FY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits*	Total Full Time Salary & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hamilton	MA	Executive Director	191,100	45,854	236,954	7.81%	18,513	163	14,930	3,583
Cristopher Lloyd	BA	Senior Director of Operations	135,530	37,760	169,260	7.81%	13,223	163	10,664	2,559
Brian Siroat	LMFT	Head of Service	131,250	31,500	162,750	7.81%	12,715	163	10,254	2,461
Blithe McClanahan		Clinical Coordinator	81,875	22,650	113,925	7.81%	8,900	163	7,178	1,723
Haley Bonilla or designee		Community Liaison	65,250	16,300	84,650	7.81%	6,612	163	5,332	1,280
Brian Whitworth or designee		Weekend Program Coordinator	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
Anthony Rodriguez or designee	BA	Weekend Program Coordinator	79,875	17,010	87,885	7.81%	6,866	163	5,537	1,329
Kathy Boye or designee		Health Information Manager	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
Jennifer Lara or designee	SUD	SUD Counselor	17,640	17,640	35,280	7.81%	3,288	163	2,630	658
TBD	LCSW	Clinical Supervisor	165,000	25,200	190,200	7.81%	14,922	163	12,000	2,922
Dr Aine Perez	PsyD	Interim Clinical Supervisor	94,500	22,880	117,180	7.81%	9,155	163	7,383	1,772
TBD	LMFT	Clinician	99,250	21,420	110,670	7.81%	8,646	163	6,973	1,673
Manuel Amaya or designee		Administrative Support Specialist	45,604	11,007	56,871	7.81%	4,443	163	3,583	860
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
Lisa Vanni	LVN	Medication oversight/training/care of	105,000	25,200	130,200	7.81%	10,172	163	8,203	1,969
Kathy Adams		Quality Assurance	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
Jessica Zepeda or designee		Employee on-site training and com	53,500	15,120	78,120	7.81%	6,103	163	4,922	1,181
TBD		Program Director	72,500	17,640	91,140	50.00%	45,570	1,040	36,750	8,820
TBD		WDD BHT-2	13,104	12,096	25,200	50.00%	33,852	1,040	27,300	6,552
TBD		WDD BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WDD BHT-1	47,250	11,340	58,590	50.00%	29,295	1,040	23,922	5,373
TBD		WDD BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WED Lead BHT	55,001	13,200	68,201	50.00%	34,101	1,040	27,501	6,600
TBD		WED BHT-2	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WED BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WEN BHT-1	53,550	12,852	66,402	50.00%	33,201	1,040	26,775	6,426
TBD		WEN BHT-1	53,550	12,852	66,402	50.00%	33,201	1,040	26,775	6,426
TBD		Transitional BHT-2	49,875	11,970	61,845	50.00%	30,923	1,040	24,938	5,985
Contract Nurse Practitioner	NP		55,001	15,600	80,601	7.81%	6,297	163	5,078	1,219
							Total Program:	2,781,881	551,767	105,793

Total Program: 2,781,881 COST: 551,767

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

APPROVED:

PROVIDER AUTHORIZED SIGNATURE

DATE: 5/18/23

DATE: 03/24/23

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2024 - 2025

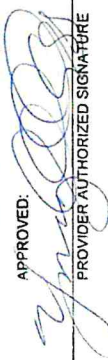
Contractor Name: Helping Hearts California, LLC
20-608
Address: 747 N Euclid Ave
Ontario, CA 91762
Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 5 DBH Clients for total)	\$4,250	100.00%	0.00%	\$4,250
2 Transportation Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	\$10,000	100.00%	0.00%	\$10,000
3 Rent (expressed on per client basis multiplied times 5 DBH Clients for total)	\$90,000	100.00%	0.00%	\$90,000
4 Utilities (expressed on per client basis multiplied times 5 DBH Clients for total)	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support (expressed on per client basis multiplied times 5 DBH Clients for total)	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies (expressed on per client basis multiplied times 5 DBH Clients for total)	\$53,598	100.00%	0.00%	\$53,598
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	\$8,056	100.00%	0.00%	\$8,056
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 5 DBH Clients for total)	\$4,750	100.00%	0.00%	\$4,750
9 Interest Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	\$8,750	100.00%	0.00%	\$8,750
10 Administrative Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	\$56,079	100.00%	0.00%	\$56,079
11				\$0
SUBTOTAL B:	\$269,483			\$269,483
GROSS COSTS TOTAL A + B:	\$821,250			\$821,250

APPROVED:  5/18/23

PROVIDER AUTHORIZED SIGNATURE DATE

DBH FISCAL SERVICES DATE 4.18.23

DBH PROGRAM MANAGER DATE 03/24/23

DBH FISCAL SERVICES (PRINT NAME) Anthony Altamirano

DBH PROGRAM MANAGER (PRINT NAME) Christina Entz, PM II

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

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
20-608
Address: 747 N Euclid Ave
Ontario, CA 91762
Date Form Completed: 2/17/2023

Updated

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1 Professional Liability (expressed on per client basis multiplied times 5 DBH Clients for total)	Professional liability insurance as required per contract
2 Transportation Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment
3 Rent (expressed on per client basis multiplied times 5 DBH Clients for total)	Rent for facility at \$1,500 per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4 Utilities (expressed on per client basis multiplied times 5 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5 Clinical Support (expressed on per client basis multiplied times 5 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6 Food and Supplies (expressed on per client basis multiplied times 5 DBH Clients for total)	Food and supplies for clients
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 5 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9 Interest Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10 Administrative Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation and IT fees not to exceed 15% of modified direct costs
11	

APPROVED:  5/10/23 DATE: 5/10/23
 PROVIDER AUTHORIZED SIGNATURE:  4-18-23 DATE: 4-18-23
 DBH FISCAL SERVICES DATE: 4-18-23
 DBH PROGRAM MANAGER DATE: 03/24/23
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano
 DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608

747 N Euclid Ave

Prepared by: Ynez Cross

Date Form Completed: 2/17/2023
Updated

Cilent Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	5	5	5	5	5	5	5	5	5	5	5	5	60
Projected Bed Days	155	155	150	155	150	155	155	140	155	150	155	150	1,825

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES**

Contractor Name: Helping Hearts California, LLC
Contract #: 20-406

Address: 1288 Visconti Dr
Cotton, CA 92324

Legal Entity No.: 01984 RU 36HJAR

**SCHEDULE A
Adult Residential Facilities with Social Rehab. Program Services**

FY 2024 - 2025

July 1, 2024 to June 30, 2025

Prepared by: Ynez Cross
Title: CEO

Date: 10/7/2021
Updated: 2/17/2023

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE #	MODE OF SERVICE	05	05	05	
	SERVICE FUNCTION	20-29	65-79	66-78	
1	SALARIES			533,969	533,969
2	BENEFITS			128,157	128,157
3	TOTAL SALARIES AND BENEFITS			662,126	662,126
4	OPERATING EXPENSES			323,374	323,374
4	TOTAL EXPENSES (1+2+3)			985,500	985,500
AGENCY REVENUES					
5	PATIENT FEES				
6	PATIENT INSURANCE				
7	MED-CARE				
8	GRANTS/OTHER				
9	TOTAL AGENCY REVENUES (5+6+7+8)				
10	CONTRACT AMOUNT (4-9)			985,500	985,500
CONTRACT DAYS					
11	CONTRACT DAYS			365	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			6	6
14	TOTAL CLIENT DAYS (11 * 13)			2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)			184,250	
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688	
17	NEGOTIATED DAILY BED RATE (10 / 14)			450.00	
18	TOTAL MONTHLY AMOUNT (16 * 13)			82,125	82,125
18	TOTAL AMOUNT (11*13*17)			985,500	985,500
FUNDING:					
20	MED-CAL			443,475	443,475
21	PATH				
22	SAMSHA				
23	MHSA			98,550	98,550
24	MHSA MATCH			443,475	443,475
25	REALIGNMENT				
26	OTHER				
	TOTAL FUNDING			985,500	985,500

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4-18-23

DBH-FISCAL SERVICES DATE: 03/24/23

DBH-PROGRAM MANAGER DATE: 03/24/23

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025 (12 months)

Schedule B

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Christal Hampton	MA	Executive Director	191,100	45,884	236,984	9.38%	22,215	195	17,916	4,300	
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,700	169,200	9.38%	15,868	195	12,797	3,071	
Brian Sirota	LMFT	Lead of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953	
Byline McClintahan		Clinical Coordinator	91,825	22,050	113,875	9.38%	10,680	195	8,612	2,067	
Handy, Bonnie or designee		Community Liaison	68,256	15,380	83,636	9.38%	7,934	195	5,306	1,536	
Brian Whitcomb or designee		Weekly Program Coordinator	73,500	17,840	91,340	9.38%	8,544	195	6,891	1,654	
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,891	1,348	
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,840	91,340	9.38%	8,544	195	6,891	1,654	
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,840	91,340	9.38%	8,544	195	6,891	1,654	
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	9.38%	12,268	195	9,844	2,424	
Dr. Alina Perez	Psyd	Intern Clinical Supervisor	94,500	22,800	117,300	9.38%	10,966	195	8,859	2,126	
TBD	LMFT	Clinician	89,250	21,420	110,670	9.38%	10,315	195	8,367	2,008	
Triguer Araya or designee		Administrative Support Specialist	45,884	11,007	56,891	9.38%	5,332	195	4,000	1,032	
Jessica Zendea or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,905	1,418	
Lisa Vanni	LVN	Medication oversight training care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363	
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,905	1,418	
Jessica Zendea or designee		Employee on-site training and com	63,000	15,120	78,120	9.38%	7,324	195	5,905	1,418	
TBD		Program Director	73,500	17,840	91,340	60.00%	54,684	1,248	44,100	10,584	
TBD		ADD Lead BHT	54,500	13,104	67,604	60.00%	40,622	1,248	32,760	7,862	
TBD		ADD BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258	
TBD		ADD BHT-1	47,250	11,340	58,590	60.00%	35,154	1,248	28,350	6,804	
TBD		ADD BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258	
TBD		ADD BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258	
TBD		AED Lead BHT	55,001	13,200	68,201	60.00%	40,921	1,248	33,001	7,920	
TBD		AED BHT-2	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258	
TBD		WED BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258	
TBD		WED BHT-1	53,550	12,852	66,402	60.00%	39,841	1,248	32,150	7,691	
TBD		WED BHT-1	53,550	12,852	66,402	60.00%	39,841	1,248	32,150	7,691	
TBD		WED BHT-1	49,875	11,970	61,845	60.00%	37,107	1,248	29,925	7,182	
Contract Nurse Fraconer, NP	NP	Transitional BHT-1	65,301	15,600	80,901	9.35%	7,556	195	5,054	1,463	
Total Program:							2,781,681	662,126	TOTAL COST:		

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

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

APPROVED:

PROVIDER AUTHORIZED SIGNATURE: *[Signature]* DATE: 5/18/23

DATE: 4.18.23

DATE: 03/24/23

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Allamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC

76-508

Address: 1288 Visconti Dr

Colton, CA 92324

Date Form Completed: 10/7/2021

Updated: 2/17/2023

Prepared by: Ynez Cross

Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 6 DBH Clients for total)	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	\$12,000	100.00%	0.00%	\$12,000
3 Rent (expressed on per client basis multiplied times 6 DBH Clients for total)	\$126,000	100.00%	0.00%	\$126,000
4 Utilities (expressed on per client basis multiplied times 6 DBH Clients for total)	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support (expressed on per client basis multiplied times 6 DBH Clients for total)	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies (expressed on per client basis multiplied times 6 DBH Clients for total)	\$54,000	100.00%	0.00%	\$54,000
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	\$25,000	100.00%	0.00%	\$25,000
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 6 DBH Clients for total)	\$8,500	100.00%	0.00%	\$8,500
9 Interest Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	\$66,374	100.00%	0.00%	\$66,374
11	\$0			\$0
SUBTOTAL B:	\$323,374			\$323,374
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:  DATE: 4-18-23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4-18-23

DBH PROGRAM MANAGER:  DATE: 03/24/23

Ynez Cross
DBH FISCAL SERVICES (PRINT NAME)

Anthony Allamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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

Contractor Name: Helping Hearts California, LLC
 20-508
 Address: 1288 Visconti Dr
Colton, CA 92324
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

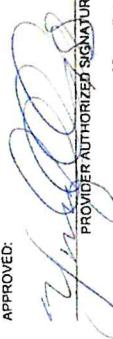
Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability (expressed on per client basis multiplied times 6 DBH Clients for total)	Professional liability insurance as required per contract.
2. Transportation Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	Includes auto insurance at levels required per contract; mileage expense at IRS rate related to client appointments activities and other treatment
3. Rent (expressed on per client basis multiplied times 6 DBH Clients for total)	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear, and repairs other than direct client damage.
4. Utilities (expressed on per client basis multiplied times 6 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone.
5. Clinical Support (expressed on per client basis multiplied times 6 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD.
6. Food and Supplies (expressed on per client basis multiplied times 6 DBH Clients for total)	Food and supplies for clients.
7. Client Activities and Misc Client Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance.
8. Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 6 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling.
9. Interest Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to cash flow lag from DBH.
10. Administrative Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs.
11.	

APPROVED:


 PROVIDER AUTHORIZED SIGNATURE
 Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)


 DBH FISCAL SERVICES
 Anthony Allamirano
 DBH FISCAL SERVICES (PRINT NAME)

4.18.23
 DATE


 DBH PROGRAM MANAGER
 Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

03/24/23
 DATE

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608
1288 Visconti Dr

Prepared by: Ynez Cross
Date Form Completed: 10/7/2021
Updated 2/17/2023

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helena Hearts California, LLC**
 Contract #: **20-408**
 Address: **2421 Kern St
San Bernardino, CA 92407**
 Legal Entity No.: **01984 RU 36JBAR**
 Date: **10/7/2021**
 Updated: **2/17/2023**

Prepared by: **Ynez Cross**
 Title: **CEO**
Adult Residential Facilities with Social Rehab. Program Services
FY 2024 - 2025
 July 1, 2024 to June 30, 2025

100.00% LINE #	DISTRIBUTION MODE OF SERVICE	0.00% 05	0.00% 05	100.00% 05	TOTAL
	EXPENSES	20-29	40-49	66-79	
1	SALARIES				800,952
2	BENEFITS				192,228
	TOTAL SALARIES AND BENEFITS				993,180
3	OPERATING EXPENSES				485,070
4	TOTAL EXPENSES (1+2+3)				1,478,250
	AGENCY REVENUES				
5	PATIENT FEES				-
6	PATIENT INSURANCE				-
7	MEDI-CARE				-
8	GRANTS/OTHER				-
9	TOTAL AGENCY REVENUES (5+6+7+8)				-
10	CONTRACT AMOUNT (4-9)				1,478,250
11	CONTRACT DAYS				365
12	CONTRACT MONTHS				12
13	NUMBER OF BEDS				9
14	TOTAL CLIENT DAYS (11 * 13)				3,285
15	ANNUAL AMOUNT PER BED (10 / 13)				184,250
16	MONTHLY AMOUNT PER BED (15 / 12)				13,888
17	*NEGOTIATED DAILY BED RATE (10 / 14)				450.00
18	TOTAL MONTHLY AMOUNT (16 * 13)				123,188
19	TOTAL AMOUNT (11*13*17)				1,478,250
	FUNDING:				
20	MEDICAL				665,213
21	PATH				-
22	SAMISHA				-
23	MHSA				147,824
24	MHSA MATCH				665,213
25	REALIGNMENT				-
26	OTHER:				-
	TOTAL FUNDING				1,478,250

APPROVED:  5/18/23 DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE:  4.18.23 DATE: 4.18.23
 DBH FISCAL SERVICES DATE: 03/24/23
 DBH PROGRAM MANAGER:  DATE: 03/24/23

Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025 (12 months)

Schedule B

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Christal Hampton	MA	Executive Director	151,100	45,864	236,964	14.06%	33,323	293	26,873	6,450	
Christa Loh	BA	Senior Director of Operations	136,500	32,760	169,260	14.06%	23,802	293	19,195	4,607	
Brian Strout	LMFT	Head of Service	131,250	31,500	162,750	14.06%	22,887	293	19,457	4,430	
Beth McClanahan		Clinical Coordinator	91,875	22,050	113,925	14.06%	16,021	293	12,920	3,101	
Haley Bonita		Community Liaison	84,630	16,380	84,630	14.06%	11,901	293	9,589	2,303	
Brian Whitworth		Weekend Program Coordinator	73,500	17,640	91,140	14.06%	12,817	293	10,335	2,481	
Anthony Rodriguez		Weekend Program Coordinator	70,875	17,010	87,885	14.06%	12,359	293	9,967	2,392	
Kathy Boyle	BA	Health Information Manager	73,500	17,640	91,140	14.06%	12,817	293	10,335	2,481	
Jennifer Lara	SUD LCSW	Clinical Supervisor	105,000	25,200	130,200	14.06%	18,309	293	14,766	3,544	
Dr. Alie Perez	PsyD	Intern Clinical Supervisor	84,500	22,680	117,180	14.06%	16,478	293	13,289	3,189	
TBD	LMFT	Clinician	89,250	21,420	110,670	14.06%	15,563	293	12,551	3,012	
Michael Amaya		Administrative Support Specialist	49,894	11,907	56,871	14.06%	7,998	293	6,450	1,548	
Jessica Zerada		Employee Staff Developer	53,000	15,120	78,120	14.06%	10,986	293	8,859	2,127	
Lisa Vann	LVN	Mandation oversight/training	103,000	25,200	130,200	14.06%	18,309	293	14,766	3,544	
Kathy Adams		Quality Assurance	83,000	15,120	78,120	14.06%	10,986	293	8,859	2,127	
Jessica Zerada		Employee on-site training and support	63,000	15,120	78,120	14.06%	10,986	293	8,859	2,127	
TBD		Program Director	73,500	17,640	91,140	90.00%	82,028	1,872	56,150	15,878	
TBD		WDD Lead BHT	54,600	13,104	67,704	90.00%	60,934	1,872	40,140	11,794	
TBD		WDD BHT 2	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886	
TBD		WDD BHT 1	47,250	11,340	58,590	90.00%	52,731	1,872	42,525	10,207	
TBD		WON BHT 1	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886	
TBD		WED Lead BHT	55,001	13,200	68,201	90.00%	61,381	1,872	49,501	11,880	
TBD		WED BHT 2	50,400	12,096	62,496	92.00%	56,246	1,872	45,360	10,886	
TBD		WED BHT 1	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886	
TBD		WEN BHT 1	53,550	12,852	66,402	90.00%	59,762	1,872	48,195	11,567	
TBD		WEN BHT 2	53,550	12,852	66,402	90.00%	59,762	1,872	48,195	11,567	
TBD		Transitional BHT 2	49,875	11,970	61,845	90.00%	56,661	1,872	44,883	10,773	
Contract Nurse Practitioner	NP		65,001	15,800	80,601	14.06%	11,335	293	7,141	2,194	
						Total Program:	2,781,681	993,180			

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

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

APPROVED:  DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE:  DATE: 4-18-23
 DBH/FISCAL SERVICES DATE: 03/24/23
 DBH PROGRAM MANAGER

Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

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

Contractor Name: Helping Hearts California, LLC
 20-608
 Address: 2421 Kern St
San Bernardino, CA 92407
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 9 DBH Clients for total)	\$6,250	100.00%	0.00%	\$6,250
2 Transportation Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	\$30,000	100.00%	0.00%	\$30,000
3 Rent (expressed on per client basis multiplied times 9 DBH Clients for total)	\$162,000	100.00%	0.00%	\$162,000
4 Utilities (expressed on per client basis multiplied times 9 DBH Clients for total)	\$28,500	100.00%	0.00%	\$28,500
5 Clinical Support (expressed on per client basis multiplied times 9 DBH Clients for total)	\$35,000	100.00%	0.00%	\$35,000
6 Food and Supplies (expressed on per client basis multiplied times 9 DBH Clients for total)	\$81,000	100.00%	0.00%	\$81,000
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	\$13,983	100.00%	0.00%	\$13,983
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 9 DBH Clients for total)	\$16,500	100.00%	0.00%	\$16,500
9 Interest Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	\$14,250	100.00%	0.00%	\$14,250
10 Administrative Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	\$97,587	100.00%	0.00%	\$97,587
11				\$0
SUBTOTAL B:	\$485,070			\$485,070
GROSS COSTS TOTAL A + B:	\$1,478,250			\$1,478,250

APPROVED:  5/18/23 DATE: 5/18/23
 PROVIDER AUTHORIZED SIGNATURE:  4-18-23 DATE: 4-18-23
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II
 APPROVED:  03/24/23 DATE: 03/24/23
 PROVIDER AUTHORIZED SIGNATURE: Christina Entz DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

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

Contractor Name: Helping Hearts California, LLC
 20-608
 Address: 2421 Kern St
San Bernardino, CA 92407
 Date Form Completed: 10/7/2021
 Updated 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability (expressed on per client basis multiplied times 9 DBH Clients for total)	Professional liability insurance as required per contract
2. Transportation Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments, activities and other treatment.
3. Rent (expressed on per client basis multiplied times 9 DBH Clients for total)	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities (expressed on per client basis multiplied times 9 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support (expressed on per client basis multiplied times 9 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies (expressed on per client basis multiplied times 9 DBH Clients for total)	Food and supplies for clients
7. Client Activities and Misc Client Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 9 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4-18-23

DBH FISCAL SERVICES

DBH PROGRAM MANAGER:  DATE: 03/24/23

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross

DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano

DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

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

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 2421 Kern St

Prepared by: Ynez Cross
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Client Service Projections for: July 1, 2024 to June 30, 2025

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	9	9	9	9	9	9	9	9	9	9	9	9	108
Projected Bed Days	279	279	270	279	270	279	279	252	279	270	279	270	3,285

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A

Contractor Name: Helping Hearts Caliber ma LLC
Contract #: 20 604

Address: 1767 N Acacia Ave
Rialto, CA 92376

Legal Entity No.: 01984 RU

Date: 2/17/2023
Updated

Adult Residential Facilities with Social Rehab. Program Services
FY 2024 - 2025
July 1, 2024 to June 30, 2025

Prepared by: Ynez Cross
Title: CEO

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE	MODE OF SERVICE	05	05	05	
#	SERVICE FUNCTION	20-29	65-79	65-79	
EXPENSES					
1	SALARIES			546,002	546,002
2	BENEFITS			131,044	131,044
3	TOTAL SALARIES AND BENEFITS			677,046	677,046
4	OPERATING EXPENSES			308,454	308,454
5	TOTAL EXPENSES (1+2+3)			985,500	985,500
AGENCY REVENUES					
6	PATIENT FEES				
7	PATIENT INSURANCE				
8	MEDI-CARE				
9	GRANTS/OTHER				
10	TOTAL AGENCY REVENUES (5+6+7+8)				
11	CONTRACT AMOUNT (4-9)			985,500	985,500
CONTRACT DAYS					
12	CONTRACT MONTHS			365	365
13	NUMBER OF BEDS			12	12
14	TOTAL CLIENT DAYS (11 * 13)			6	6
15	ANNUAL AMOUNT PER BED (10 / 13)			2,190	2,190
16	MONTHLY AMOUNT PER BED (15 / 12)			164,250	
17	*NEGOTIATED DAILY BED RATE (10 / 14)			13,688	
18	TOTAL MONTHLY AMOUNT (16 * 13)			450,000	
19	TOTAL AMOUNT (11*13*17)			82,125	82,125
FUNDING:					
20	MEDI-CAL			985,500	985,500
21	PATH			443,475	443,475
22	SAMSHA				
23	MHSA (Non-Medi-Cal)			98,550	98,550
24	MHSA MATCH			443,475	443,475
25	REALIGNMENT				
26	OTHER:				
TOTAL FUNDING				985,500	985,500

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4/18/23

DBH FISCAL SERVICES DATE: 03/24/23

DBH PROGRAM MANAGER:  DATE: 03/24/23

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Alkamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Eniz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

FY 2024 - 2025
July 1, 2024 to June 30, 2025

(12 months)

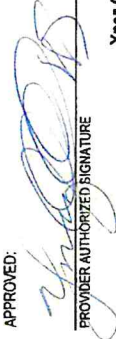
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)


CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hamilton	MA	Executive Director	151,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lord	BA	Senior Director of Operations	136,500	32,760	169,260	9.38%	15,868	195	12,791	3,071
Brian Spriet	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953
Brynn McClanahan		Clinical Coordinator	91,875	22,950	113,925	9.38%	10,680	195	8,613	2,067
Haley Bonilla or designee		Community Liaison	88,250	16,385	104,635	9.38%	7,934	195	5,398	1,536
Brian Whitworth or designee		Weekend Program Coordinator	73,500	17,640	91,140	9.38%	8,544	195	6,845	1,699
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,645	1,594
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	9.38%	8,544	195	6,845	1,699
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	9.38%	8,544	195	6,845	1,699
Dr. Ailie Perez	LCSW	Clinical Supervisor	105,000	25,200	130,200	9.38%	12,206	195	9,644	2,562
TBD	Psych	Intern Clinical Supervisor	94,500	22,680	117,180	9.38%	10,986	195	8,859	2,126
Miguel Amara or designee	LMFT	Clinician	89,250	21,420	110,670	9.38%	10,375	195	8,361	2,014
Jessica Zendea or designee		Administrative Support Specialist	45,864	11,097	56,961	9.38%	5,332	195	4,300	1,032
Lisa Vandy	LVN	Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Kaiti Adams		Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,644	2,562
Jessica Zendea or designee		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Employee on-site training and coord	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Transitional BHT 2	43,575	10,458	54,033	100.00%	54,033	2,080	43,575	10,458
TBD		Program Director	68,250	16,385	84,635	100.00%	84,635	2,080	68,250	16,385
TBD		WDD BHT-2	47,250	11,340	58,590	100.00%	58,590	2,080	47,250	11,340
TBD		WED BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDD BHT-1	44,100	10,584	54,684	100.00%	54,684	2,080	44,100	10,584
TBD		WED BHT-1	45,200	11,088	56,288	100.00%	56,288	2,080	45,200	11,088
TBD		WEN BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WEN BHT-2	45,350	11,844	57,194	100.00%	57,194	2,080	45,350	11,844
Contract Nurse Practitioner	NP		68,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
							Total Program:		2,483,148	677,046

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

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

APPROVED:  DATE: 5/18/23

PROVIDER AUTHORIZED SIGNATURE:  DATE: 4.18.23

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Ynez Cross

DBH PROGRAM MANAGER: Anthony Altamirano

DBH FISCAL SERVICES (PRINT NAME): DBH FISCAL SERVICES

DBH PROGRAM MANAGER (PRINT NAME): Christina Entz, PM II

DATE: 03/24/23

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608

Address: 1767 N Acacia Ave
Rialto, CA 92376

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

July 1, 2024 to June 30, 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.

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$43,562	100.00%	0.00%	\$43,562
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$82,104	100.00%	0.00%	\$82,104
11				
SUBTOTAL B:	\$308,454			\$308,454
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:  5/18/23 | DATE DBH FISCAL SERVICES:  4.18.23 | DATE DBH PROGRAM MANAGER:  03/24/23 | DATE

PROVIDER AUTHORIZED SIGNER (PRINT NAME) Ynez Cross DBH FISCAL SERVICES (PRINT NAME) Anthony Altamirano DBH PROGRAM MANAGER (PRINT NAME) Christina Entz, PM II

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

Contractor Name: Helping Hearts California, LLC
20-608
1767 N Acacia Ave
Rialto, CA 92376
Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM#	Justification of Cost
1	Professional liability insurance as required per contract
2	Professional liability insurance at levels required per contract. Includes auto insurance at levels required per contract. Includes mileage expense at IRS rate related to client appointments. activities and other treatment
3	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance. excessive wear and tear and repairs other than direct client damage
4	Annual utilities including electricity gas water garbage cable internet and phone
5	Electronic health record system. computer support. office supplies. continued education for clinical staff. license fees to CCLD
6	Food and supplies for clients
7	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10	Administrative expense includes audit and accounting executive compensation. and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:


PROVIDER AUTHORIZED SIGNATURE

Ynez Cross

PROVIDER AUTHORIZED SIGNER (PRINT NAME)


DBH FISCAL SERVICES

Anthony Altamirano

DBH FISCAL SERVICES (PRINT NAME)


DBH PROGRAM MANAGER

Christina Entz, PM II

DBH PROGRAM MANAGER (PRINT NAME)

03/24/23
DATE

DATE

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608
1767 N Acacia Ave

Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Client Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	188	186	180	186	180	2,190

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A

Contractor Name: Helping Hearts California, LLC

Contract #: 20-604

Address: 6272 Robin Lane

San Bernardino 92407

Legal Entity No.: 01884 RU

Date: 2-17-2023

Updated

Adult Residential Facilities with Social Rehab, Program Services

FY 2024 - 2025

July 1, 2024 to June 30, 2025

Prepared by: Ynez Cross
Title: CEO

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%	TOTAL
LINE #	MODE OF SERVICE	05	05	05	
	SERVICE FUNCTION	20-29	65-79	65-79	
1	SALARIES			546,002	546,002
2	BENEFITS			131,044	131,044
3	TOTAL SALARIES AND BENEFITS			677,046	677,046
4	OPERATING EXPENSES			308,454	308,454
4	TOTAL EXPENSES (1+2+3)			985,500	985,500
5	AGENCY REVENUES				
5	PATIENT FEES				
6	PATIENT INSURANCE				
7	MEDICARE				
8	GRANTS/OTHER				
9	TOTAL AGENCY REVENUES (5+6+7+8)				
10	CONTRACT AMOUNT (4-9)			985,500	985,500
11	CONTRACT DAYS			365	365
12	CONTRACT MONTHS			12	12
13	NUMBER OF BEDS			6	6
14	TOTAL CLIENT DAYS (11 * 13)			2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250	
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688	
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450,000	
18	TOTAL MONTHLY AMOUNT (16 * 13)			82,125	82,125
19	TOTAL AMOUNT (11*13*17)			985,500	985,500
20	FUNDING:				
20	MEDICAL			443,475	443,475
21	PATH				
22	SAMSHA				
23	MHSA (Non-Medl-Cal)			98,550	98,550
24	MHSA MATCH			443,475	443,475
25	REALIGNMENT				
26	OTHER:				
	TOTAL FUNDING			985,500	985,500

APPROVED:

[Signature] 5/18/23

PROVIDER AUTHORIZED SIGNATURE

DATE

4.18.23

DBH FISCAL SERVICES

DATE

[Signature] 03/24/23

DBH PROGRAM MANAGER

DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

PY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hampton	MA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,750	169,250	9.38%	15,868	195	12,791	3,071
Brian Siroat	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,268	195	12,305	2,963
Blythe McChannah		Clinic Coordinator	91,815	22,056	113,871	9.38%	10,580	195	8,513	2,067
Hadi, Bomila or designee		Community Liaison	82,250	16,380	98,630	9.38%	7,934	195	6,298	1,635
Brian Whitworth or designee		Weekend Program Coordinator	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,646	1,593
Kathy Bourde or designee	BA	Health Information Manager	73,950	17,640	91,590	9.38%	8,544	195	6,891	1,654
Jennifer Lara or designee	SUD	Clinical Supervisor	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
TBD	LCSW	Intern Clinical Supervisor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Dr. Alie Perez	PsychD	Clinician	84,500	22,680	107,180	9.38%	10,886	195	8,859	2,027
TBD	LMFT	Clinician	59,250	21,420	80,670	9.38%	10,375	195	8,161	2,214
Mique Amaya or designee		Administrative Support Specialist	45,864	11,307	57,171	9.38%	5,332	195	4,300	1,032
Jessica Zepeda or designee		Employee Staff Developer	61,000	15,120	76,120	9.38%	7,324	195	5,906	1,418
Lisa Varrin	LVN	Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessica Zepeda or designee		Employee on site training and com	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Transitional BHT-2	43,575	10,458	54,033	100.00%	54,033	2,080	43,575	10,458
TBD		Program Director	58,250	16,380	74,630	100.00%	74,630	2,080	58,250	16,380
TBD		WDD BHT-2	41,250	11,340	52,590	100.00%	52,590	2,080	41,250	11,340
TBD		WED BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDD BHT-1	44,100	10,984	55,084	100.00%	55,084	2,080	44,100	10,984
TBD		WED BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WDM BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		IWEN BHT-1	49,250	11,844	61,094	100.00%	61,094	2,080	49,250	11,844
Contract Nurse Practitioner	NP		58,250	15,380	73,630	9.38%	7,934	195	6,399	1,535
Total Program:						2,483,148	677,046			

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

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

APPROVED:

[Signature]
PROVIDER AUTHORIZED SIGNATURE

DATE

5/18/23

DBH FISCAL SERVICES

Anthony Altamirano

DATE

4.18.23

DBH PROGRAM MANAGER

Christina Eitz, PM II

DATE

03/24/23

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Ynez Cross

DBH FISCAL SERVICES (PRINT NAME)

Anthony Altamirano

DBH PROGRAM MANAGER

Christina Eitz, PM II

DATE

03/24/23

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608

Address: 6272 Robin Lane
San Bernardino, 92407

Date Form Completed: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$43,562	100.00%	0.00%	\$43,562
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$82,104	100.00%	0.00%	\$82,104
11				
SUBTOTAL B:	\$308,454			\$308,454
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

[Signature]
PROVIDER AUTHORIZED SIGNATURE
DATE: 5/18/23

[Signature]
DBH FISCAL SERVICES
DATE: 4/18/23

[Signature]
DBH PROGRAM MANAGER
DATE: 03/24/23

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 6272 Robin Lane
San Bernardino, 92407
 Date Form Completed: 2/17/2023
 Updated

Prepared by: Ynez Cross
 Title: CEO

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.
July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1	Professional liability insurance as required per contract
2	Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments, activities and other treatment
3	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6	Food and supplies for clients
7	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:


 PROVIDER AUTHORIZED SIGNATURE

Ynez Cross

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

5/18/23

DATE



Anthony Altamirano

DBH FISCAL SERVICES (PRINT NAME)

4.18.23

DATE



Christina Entz, PM II

DBH PROGRAM MANAGER (PRINT NAME)

03/24/23

DATE

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608
6272 Robin Lane
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2024 to June 30, 2025

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190



Campaign Contribution Disclosure (SB 1439)

DEFINITIONS

Actively supporting the matter: (a) Communicate directly, either in person or in writing, with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] with 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; 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 is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

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

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

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

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

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

ATTACHMENT III

1. Name of Contractor: _____
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
 Yes If yes, skip Question Nos. 3-4 and go to Question No. 5
 No
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: _____
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	Agent(s)

6. Name of agent(s) of Contractor:

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

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):

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:

ATTACHMENT III

Company Name	Individual(s) Name

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

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

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

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

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 \$250 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.