

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



**Contract Number**

**21-692 A-1**

**SAP Number**

**4400017814**

**Department of Behavioral Health**

<b>Department Contract Representative</b>	<u>Christopher Carso</u>
<b>Telephone Number</b>	<u>(909) 388-0856</u>
<b>Contractor</b>	<u>South Coast Children's Society, Inc. dba South Coast Community Services</u>
<b>Contractor Representative</b>	<u>Gil Garcia</u>
<b>Telephone Number</b>	<u>(714) 966-8603</u>
<b>Contract Term</b>	<u>October 1, 2021 – September 30, 2025</u>
<b>Original Contract Amount</b>	<u>\$6,945,000</u>
<b>Amendment Amount</b>	<u>\$2,315,000</u>
<b>Total Contract Amount</b>	<u>\$9,260,000</u>
<b>Cost Center</b>	<u>9206291000</u>
<b>Grant Number (If Applicable)</b>	<u>N/A</u>

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

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

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

I. ARTICLE II GENERAL CONTRACT REQUIREMENTS, paragraphs I and J, are hereby added to read as follows:

I. Contract Exclusivity

This is not an exclusive Contract. The County reserves the right to enter into a contract with other contractors for the same or similar services. The County does not guarantee or represent that the Contractor will be permitted to perform any minimum amount of work, or receive compensation other than on a per order basis, under the terms of this Contract.

J. Notice of Delays

Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this contract, that party shall, within twenty-four (24) hours, give notice thereof, including all relevant information with respect thereto, to the other party.

II. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraph I and J are hereby amended and paragraph K is hereby amended to read as follows:

I. The contract amendment amount of \$2,315,000 shall increase the total contract amount from \$6,945,000 to \$9,260,000 for the contract term.

J. This amendment hereby adds Schedules A and B for FY 2024-25 and 2025-26 as set forth in Exhibit I. All previously approved schedules remain in effect.

K. The allowable funding sources for this Contract may include: Federal Financial Participation Medi-Cal, 1991 Realignment, and 2011 Realignment. Federal funds may not be used as match funds to draw down federal funds.

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

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

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

A. The term of this Agreement shall be from October 1, 2021 through September 30, 2025 inclusive. The County may, but is not obligated to, extend awarded contract(s) for up to one (1) additional one-year period contingent on the availability of funds and Contractor performance.

V. ARTICLE XVII PERSONNEL, paragraphs L and M, are hereby added amended to read as follows:

L. Executive Order N-6-22 – Russia Sanctions

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

M. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-

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

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

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

- VI. Exhibit I Schedules A and B for FY 2024-25 and 2025-26 are hereby added.
- VII. ATTACHMENT III Campaign Contribution Disclosure (SB1439) is hereby added.

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

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

SAN BERNARDINO COUNTY

By *Dawn Rowe*

Dawn Rowe, Chair, Board of Supervisors

SEP 10 2024

Dated: \_\_\_\_\_

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

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

By *Lynna Monell* Deputy



South Coast Children's Society, Inc. dba South Coast Community Services

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

By *Gil Garcia*  
6DD43EA499D34F8...  
(Authorized signature - sign in blue ink)

Name Gil Garcia  
(Print or type name of person signing contract)

Title Chief Financial Officer  
(Print or Type)

Dated: 8/19/2024

Address 25910 Acero, Suite 160. Mission Viejo  
CA 92691

FOR COUNTY USE ONLY

Approved as to Legal Form  
Signed by: *Dawn Martin*  
8FD744A7697647B...  
Dawn Martin, Deputy County Counsel  
Date 8/20/2024

Reviewed by Contract Compliance  
Signed by: *Ellayna Hoatson*  
13E2DD6C70FE43F...  
Ellayna Hoatson, Contracts Supervisor  
Date 8/20/2024

Reviewed and Approved by Department  
Signed by: *Georgina Yoshioka*  
7DF807EFA67AB2...  
Georgina Yoshioka, Director  
Date 8/25/2024

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: South Coast Children's Society

Actual Cost Contractor (cost reimbursement)

General Mental Health

Provider #

(GMH)

Contractor RFP# 21-692 / RFP# 23-167

Prepared by: Gil A. Garcia

FY 2024 - 2025 (5 Months)

Address: 25910 Acero, Suite 160

Title: CFO

October 1, 2024 - June 30, 2025

Mission Viejo, CA 92651

Date Form Completed: 4/27/2024

Date Form Revised:

LINE #	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
#	SERVICE FUNCTION	Case Management (09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
1	Distribution %	3.00%	53.00%	10.00%	2.00%		
<b>EXPENSES</b>							
2	SALARIES	5,886	165,766	15,619	3,924	0	196,195
3	BENEFITS	1,207	34,187	4,022	804	0	40,220
<i>(2+3 must equal total staffing costs)</i>							
4	OPERATING EXPENSES	7,092	200,953	23,642	4,728	0	236,415
5	TOTAL EXPENSES (2+3+4)	4,574	129,505	15,245	3,050	0	152,478
<b>AGENCY REVENUES</b>							
6	PATIENT FEES	0	0	0	0	0	0
7	PATIENT INSURANCE	0	0	0	0	0	0
8	MEDICARE	0	0	0	0	0	0
9	GRANTS/OTHER	0	0	0	0	0	0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	11,667	330,557	38,889	7,778	0	388,891
<b>FUNDING</b>							
12	MEDICAL (FFP)	5,159	146,165	17,155	3,439	0	171,959
13	EPSDT (2011 Realignment)	3	96	11	2	0	112
14	1951 Realignment Match	5,814	164,727	19,350	3,876	0	193,798
15		0	0	0	0	0	0
16	1951 Realignment - Net County	691	19,599	2,302	460	0	23,022
17	FUNDING TOTAL	11,667	330,557	38,889	7,778	0	388,891
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
19	STATE FUNDING (including Realignment)	6,508	184,392	21,653	4,339	0	216,932
20	FEDERAL FUNDING	5,159	146,165	17,155	3,439	0	171,959
21	TOTAL FUNDING	11,667	330,557	38,889	7,778	0	388,891
22	TARGET COST PER UNIT OF SERVICE	\$2.48	\$3.37	\$5.26	\$4.73	\$0.00	
23	UNITS OF TIME (Minutes)	4,710	58,203	6,215	1,544	0	110,773

APPROVED:

*Gil A. Garcia* 05/05/2024 DATE DBH FISCAL SERVICES

*Anthony Altamirano* 05/06/2024 DATE DBH FISCAL SERVICES

*Joshua Taylor* 05/06/2024 DATE DBH PROGRAM MANAGER

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES

PROVIDER AUTHORIZED SIGNATURE DATE DBH PROGRAM MANAGER

Gil A. Garcia

Anthony Altamirano

Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

CFO

Administrative Supervisor I DBH FISCAL

Roger Ma



EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

Contractor Name: South Coast Children's Society  
 Provider #  
 Contract/FPS # 21-882 / RFP# 23-107  
 Address: 26810 Averno, Suite 160  
Milpitas, CA 95035

FY 2024 - 2026

Prepared by: Gil A. Garcia  
 Title: CFO

Date Form Completed: 4/27/2024

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

October 1, 2024 - June 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	3332	0%	\$0	100%	\$332	0	332
2 Computer & Equipment Expenses	3507	0%	\$0	100%	\$507	0	307
3 Dues & Publications	\$0	0%	\$0	100%	\$0	0	0
4 EHR Support Fees	\$1,981	0%	\$0	100%	\$1,981	0	1,981
5 Furniture Expense	\$0	0%	\$0	100%	\$0	0	0
6 Insurance-Liability	\$4,331	0%	\$0	100%	\$4,331	0	4,331
7 Interest Expense	\$0	0%	\$0	100%	\$0	0	0
8 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0	0	0
9 Office Expenses	\$4,057	0%	\$0	100%	\$4,057	0	4,057
10 Office Space/Occupancy	\$35,715	0%	\$0	100%	\$35,715	0	35,715
11 Program Expense- Other	\$3,814	0%	\$0	100%	\$3,814	0	3,814
12 Subcontractors (Psychiatrists)	\$46,600	0%	\$0	100%	\$46,600	0	46,600
13 Telephone & Internet	\$5,912	0%	\$0	100%	\$5,912	0	5,912
14 Training & Training Travel	\$750	0%	\$0	100%	\$750	0	750
15 Transcription Expense	\$119	0%	\$0	100%	\$119	0	119
16 Indirect Expense	\$47,758	0%	\$0	100%	\$47,758	0	47,758
<b>SUBTOTAL B:</b>	<b>\$152,475</b>		<b>\$0</b>		<b>\$152,475</b>	<b>0</b>	<b>152,475</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$389,690</b>	<b>0</b>	<b>389,690</b>

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

Contractor Name: South Coast Children's Society  
Provider #  
Contractor ID: 221492710719 23-107  
Address: 2910 Acton, Suite 190  
Mission Viejo, CA 92691  
City: Irvine  
State: CA  
Zip: 92614  
Contract Start Date: 07/2024

Prepared by: C/A, Garcia  
Title: CFO

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

October 1, 2024 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanitation screenings prior to employment.
2. Automobile & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost-effective and reliable communication infrastructure for the program. Expenses will include vehicles, fuel, maintenance, etc.
3. Dues & Publications	N/A
4. Staff Support Fees	Even though SOCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing technical support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5. Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furniture as needed for the program.
6. Insurance-Liability	This line item includes contractual coverage including Comprehensive General Liability with broad form property damage and contractual liability, Automobile Liability (including coverage for covered, non-covered, and hired vehicles), Employer's Liability, Professional Liability, Sexual Misconduct Liability, Cyber Liability, Network Security & Privacy Liability, Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted providers based on direct service hours.
7. Interest Expense	N/A
8. Leased Vehicle Expense	N/A
9. Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, ring supplies, and small equipment with an expected life of less than one year.
10. Office Space/occupancy	Utility bills, including utilities, commodities and other direct costs passed through to the rates, are allocated to the program based on the number of employees. All other expenses are passed through to the rates. We submit the average of the program's bills to total FTEs to calculate the program's share of the total. The program's share of the total is then multiplied by the number of FTEs to determine the program's share of the total. The program's share of the total is then multiplied by the number of FTEs to determine the program's share of the total. The program's share of the total is then multiplied by the number of FTEs to determine the program's share of the total.
11. Program Expense-Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item.
12. Subcontractor (Physicians)	Budgeted for 0.12 FTE of Psychiatrist time at a rate of \$220 per hour. The total cost of \$46,800 for psychiatrist is included on Staffing tab.
13. Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone and lines as well as other services which enables necessary email access.
14. Training & Training Travel	This line item is for training costs via training videos (Netflix), and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and best practices.
15. Transportation Expense	Budgeted to cover the maintenance of staff mileage for services provided on behalf of the program. Currents budgeted at \$0.50 per mile. It will not exceed standard mileage rates as established by the IRS for the period of the contract. SOCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff or required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
16. Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocator method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R. Part 200. Indirect costs are calculated at 14% of direct program costs to provide for administrative support and overhead and will not exceed 15% of direct program costs. These costs include such departments as Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as Vacation/Health/Retirement/Health and Retirement/Employee Travel, and Workers Compensation. Also included are administrative office rent and expenses. Indirect services and network costs and other O&M expenses not chargeable to specific programs.



EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2024 - 2025  
Services Projections (Mods 15)

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTEs	Projected Revenue Generated by Service Type					Clients Served											
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Starting (Admissions Open)	Discharges (Episodes Closed)	Monthly Census										
Jul-21	0		\$0	\$0	\$0	\$0													
Aug-21	0		\$0	\$0	\$0	\$0													
Sep-21	0		\$0	\$0	\$0	\$0													
Oct-21	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
Nov-21	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
Dec-21	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
Jan-22	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
Feb-22	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
Mar-22	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
Apr-22	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
May-22	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
Jun-22	12,308	2.37	\$1,296	\$36,729	\$4,321	\$864	8	8	85										
TOTAL	110,773		\$11,667	\$330,567	\$38,869	\$7,778	72	72	72										
Total Revenue													\$388,591	Unduplicated Clients Served	157				
Estimated Cost Per Client:													\$2,477						

Contractor Name: South Coast Children's Society  
 Provider #  
 Contract/RFP# 21-592 / RTP# 23-107  
 Address: 25910 Aero, Suite 150  
 Mission Viejo, CA 92591  
 Date Form Completed: 4/27/2024

Old County Contract (CCR) Rates: CM Rate per Min. \$2.20 MHG Rate/Min \$2.59 MGS Rate/Min \$5.55 Crisis Rate/Min \$4.20  
 Agency Per Min Rates: \$2.34 \$3.19 \$5.91 \$4.47  
 NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells  
 Target Cost Per Unit of Service \$2.48 \$3.37 \$4.73 \$4.73

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Data Form Revised

EXHIBIT I

15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
4,710	25,203	6,216	1,844	110,773
393	8154	518	137	9231
5	96	6	2	109
0.08	1.60	0.10	0.03	1.81

Avg Monthly Caseload	85
Expected Length of Program (months)	12

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

Total Hours Per Unduplicated Client for Duration of the Program: 21.72

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: South Coast Children's Society

Actual Cost Contract (cost reimbursement)

General Mental Health (GMH)

Provider #

Contractor RFP # #21-492 / RTP# 23-107

Prepared by: Gil A. Garcia CFO

FY 2025 - 2026 (3 Months)

Address: 2591D Acero, Suite 160  
Miss Of Viejo, CA 92651

July 1, 2025 - September 30, 2025

Date Form Completed: 4/27/2024

Date Form Revised:

LINE #	MODE OF SERVICE	15-Occupant Case Management (01-08)	15-Occupant Mental Health Services (10-50)	15-Occupant Medication Support (80)	15-Occupant Crisis Intervention (70)	TOTAL
1	100% Distribution % EXPENSES	3.00%	54.00%	10.00%	2.00%	
2	SALARIES	1,952	55,589	5,540	1,305	65,396
3	BENEFITS	402	11,396	1,341	265	13,407
4	(2+3 must equal total staffing costs)	2,354	66,984	7,881	1,576	78,805
5	OPERATING EXPENSES	1,525	43,202	5,063	1,017	50,826
6	TOTAL EXPENSES (2+3+4)	3,889	110,186	12,963	2,593	129,631
7	PATIENT FEES					0
8	PATIENT INSURANCE					0
9	MED-CARE					0
10	GRANTS/OTHER					0
11	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
12	CONTRACT AMOUNT (5-10)	3,889	110,186	12,963	2,593	129,631
13	FUNDING					
14	MEDI-CAL (FFP)	1,720	48,722	5,732	1,145	57,320
15	EPSDT (2011 Realignment)	1	32	4	1	38
16	1991 Realignment Match	1,938	54,909	6,460	1,292	64,599
17	1991 Realignment - Net County	230	6,523	767	153	7,674
18	FUNDING TOTAL	3,889	110,186	12,963	2,593	129,631
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
20	STATE FUNDING (Including Realignment)	2,169	61,454	7,231	1,447	72,311
21	FEDERAL FUNDING	1,720	48,722	5,732	1,145	57,320
22	TOTAL FUNDING	3,889	110,186	12,963	2,593	129,631
23	TARGET COST PER UNIT OF SERVICE	\$0.53	\$1.12	\$2.09	\$1.55	\$0.00
24	UNITS OF TIME (Minutes)	4,710	98,194	6,212	1,645	110,762

APPROVED:

*Gil A. Garcia*

*Anthony Altamirano*

*Joshua Taylor*

PROVIDER AUTHORIZED SIGNATURE DATE 05/05/2024

DBH FISCAL SERVICES DATE 05/05/2024

DBH PROGRAM MANAGER DATE 05/06/2024

Gil A. Garcia

Anthony Altamirano

Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

CFO

Administrative Supervisor I DBH FISCAL

Roger Ma



EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025 - 2026  
Contractor Name: South Coast Children's Society  
Provider #  
Contract/FRF# 21-482 / RTF# 23-107  
Address: 26810 Apero, Suite 150  
Mission Viejo, CA 92681

Prepared by: Gil A. Garcia  
Title: CFO

Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

(3 Months)

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment Expenses	\$111	0%	\$0	100%	\$111	0	111
2 Computer & Equipment Expenses	\$302	0%	\$0	100%	\$302		302
3 Dues & Publications	\$0	0%	\$0	100%	\$0		0
4 EHR Support Fees	\$660	0%	\$0	100%	\$660		660
5 Furniture Expense	\$0	0%	\$0	100%	\$0		0
6 Insurance-Liability	\$1,444	0%	\$0	100%	\$1,444		1,444
7 Interest Expense	\$0	0%	\$0	100%	\$0		0
8 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9 Office Expenses	\$1,352	0%	\$0	100%	\$1,352		1,352
10 Office Space/Occupancy	\$11,905	0%	\$0	100%	\$11,905		11,905
11 Program Expense: Other	\$1,271	0%	\$0	100%	\$1,271		1,271
12 Subcontractors (Psychiatrists)	\$15,600	0%	\$0	100%	\$15,600		15,600
13 Telephone & Internet	\$1,571	0%	\$0	100%	\$1,571		1,571
14 Training & Training Travel	\$250	0%	\$0	100%	\$250		250
15 Transportation Expense	\$40	0%	\$0	100%	\$40		40
16 Indirect Expense	\$15,520	0%	\$0	100%	\$15,520		15,520
<b>SUBTOTAL B:</b>	<b>\$50,825</b>		<b>\$0</b>		<b>\$50,825</b>	<b>0</b>	<b>50,825</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$729,631</b>	<b>0</b>	<b>1,25,631</b>

EXHIBIT I

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

Prepared by: Gil A. Garcia  
Title: CFO

Contractor Name: South Coast Children's Society  
Provider #  
Contract #/FP# #21-552 / RTP# 23-107  
Address: 28910 Acero, Suite 160  
Mission Viejo, CA 92691  
Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors.
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability, Automobile Liability including coverage for owned, non-owned, and hired vehicles, Employer's Liability, Professional Liability, Sexual Misconduct Liability.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials for Subcontractors (Psychiatrists).
12 (Psychiatrists)	Budgeted for 0.12 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$15,600 for psychiatrists is included on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct services staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
14 Training & Training Travel	This line item is for training costs via training videos (Releas) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$0.67 per mile. It will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R. Part 200. Indirect cost is
16 Indirect Expense	



EXHIBIT I

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention		
4,710	25,124	6,212	1,845		110,762
393	8153	518	137		9230
5	25	6	2		109
0.08	1.50	0.10	0.03		1.81

Avg Monthly Caseload	85	Expected Length of Program (months)	12
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Total Minutes of Services

Total Monthly Minutes of Services (Average)

Dosage (minutes) per client per month

Dosage (hours) per client per month

Total Hours Per Unduplicated Client for Duration of the Program: 21.72



SCHEDULE A - Planning Estimates



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
General Mental Health  
(GMH)

Contractor Name: South Coast Children's Society  
Provider #  
Contract/FFR# 421-652 (RTP# 23-107)  
Address: 25510 Acero, Suite 150  
Mission Viejo, CA 92691  
Date Form Completed: 4/27/2024

FY 2024 - 2025 (9 Months)  
October 1, 2024 - June 30, 2025

Prepared by: Gil A. Garcia  
CFO  
Title:

LINE #	MODE OF SERVICE	15-Outpatient Case Management (91-99)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL
1	EXPENSES	3.00%	53.00%	10.00%	2.00%	
2	SALARIES	6,270	177,654	20,500	4,180	209,005
3	BENEFITS	1,265	35,419	4,235	857	42,846
4	2+3 must equal total starting costs	7,535	214,073	25,185	5,037	251,851
5	OPERATING EXPENSES	5,325	150,504	17,753	3,551	177,533
6	TOTAL EXPENSES (2+3+4)	12,882	364,977	42,938	8,535	429,385
7	AGENCY REVENUES					
8	PATIENT FEES					
9	PATIENT INSURANCE					
10	MEDI-CARE					
11	GRANT/OTHER					
12	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
13	CONTRACT AMOUNT (5-10)	12,882	364,977	42,938	8,535	429,385
14	FUNDING	Share %				
15	MEDICAL (FFP)	47.00%	161,364	18,995	3,797	189,653
16	EPISDY (2011 Realignment)	1.00%	106	12	2	123
17	1991 Realignment Match	52.00%	5,419	181,860	21,399	213,978
18	1991 Realignment - Net County		0	0	0	0
19	FUNDING TOTAL		763	21,607	508	25,420
20	NET COUNTY FUNDS (Local Cost, MUST = ZERO)		12,882	364,977	42,938	429,385
21	STATE FUNDING (Including Realignment)		7,185	203,593	23,952	239,522
22	FEDERAL FUNDING		5,695	161,364	3,797	189,653
23	TOTAL FUNDING		12,862	384,077	42,958	429,385
24	TARGET COST PER UNIT OF SERVICE		\$2.72	\$3.70	\$5.88	\$5.20
25	UNITS OF TIME (Minutes)		4,730	99,617	6,243	111,240

APPROVED:  05/06/2024  
 PROVIDER AUTHORIZED SIGNATURE DATE DSH FISCAL SERVICES DATE DSH PROGRAM MANAGER DATE  
 Gil A. Garcia 05/06/2024 05/06/2024  05/06/2024  
 Anthony Altamirano (May 6, 2024 13:58 PDT) Joshua Taylor (May 6, 2024 13:09 PDT)  
 Administrative Supervisor I DSH FISCAL DSH PROGRAM MANAGER  
 Roger Ma



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2024 - 2025

Contractor Name: South Coast Children's Society  
Provider #  
Contract/RFP# 221-082 J RTR# 23-107  
Address: 28910 Aventura, Suite 180  
Mission Viejo, CA 92681

Prepared by: G.I.A. Garcia  
Title: CFO

Date Form Completed: 4/27/2024  
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 COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$1,172	0%	\$0	100%	\$1,172	0	1,172
2 Computer & Equipment Expenses	\$1,705	0%	\$0	100%	\$1,705		1,705
3 Dues & Publications	\$0	0%	\$0	100%	\$0		0
4 EHR Support Fees	\$2,745	0%	\$0	100%	\$2,745		2,745
5 Furniture Expense	\$0	0%	\$0	100%	\$0		0
6 Insurance-Liability	\$9,056	0%	\$0	100%	\$9,056		9,056
7 Interest Expense	\$0	0%	\$0	100%	\$0		0
8 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9 Office Expenses	\$3,998	0%	\$0	100%	\$3,998		3,998
10 Office Space/Occupancy	\$43,472	0%	\$0	100%	\$43,472		43,472
11 Program Expense: Other	\$3,854	0%	\$0	100%	\$3,854		3,854
12 Subcontractors (Psych/Stats)	\$50,700	0%	\$0	100%	\$50,700		50,700
13 Telephones & Internet	\$5,356	0%	\$0	100%	\$5,356		5,356
14 Training & Training Travel	\$1,125	0%	\$0	100%	\$1,125		1,125
15 Transportation Expense	\$679	0%	\$0	100%	\$679		679
16 Indirect Expense	\$52,731	0%	\$0	100%	\$52,731		52,731
<b>SUBTOTAL B:</b>	<b>\$177,534</b>		<b>\$0</b>		<b>\$177,534</b>	<b>0</b>	<b>177,534</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>			<b>\$0</b>		<b>\$429,364</b>	<b>0</b>	<b>429,364</b>

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

Contract Name: South Coast Children's Society  
Agency: 21-482 / BTN 22-07  
Contract #: 1811 Accts. Gains 18  
Address: 1811 Accts. Gains 18  
Mission Viejo, CA 92691

Prepared by: G. A. Garcia  
Title: CFO

Date Firm Complied: 1/27/2024

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

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1. Advertising & Recruitment	The line item is used for employee recruitment advertising as well as trade and seminar advertising prior to employment.
2. Computers & Software	Budgeted to provide efficient, secure, consistent, cost-effective and reliable communication infrastructure for the program. Expenditures will include vendor, software, hardware, and other related costs.
3. Consultants	N/A
4. EMT Support Fees	Even though SCDH owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and other necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. Charges for any new licenses purchased for additional staff are budgeted already in program.
5. Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furniture as needed to the program.
6. Insurance-Liability	This line item includes contract-revenue coverage including Comprehensive General Liability with broad form property damage and contractual liability. Automobile liability including coverage for owned, non-owned, and hired vehicles, Employee Liability, Professional Liability, Sexual Misconduct Liability, Cyber Liability, Kidnap/Ransom, and Property Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted practitioners based on direct service hours.
7. Interest Expense	N/A
8. Leases-Vehicle Expense	N/A
9. Office Expenses	Budgeted for general office supplies such as forms, self-addressed, post-it, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10. Office Space/Contingency	Office costs, including related contract-revenue and operating costs, covered through the contract, as it is needed to the program based on the number of employees. Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program's FTEs to total FTEs located in the same facility, and the resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the graduated departmental basis of how much space is obtained is the number of staff requiring office space for each program. Contingency cost may also include the program's share of any tenant improvement costs associated over the life of the lease or program.
11. Program Expense-Disproportionate	Budgeted for direct program supplies including sheets, client supplies and materials, and therapeutic toys and games. Program expenses include materials that are being used, handbooks, and other supplies. Client financial spending are also included in this line item.
12. Subcontractors	Budgeted for 0.13 FTE of Therapist time @ a rate of \$240 per hour. The total cost of \$312,000 for psychotherapy is included on Staffing fee.
13. Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This total category also includes all charges or program telephone and faxes as well as internet services which include necessary email access.
14. Training & Learning Travel	This line item is for training costs via training videos, (Webinars), and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices needed to the program and contract-revenue earnings.
15. Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$0.57 per mile. It will not exceed approved mileage rates as established by the IRS for the period of the contract. SCDH will only reimburse for pre-arranged miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required distributions include travel to client's homes, church home, meetings, and meetings.
16. Indirect Expenses	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the indirect allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations, Uniform Requirements at 42 CFR Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such expenditures as Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Medical/Dental/Vision, Sick, Health and Retirement, Unemployment, Term, and Workers Compensation. Also included are administrative office rent and expenses, computer servers and network costs and other total expenses not designated to specific programs.

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2024 - 2025  
Service Projections (Note 16)

Prior fiscal year Rates (Completed by CBM)		Contractor Name: South Coast Children's Society							
Old County Contract (CCR) Rates:	\$2.20	Provider #							
Productivity Expectation: 50%	CM Rate per Min. MHG Rate/Min M&S Rate/Min Crisis Rate/Min	Contract/REF#	#21-692 / RTP# 23-107						
Agency Per Min Rates:	\$2.34	Address:	22910 Acero, Suite 150 Mission Viejo, CA 92691						
	\$3.16								
	\$5.91								
	\$4.47								
Target Cost Per Unit of Service	\$2.72	Date Form Completed:	4/27/2024						
	\$3.70	Date Form Revised:							
	\$5.30								
	\$5.30								
Projected Revenue Generated by Service Type									
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Admissions (Open)	Discharges (Closed)	Monthly Census
Jul-21	0		\$0	\$0	\$0	\$0			
Aug-21	0		\$0	\$0	\$0	\$0			
Sep-21	0		\$0	\$0	\$0	\$0			
Oct-21	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
Nov-21	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
Dec-21	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
Jan-22	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
Feb-22	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
Mar-22	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
Apr-22	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
May-22	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
Jun-22	12,360	2.38	\$1,431	\$40,553	\$4,771	\$954	8	8	85
TOTAL	111,240		\$12,882	\$364,977	\$42,938	\$8,558	72	72	157
Total Revenue							\$429,385	Unduplicated Clients Served	\$2,735
							Estimated Cost Per Client		

EXHIBIT I

15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
2,732	33,517	6,243	1,651	111,240
394	8218	520	138	9270
5	57	5	2	109
0.05	1.51	0.10	0.03	1.82

Avg Monthly Client	55
Expected Length of Program (months)	12

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

Total Hours Per Unduplicated Client for Duration of the Program: 21.81

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
General Mental Health  
(GMH)

Contractor Name: South Coast Children's Society  
Provider #  
Contract/RFP# 821-652 / RFP# 23-107

Prepared by: Gil A. Garcia (3 Months)  
Title: CFO July 1, 2025 - September 30, 2025  
Address: 25510 Aceros, Suite 160  
Mission Viejo, CA 92691  
Date Form Completed: 7/27/2025  
Data Form Revised:

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-50)	15-Outpatient Mental Health Services (10-56)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (%)	TOTAL
1	EXPENSES	3.00%	52.00%	0.00%	2.00%	
2	SALARIES	2,190	59,218	6,997	1,393	69,698
3	BENEFITS	428	12,140	1,428	296	14,292
4	(2-3 must equal total staffing costs)	2,619	71,358	8,395	1,679	83,950
5	OPERATING EXPENSES	1,775	50,303	5,918	1,184	59,180
6	TOTAL EXPENSES (2+3+4)	4,294	121,661	14,313	2,863	143,130
7	AGENCY REVENUES					
8	PATIENT FEES					
9	PATIENT INSURANCE					
10	MEDI-CARE					
11	GRANTS/OTHER					
12	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
13	CONTRACT AMOUNT (5-10)	4,294	121,661	14,313	2,863	143,130
14	FUNDING					
15	MEDI-CAL (FFP)	1,699	53,795	6,329	1,256	63,289
16	EPSDT (2011 Realignment)	1	35	4	1	41
17	1591 Realignment Match	2,140	60,628	7,133	1,426	71,327
18	1591 Realignment - Net County	254	7,202	827	165	8,448
19	FUNDING TOTAL	4,294	121,661	14,313	2,863	143,130
20	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
21	STATE FUNDING (Including Realignment)	2,395	67,665	7,994	1,597	79,641
22	FEDERAL FUNDING	1,699	53,795	6,329	1,256	63,289
23	TOTAL FUNDING	4,294	121,661	14,313	2,863	143,130
24	TARGET COST PER UNIT OF SERVICE	\$0.51	\$1.23	\$2.29	\$1.73	\$3.00
25	UNITS OF TIME (Minutes)	4,730	98,609	6,239	1,652	111,229

APPROVED: *[Signature]* 05/06/2024  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): Gil A. Garcia  
 DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano  
 DBH PROGRAM MANAGER (PRINT NAME): Joshua Taylor  
 ADMINISTRATIVE SUPERVISOR (PRINT NAME): Roger Ma





EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025 - 2025

Contractor Name: South Coast Children's Society  
Provider #  
Contract # 221-862 / RFP# 23-107  
Address: 23810 Aegero, Suite 180  
Mission Viejo, CA 92691

Prepared by: G.I.A. Garcia  
Title: CFO

Date Form Completed: 4/27/2024  
Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

July 1, 2025 - September 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$351	0%	\$0	100%	\$351	0	351
2 Computer & Equipment Expenses	\$669	0%	\$0	100%	\$669		\$669
3 Dues & Publications	\$0	0%	\$0	100%	\$0		0
4 EHR Support Fees	\$915	0%	\$0	100%	\$915		\$915
5 Furniture Expense	\$0	0%	\$0	100%	\$0		0
6 Insurance-Liability	\$3,019	0%	\$0	100%	\$3,019		3,019
7 Interest Expense	\$0	0%	\$0	100%	\$0		0
8 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9 Office Expenses	\$1,333	0%	\$0	100%	\$1,333		1,333
10 Office Space/Occupancy	\$14,471	0%	\$0	100%	\$14,471		14,471
11 Program Expense: Other	\$1,265	0%	\$0	100%	\$1,265		1,265
12 Subcontractors (Psychiatrists)	\$16,900	0%	\$0	100%	\$16,900		16,900
13 Telephone & Internet	\$2,119	0%	\$0	100%	\$2,119		2,119
14 Training & Training Travel	\$375	0%	\$0	100%	\$375		375
15 Transportation Expense	\$235	0%	\$0	100%	\$235		235
16 Indirect Expense	\$17,577	0%	\$0	100%	\$17,577		17,577
<b>SUBTOTAL B:</b>	<b>\$59,150</b>		<b>\$0</b>		<b>\$59,150</b>	<b>0</b>	<b>59,150</b>
<b>GRAND TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$143,130</b>	<b>0</b>	<b>143,130</b>

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
& SCHEDULE B  
BUDGET NARRATIVE  
FY 2026 - 2028**

Prepared by: Gil A. Garcia  
Title: CFO

Contractor Name: South Coast Children's Society  
Provider #: \_\_\_\_\_  
Contract RFP# #21-882 / RFP# 23-107  
Address: 28810 Acasto, Suite 152  
Mission Viejo, CA 92681  
Date Form Completed: 4/27/2024

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

**July 1, 2025 - September 30, 2025**

ITEM	Justification of Cost
1 Advertising & Recruitment:	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses:	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, N/A
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCOC owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability, including coverage for owned, non-owned, and hired vehicles; Employers Liability; Professional Liability; Sexual Harassment Liability;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.13 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$15,900 for psychiatrists is included on Staffing tab.
13 Telephone & Internet	Telephone expenses include call phones for all direct service staff, supervisors, and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
14 Training & Training Travel	This line item is for training costs via training videos (webinars) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$17 per mile. It will not exceed standard mileage rates as established by the IRS for the period of the contract. SCOC will only reimburse for business-related miles which include travel indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R. Part 200. Indirect cost is
16 Indirect Expense	

EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2026 - 2028  
Service Projections (Woods 15)

Prior fiscal year Rates (Completed by DBH)										Contractor Name: South Coast Children's Society		
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20		Provider #						
Productivity Expectation: 50%		CM Rate per Min.	MHC Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	231-592 / RFP# 23-107					
Agency Per Min Rates:	\$2.20	\$2.99	\$5.56	\$4.20		Address:	25910 Alamo, Suite 160					
							Mission Viejo, CA 92691					
							4070024					
Target Cost Per Unit of Service	\$0.91	\$1.23	\$1.73	\$1.73	\$1.73	Date Form Completed:						
						Date Form Revised:						
<p>NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells</p> <p>ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER</p>												
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type				Clients Served			Total Revenue	Unduplicated Clients Served	Estimated Cost Per Client
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Starting Admissions (Trips) (Opened)	Discharges (Trips) (Closed)	Monthly Census			
Jul-24	37,076	2.38	\$1,431	\$40,554	\$4,771	\$954	8	8	85			
Aug-24	37,076	2.38	\$1,431	\$40,554	\$4,771	\$954	8	8	85			
Sep-24	37,076	2.38	\$1,431	\$40,554	\$4,771	\$954	8	8	85			
Oct-24			\$0	\$0	\$0	\$0						
Nov-24			\$0	\$0	\$0	\$0						
Dec-24			\$0	\$0	\$0	\$0						
Jan-25			\$0	\$0	\$0	\$0						
Feb-25			\$0	\$0	\$0	\$0						
Mar-25			\$0	\$0	\$0	\$0						
Apr-25			\$0	\$0	\$0	\$0						
May-25			\$0	\$0	\$0	\$0						
Jun-25			\$0	\$0	\$0	\$0						
TOTAL	111,228		\$4,294	\$121,661	\$14,313	\$2,883	24	24	102	\$143,130	\$1,313	

EXHIBIT I

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention		
4,730	93,605	6,235	1,652		111,229
394	3217	520	138		9269
5	57	5	2		109
0.05	1.67	0.10	0.03		1.82

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

Total Hours Per Unduplicated Client for Duration of the Program: 21.81

Avg Monthly Client	55
Expected Length of Program (months)	12

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

General Mental Health (GMH)

Contractor Name: South Coast Children's Society

Provider #

Contract/FFRP# 821-832 / RFP# 23-107

Address: 25510 Agero, Suite 150

Mission Viejo, CA 92691

Date Form Completed: 4/27/2024

Date Form Revised:

Actual Cost Contract (cost reimbursement)

Prepared by: Gil A. Garcia

Title: CFO

FY 2024 - 2025 (9 Months)

October 1, 2024 - June 30, 2025

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-99)	15-Outpatient Mental Health Services (115-80)	15-Outpatient Medication Support (140)	15-Outpatient Crisis Intervention (70)	TOTAL
1	EXPENSES	3.00%	15.00%	10.00%	2.00%	
2	SALARIES	8,662	251,103	29,542	5,908	295,415
3	BENEFITS	1,817	51,475	6,056	1,211	60,559
4	OPERATING EXPENSES (2-3-3-4)	10,679	302,579	35,598	7,120	355,976
5	TOTAL EXPENSES (2-3-3-4)	21,975	645,757	70,792	14,249	732,773
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	15,755	445,408	52,519	10,504	525,186
12	MEDICAL (FFP)	47.00%	5,957	197,391	23,222	4,644
13	1591 (2011 Realignment)	1.00%	5	125	15	3
14	1591 Realignment Match	50.00%	7,651	222,460	26,172	5,235
15	1591 Realignment - Net County		0	0	0	0
16	FUNDING TOTAL		13,613	419,976	49,412	10,882
17	NET COUNTY FUNDS (Local Cost), MUST = ZERO		0	0	0	0
18	STATE FUNDING (including Realignment)		8,789	249,017	29,297	6,860
19	FEDERAL FUNDING		6,967	197,391	23,222	4,644
20	TOTAL FUNDING		15,768	446,684	52,519	10,504
21	TARGET COST PER UNIT OF SERVICE		\$2.44	\$3.32	\$6.17	\$4.67
22	UNITS OF TIME (Minutes)		6,451	134,492	8,514	2,251
23						151,705

APPROVED: *[Signature]* 05/06/2024 DATE: 05/06/2024 *Joshua Taylor* DEH PROGRAM MANAGER DATE: 05/05/2024

PROVIDER AUTHORIZED SIGNATURE: *[Signature]* DATE: 05/06/2024 DEH PROGRAM MANAGER: Joshua Taylor  
 Gil A. Garcia Anthony Altamirano Joshua Taylor  
 DEH FISCAL SERVICES (PRINT NAME) DEH PROGRAM MANAGER (PRINT NAME)  
 Administrative Supervisor I DBH FISCAL Roger Ma  
 CFO



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2024 - 2025  
Contractor Name: South Coast Children's Society  
Provider #  
Contract # 221-882 / RTF# 23-157  
Address: 2810 Acero, Suite 100  
Mission Viejo, CA 92681

Prepared by: GINA GARCIA  
Title: CFO

Date Form Completed: 4/27/2024  
Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fee along with a detail explanation of the categories below.

October 1, 2024 - June 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$870	0%	\$0	100%	\$870	0	\$70
2 Computer & Equipment Expenses	\$3,155	0%	\$0	100%	\$3,155		3,155
3 Dues & Publications	\$0	0%	\$0	100%	\$0		0
4 EHR Support Fees	\$2,771	0%	\$0	100%	\$2,771		2,771
5 Furniture Expense	\$0	0%	\$0	100%	\$0		0
6 Insurance-Liability	\$7,841	0%	\$0	100%	\$7,841		7,841
7 Interest Expense	\$0	0%	\$0	100%	\$0		0
8 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9 Office Expenses	\$775	0%	\$0	100%	\$775		775
10 Office Space/Occupancy	\$17,555	0%	\$0	100%	\$17,555		17,555
11 Program Expense: Other	\$2,833	0%	\$0	100%	\$2,833		2,833
12 Subcontractors (Psychiatrists)	\$52,400	0%	\$0	100%	\$52,400		52,400
13 Telephone & Internet	\$4,604	0%	\$0	100%	\$4,604		4,604
14 Training & Training Travel	\$1,500	0%	\$0	100%	\$1,500		1,500
15 Transportation Expense	\$405	0%	\$0	100%	\$405		405
16 Indirect Expense	\$54,495	0%	\$0	100%	\$54,495		54,495
<b>SUBTOTAL B:</b>	<b>\$155,210</b>		<b>\$0</b>		<b>\$155,210</b>	<b>0</b>	<b>155,210</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$525,152</b>	<b>0</b>	<b>\$525,152</b>

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
COMMUNITY SERVICES  
BUDGET NARRATIVE  
FY 2024 - 2025

Contractor Name: South Coast Children's Society  
Invoice #  
Contract # 211482 / RTN 22-107  
Address: 21810 Acorn, Suite 102  
Mission Viejo, CA 92691  
Date Form Completed: 4/27/2024

Prepared By: GJ A. Garcia  
Title: CFO

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

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1. Advertising & Promotion Expenses	This line item is used for employee recruitment advertising as well as media and various strategies prior to enrollment.
2. Contract & Consultant Expenses	Budgets to provide efficient, secure, consistent, cost-effective and reliable communication infrastructure for the program. Expenditures will include vendors, etc.
3. Data & Hardware	N/A
4. EHR Support Fees	Even though SCSIS owns the software rights to Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. Continue the same format purchased for additional staff and ongoing already in progress.
5. Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furniture as needed by the program.
6. Insurance-Liability	This line item includes contract-revenue coverage including Comprehensive General Liability with broad form property damage and contractual liability. Also includes Professional Services, Errors and Omissions, Employment Practices Liability, Directors and Officers Liability, Cyber Liability, Network Security & Data Privacy, Data Breach Response, Disability Coverage, Workers Compensation, and Professional Services. Coverage is based on direct service hours.
7. Indirect Expense	N/A
8. Leased Vehicle Expense	N/A
9. Office Expenses	Budgets for general office supplies such as form, book-ends, paper, pencils, pens, ring supplies, and small equipment with an expected 1% of new line item price.
10. Office Space/Leasehold	Facility needs including related common-area and operating costs (leased through the landlord) are allocated to the program based on the number of employees (FTE) occupying the space. We calculate the percentage of the program's FTEs to total FTEs located in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the program's share of any tenant improvement costs associated with the fit-out phase of program.
11. Program Expense-Other	Budgets for direct program supplies including chairs, client supplies and materials, and therapeutic toys and games. Program supplies include materials for art, music, and other activities. Client feeble supplies are also included in this line item.
12. Subcontractors	Budgets for 0.16 FTE of technical time at a rate of \$250 per hour. The total cost of \$60,000 for subcontractors is included on Budget 140.
13. Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisor, and directors. This cost category also includes all charges or program telephone and internet expenses which are necessary for program, necessary email access.
14. Training & Travel Expense	This line item is for training costs via training videos, journals, and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practice trends in the program, and contract-related trainings.
15. Travel/Conferencing Expense	Budgets to cover the reimbursement of staff mileage for activities provided on behalf of the program. Currently budgets at \$1.57 per mile. It will not exceed the total mileage for the program for the period of the contract. Budget will stay minimum for sub-reimbursed miles which include travel from the program to other locations for required business travel. We do not reimburse staff for personal mileage. Required expenses include travel to clients' schools, church home, meetings, and meetings.
16. Indirect Expense	Indirect comprehensive costs are costs not benefited by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations, Uniform Regulations at 2 C.F.R. Part 200. Indirect costs calculated at 10% of direct program costs to provide for administrative support and overhead, and will not exceed 10% of direct program costs. These costs include such expenses as: building, human resources, transportation, and IT. The amount includes salaries and all applicable benefits such as: Medical/Dental/Vision Health and Retirement Savings, 401(k) and 457(b) plans, and other applicable benefits. Also included are administrative overhead and expenses, computer systems, and other costs and other costs expensed on charges to specific programs.



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

Prior fiscal year Rates (Completed by DBH)		Contractor Name: South Coast Children's Society							
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.95						
Productivity Expectation: 50%	CM Rate per Min. MHS Rate/Min	MHS Rate/Min	Crats Rate/Min						
Agency Per Min Rate:	\$2.34	\$3.18	\$5.91						
			\$4.47						
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells									
Target Cost Per Unit of Service	\$2.44	\$3.32	\$4.67						
Date Form Completed:	4/27/2024								
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER									
MONTH	Estimated Units of Service (Minutes)	Projected Revenue Generated by Service Type					Clients Served		
		Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Admissions (Open)	Discharges (Closed)	Monthly Census
Jul-21	0		\$0	\$0	\$0	\$0			
Aug-21	0		\$0	\$0	\$0	\$0			
Sep-21	0		\$0	\$0	\$0	\$0			
Oct-21	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
Nov-21	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
Dec-21	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
Jan-22	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
Feb-22	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
Mar-22	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
Apr-22	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
May-22	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
Jun-22	16,856	3.25	\$1,751	\$49,601	\$5,835	\$1,167	11	11	110
TOTAL	151,708		\$15,756	\$446,405	\$52,512	\$10,504	99	99	202
Total Revenue							\$525,165	Unduplicated Clients Served	\$2,513
							Estimated Cost Per Client		

EXHIBIT I

15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
5,451	134,592	8,514	2,251	151,708
538	11203	709	188	12642
5	102	5	2	115
0.09	1.70	0.11	0.03	1.92

Avg Monthly Caseload	110	Expected Length of Program (months)	12
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Total Minutes of Services  
 Total Monthly Minutes of Services (Average)  
 Dosage (minutes) per client per month  
 Dosage (hours) per client per month

Total Hours Per Unduplicated Client for Duration of the Program: 22.99

SCHEDULE A - Planning Estimates


SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
General Mental Health  
(GMH)

Contractor Name: South Coast Children's Society  
Provider #  
Contract/RFP# 821-892 / RFP# 23-107  
Address: 25910 Acaero, Suite 150  
Mission Viejo, CA 92691  
Date Form Completed: 4/27/2024

FY 2025 - 2025 (3 Months)  
July 1, 2025 - September 30, 2025

Prepared by: Gil A. Garcia  
Title: CFO

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-50)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL
1	EXPENSES	3.00%	53.35%	10.00%	2.35%	
2	SALARIES	2,954	83,701	9,847	1,959	98,472
3	BENEFITS	605	17,159	2,019	404	20,187
4	(2-3 must equal total staffing costs)	3,559	100,860	11,866	2,373	118,658
5	OPERATING EXPENSES	1,692	47,933	5,640	1,125	56,390
6	TOTAL EXPENSES (2+3+4)	5,252	148,798	17,506	3,501	175,057
7	PATIENT FEES					0
8	PATIENT INSURANCE					0
9	MEDICARE					0
10	GRANTS/OTHER					0
11	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
12	CONTRACT AMOUNT (5-10)	5,252	148,798	17,506	3,501	175,057
13	FUNDING	41.00%	52.00%	5.00%	0.00%	
14	MEDICAL (FFP)	2,322	65,795	7,741	1,548	77,406
15	EP-SDT (2011 Realignment)	2	43	5	1	51
16	1591 Realignment Match	2,617	74,151	8,723	1,745	87,236
17	1591 Realignment - Net County	311	8,809	1,035	207	10,363
18	FUNDING TOTAL	5,252	148,798	17,506	3,501	175,057
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
20	STATE FUNDING (including Realignment)	2,930	83,003	9,765	1,953	97,651
21	FEDERAL FUNDING	2,322	65,795	7,741	1,548	77,406
22	TOTAL FUNDING	5,252	148,798	17,506	3,501	175,057
23	TARGET COST PER UNIT OF SERVICE	\$0.81	\$1.11	\$2.05	\$1.55	\$0.00
24	UNITS OF TIME (Minutes)	5,451	134,481	8,508	2,253	0

APPROVED:  05/05/2024 DBH FISCAL SERVICES (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DATE 05/05/2024 DBH PROGRAM MANAGER DATE 05/05/2024 DBH PROGRAM MANAGER DATE

PROVIDER AUTHORIZED SIGNATURE:  05/05/2024 DBH FISCAL SERVICES (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DATE 05/05/2024 DBH PROGRAM MANAGER DATE

Gil A. Garcia Anthony Altamirano Joshua Taylor  
CFO Administrative Supervisor I DBH FISCAL DBH PROGRAM MANAGER (PRINT NAME) Roger Ma



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025 - 2025

Contractor Name: South Coast Children's Society

Provider #

Contract REF# 251-6821 RITP# 23-107

Address: 25110 Abern, Suite 180

Wickenburg, CA 92591

Date Form Completed: 4/27/2024

Prepared by: Gil A. Garcia  
Title: CFO

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

July 1, 2025 - September 30, 2025

(3 Months)

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$290	0%	\$0	100%	\$290	0	290
2 Computer & Equipment Expenses	\$1,653	0%	\$0	100%	\$1,653		1,653
3 Dues & Publications	\$0	0%	\$0	100%	\$0		0
4 EHR Support Fees	\$524	0%	\$0	100%	\$524		524
5 Furniture Expense	\$0	0%	\$0	100%	\$0		0
6 Insurance-Liability	\$2,614	0%	\$0	100%	\$2,614		2,614
7 Interest Expense	\$0	0%	\$0	100%	\$0		0
8 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9 Office Expenses	\$258	0%	\$0	100%	\$258		258
10 Office Space/Occupancy	\$5,852	0%	\$0	100%	\$5,852		5,852
11 Program Expense: Other	\$44	0%	\$0	100%	\$44		44
12 Subcontractors (Psychiatrists)	\$20,800	0%	\$0	100%	\$20,800		20,800
13 Telephone & Internet	\$1,235	0%	\$0	100%	\$1,235		1,235
14 Training & Training Travel	\$500	0%	\$0	100%	\$500		500
15 Transportation Expense	\$135	0%	\$0	100%	\$135		135
16 Indirect Expense	\$21,493	0%	\$0	100%	\$21,493		21,493
<b>SUBTOTAL:</b>	<b>\$55,338</b>		<b>\$0</b>		<b>\$55,338</b>	<b>0</b>	<b>55,338</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$175,656</b>	<b>0</b>	<b>175,656</b>

JAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2026 - 2028

Prepared by: Gill A. Garcia  
Title: CFO

Contractor Name: South Coast Children's Society  
Provider #  
Contract # RFP# 201-282 J R T P # 23-107  
Address: 26910 Acedo, Suite 160  
Mission Viejo, CA 92691

Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment:	This line item is used for employee recruitment advertising as well as health and safety screenings prior to employment.
2 Computer & Equipment Expenses:	Budgeted to provide efficient, secure, consistent, cost-effective and reliable communication infrastructure for the program. Expenditures will include vendors.
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability, Automobile Liability including coverage for owned, non-owned, and hired vehicles, Employers Liability, Professional Liability, Sexual Harassment Liability.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility.
11 Program Expense: Other	Budgeted for other program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that
12 Subcontractors (Psychiatrists)	Budgeted for 0.16 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$20,800 for psychiatrists is included on Staffing tab.
13 Telephone & Internet:	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
14 Training & Training Travel	On general practices related to the program and contract-required trainings. Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$37 per mile. It will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which includes travel and indirect administrative costs are costs not incurred by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R. Part 200. Indirect cost is
15 Transportation Expense	
16 Indirect Expense	



EXHIBIT I

15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
5,457	134,461	8,508	2,253	151,692
538	11,227	709	188	12,641
5	102	6	2	115
0.08	1.70	0.11	0.03	1.92

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

Total Hours Per Unduplicated Client for Duration of the Program: 22.98

Avg Monthly Client	110
Expected Length of Program (months)	12



**(GMH)**

Contract/RFP# **21-252 / RTP# 23-107**  
 Address: **25910 Abercrombie, Suite 160**  
 MISSION VIEJO, CA 92691  
 Date Form Completed: **4/27/2024**  
 Date Form Revised:

FY 2024 - 2025  
 October 1, 2024 - June 30, 2025  
 (9 Months)

Prepared by: **Gil A. Garcia**  
 Title: **CFO**

LINE #	MODE OF SERVICE	15-Outpatient Case Management (06)	15-Outpatient Mental Health Services (16-50)	15-Outpatient Medication Support (60)	15-Outpatient Case Intervention (70)	TOTAL
1	100% Distribution %	3.36%	33.00%	15.36%	2.96%	
<b>EXPENSES</b>						
2	SALARIES	6,173	174,915	20,578	4,116	205,783
3	BENEFITS	1,265	35,857	4,219	844	42,185
	(2+3 must equal total staffing costs)	7,439	210,773	24,797	4,959	247,968
4	OPERATING EXPENSES	4,345	123,099	14,452	2,896	144,822
5	TOTAL EXPENSES (2+3+4)	11,784	333,872	39,279	7,855	392,790
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDICARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	11,784	333,872	39,279	7,855	392,790
<b>FUNDING</b>						
12	MEDICAL (FFP)	5,210	147,630	17,368	3,474	173,682
13	EPSDT (2011 Realignment)	3	97	11	2	113
14	1951 Realignment Match	5,873	166,379	19,575	3,915	195,742
15		0	0	0	0	0
16	1951 Realignment - Net County	689	19,765	2,325	465	23,253
17	FUNDING TOTAL	11,784	333,872	39,279	7,856	392,790
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
19	STATE FUNDING (including Realignment)	6,574	185,242	21,911	4,362	219,108
20	FEDERAL FUNDING	5,210	147,630	17,368	3,474	173,682
21	TOTAL FUNDING	11,784	333,872	39,278	7,855	392,790
22	TARGET COST PER UNIT OF SERVICE	\$2.54	\$3.45	\$5.42	\$4.85	\$0.00
23	UNITS OF TIME (Minutes)	4,637	95,873	6,120	1,618	109,048

APPROVED: *Gil A. Garcia* 05/06/2024 DATE  
 PROVIDER AUTHORIZED SIGNATURE: *Anthony Altamirano* 05/06/2024 DATE  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): **Anthony Altamirano (New 5, 2024 15:36 (PDT))**  
 PROVIDER AUTHORIZED SIGNATURE: *Joshua Taylor* 05/06/2024 DATE  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): **Joshua Taylor (May 6, 2024 16:09 (PDT))**  
 PROVIDER AUTHORIZED SIGNATURE: **Gil A. Garcia**  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): **Administrative Supervisor I**  
 PROVIDER AUTHORIZED SIGNATURE: **Joshua Taylor**  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): **DBH PROGRAM MANAGER**  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): **DBH PROGRAM MANAGER**

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



EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

Contractor Name: South Coast Children's Society

Provider #  
Contract RFP# 221-082 / RTP# 25-107  
Address: 28810 Averno, Suite 100  
Mission Viejo, CA 92691

Prepared by: G/A. Garcia  
Title: CFO

Date Form Completed: 4/27/2024

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 COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request	Revised Budget
1 Advertising & Recruitment	\$1,370	0%	\$0	100%	\$1,370	0	1,370
2 Computer & Equipment Expenses	\$926	0%	\$0	100%	\$926		\$926
3 Dues & Publications	\$0	0%	\$0	100%	\$0		\$0
4 EHR Support Fees	\$1,620	0%	\$0	100%	\$1,620		1,620
5 Furniture Expense	\$0	0%	\$0	100%	\$0		\$0
6 Insurance-Liability	\$3,329	0%	\$0	100%	\$3,329		3,329
7 Interest Expense	\$0	0%	\$0	100%	\$0		\$0
8 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		\$0
9 Office Expenses	\$4,075	0%	\$0	100%	\$4,075		4,075
10 Office Space/Occupancy	\$32,338	0%	\$0	100%	\$32,338		32,338
11 Program Expense: Other	\$2,513	0%	\$0	100%	\$2,513		2,513
12 Subcontractors (Psychiatrists)	\$45,800	0%	\$0	100%	\$45,800		45,800
13 Telephone & Internet	\$2,912	0%	\$0	100%	\$2,912		2,912
14 Training & Training Travel	\$750	0%	\$0	100%	\$750		750
15 Transportation Expense	\$52	0%	\$0	100%	\$52		52
16 Indirect Expense	\$48,237	0%	\$0	100%	\$48,237		48,237
<b>SUBTOTAL B:</b>	<b>\$141,952</b>		<b>\$0</b>		<b>\$141,952</b>	<b>0</b>	<b>141,952</b>
<b>GR088 COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$392,750</b>	<b>0</b>	<b>392,750</b>



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2024 - 2026  
Service Projections (Waco 18)

Prior fiscal year Rates (Completed by DBH)		Contractor Name: South Coast Children's Society							
Old County Contract (CCR) Rates:	\$2.20	Provider #							
Productivity Expectation: 60%		Contractor PPS	\$21-\$52 / RTPS 23-187						
CM Rate per Min.	MHS Rate/Min \$3.34	Address:	25910 Acero, Suite 150 Mission Viejo, CA 92691						
Agency Per Min Rate:	\$3.16								
Target Cost Per Unit of Service	\$2.54	Date Form Completed:	4/27/2024						
		Date Form Revised:							
<p>NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells</p> <p>ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER</p>									
MONTH	Estimated Units of Service (Minutes)	Projected Revenue Generated by Service Type				Clients served			
		Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Starting Admissions (Episodes) (Open)	Discharges (Episodes) (Closed)	Monthly Census	
Jul-21	0	\$0	\$0	\$0	\$0				
Aug-21	0	\$0	\$0	\$0	\$0				
Sep-21	0	\$0	\$0	\$0	\$0				
Oct-21	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
Nov-21	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
Dec-21	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
Jan-22	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
Feb-22	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
Mar-22	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
Apr-22	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
May-22	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
Jun-22	12,116	\$1,309	\$37,087	\$4,364	\$873	8	8	85	
<b>TOTAL</b>	<b>109,049</b>	<b>\$11,784</b>	<b>\$393,872</b>	<b>\$39,279</b>	<b>\$7,856</b>	<b>72</b>	<b>72</b>	<b>157</b>	
		<b>Total Revenue</b>				<b>\$352,750</b>	<b>Unduplicated Clients Served</b>	<b>\$2,502</b>	
						Estimated Cost Per Client:			

EXHIBIT I

15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
4,537	95,573	6,120	1,618	109,048
388	3055	510	135	907
5	55	5	2	107
0.05	1.55	0.10	0.03	1.78
<b>Total Hours Per Unduplicated Client for Duration of the Program:</b>				<b>21.38</b>

Avg Monthly Client	55
Expected Length of Program (months)	12

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

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 General Mental Health  
 (GMH)

Contractor Name: South Coast Children's Society  
 Provider #  
 Contract/RFP# #21-652 / RFP# 23-107

Actual Cost Contractor (cost reimbursement)  
 Address: 25510 Acero, Suite 160  
 Mission Viejo, CA 92591

Prepared by: Gil A. Garcia (3 Months)  
 Title: CFO July 1, 2025 - September 30, 2025  
 Date Form Completed: 4/27/2024  
 Date Form Revised:

LINE #	MODE OF SERVICE	15-Outpatient Case Management (91-99)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL
1	EXPENSES	1.00%	1.00%	0.00%	2.00%	
2	SALARIES	2,058	55,305	5,852	1,372	64,587
3	BENEFITS	422	11,952	1,406	291	14,071
4	OPERATING EXPENSES (2-3 must equal total staffing costs)	2,460	70,258	8,256	1,653	82,627
5	TOTAL EXPENSES (2+3+4)	3,928	111,291	13,093	2,619	130,931
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDICARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	3,928	111,291	13,093	2,619	130,931
12	FUNDING	47.00%	47.00%	47.00%	47.00%	
13	MEDICAL (FFP)	1,737	49,210	5,789	1,158	57,894
14	EP/SBT (2011 Realignment)	1	32	4	1	38
15	1591 Realignment: Malibu	1,857	55,460	5,825	1,205	65,247
16	1591 Realignment - Net County	233	5,588	775	155	7,751
17	FUNDING TOTAL	3,828	111,291	13,093	2,619	130,831
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
19	STATE FUNDING (including Realignment)	2,191	62,081	7,304	1,461	73,037
20	FEDERAL FUNDING	1,737	49,210	5,789	1,158	57,894
21	TOTAL FUNDING	3,928	111,291	13,093	2,619	130,931
22	TARGET COST PER UNIT OF SERVICE	\$0.65	\$1.15	\$2.14	\$1.62	\$0.00
23	UNITS OF TIME (Min/uses)	4,637	95,665	5,111	1,619	109,032

APPROVED: *Gil A. Garcia* 05/06/2024  
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH FISCAL SERVICES DATE  
*Joshua Taylor* 05/06/2024  
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH FISCAL SERVICES DATE  
 Gil A. Garcia Anthony Altamirano Joshua Taylor  
 CFO Administrative Supervisor I DBH FISCAL DBH PROGRAM MANAGER  
 Roger Ma





EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2026 - 2025

Contractor Name: South Coast Children's Society

Provider #

Contract RFP# 25-1882J RTP# 25-107

Address: 28810 Auburn, Suite 180

Mission Viejo, CA 92691

Date Form Completed: 4/27/2024

Prepared by: Orl A. Garcia

Title: CFO

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

July 1, 2025 - September 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$457	0%	\$0	100%	\$457	0	457
2 Computer & Equipment Expenses	\$275	0%	\$0	100%	\$275		275
3 Diets & Publications	\$0	0%	\$0	100%	\$0		0
4 EHR Support Fees	\$540	0%	\$0	100%	\$540		540
5 Furniture Expense	\$0	0%	\$0	100%	\$0		0
6 Insurance-Liability	\$1,110	0%	\$0	100%	\$1,110		1,110
7 Interest Expense	\$0	0%	\$0	100%	\$0		0
8 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
9 Office Expenses	\$1,358	0%	\$0	100%	\$1,358		1,358
10 Office Space/Occupancy	\$10,779	0%	\$0	100%	\$10,779		10,779
11 Program Expense: Cover	\$938	0%	\$0	100%	\$938		938
12 Subcontractors (Psychiatric)	\$15,600	0%	\$0	100%	\$15,600		15,600
13 Telephone & Internet	\$971	0%	\$0	100%	\$971		971
14 Training & Training Travel	\$250	0%	\$0	100%	\$250		250
15 Transcription Expense	\$17	0%	\$0	100%	\$17		17
16 Indirect Expense	\$15,079	0%	\$0	100%	\$15,079		15,079
<b>SUBTOTAL B:</b>	<b>\$45,274</b>		<b>\$0</b>		<b>\$45,274</b>	<b>0</b>	<b>45,274</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$130,930</b>	<b>0</b>	<b>130,930</b>

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2026 - 2028

Prepared by: Gill A. Garcia  
Title: CFO

Contractor Name: South Coast Children's Society  
Provider #  
Contract #/RF# # 251-482 / RFP# 33-107  
Address: 26910 Acevo, Suite 160  
Mission Viejo, CA 92681  
Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment:	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses:	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors.
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employers Liability; Professional Liability; Sexual/ty misconduct Liability.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Spaces/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials for Subcontractors (Psychiatrists).
12 Telephone & Internet	Budgeted for 0.12 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$15,600 for psychiatrists is included on starting tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$ 37 per mile. It will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R. Part 200. Indirect cost is
16 Indirect Expense	

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2026 - 2028  
Service Projections (Woods 16)

Prior fiscal year Rates (Completed by DBH)		Contractor Name: Youth Carez Children's Society	
Old County Contract (CCR) Rates:	\$2.20	\$2.99	Provider #
Productivity Expectation: 60%	CM Rate per Min. MHG Rate/Min. MGS Rate/Min. Crisis Rate/Min	\$5.56	Contract # RFP# 21-552 / RTP# 23-107
Agency Per Min Rates:	\$2.20	\$5.56	Address: 25910 Adams, Suite 160
		\$4.20	Mission Viejo, CA 92591
		\$1.62	Date Form Completed: 4/27/2024
		\$1.15	Date Form Revised:
<p>NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells</p> <p>Target Cost Per Unit of Service \$0.85</p> <p>ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER</p>			
Projected Revenue Generated by Service Type			
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue
Jul-24	36,345	2.33	Case Management (01-08 & 08-08) \$1,309 Mental Health Services (10-50) \$37,087 Medication Support (60) \$4,364 Crisis Intervention (70) \$873
Aug-24	36,345	2.33	Case Management (01-08 & 08-08) \$1,309 Mental Health Services (10-50) \$37,087 Medication Support (60) \$4,364 Crisis Intervention (70) \$873
Sep-24	36,345	2.33	Case Management (01-08 & 08-08) \$1,309 Mental Health Services (10-50) \$37,087 Medication Support (60) \$4,364 Crisis Intervention (70) \$873
Oct-24			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
Nov-24			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
Dec-24			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
Jan-25			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
Feb-25			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
Mar-25			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
Apr-25			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
May-25			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
Jun-25			Case Management (01-08 & 08-08) \$0 Mental Health Services (10-50) \$0 Medication Support (60) \$0 Crisis Intervention (70) \$0
TOTAL	108,036		Case Management (01-08 & 08-08) \$3,928 Mental Health Services (10-50) \$111,291 Medication Support (60) \$13,083 Crisis Intervention (70) \$2,619
			<b>Total Revenue</b>
			\$130,930
			Unduplicated Clients Served
			27
			27
			112
			Estimated Cost Per Client: \$1,169

EXHIBIT I

15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
2,537	96,666	6,116	1,619	109,036
386	8066	510	135	9086
5	55	5	2	107
0.09	1.55	0.10	0.03	1.78

Avg Monthly Census	EE	Expected Length of Program (months)	12
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Total Minutes of Services  
 Total Monthly Minutes of Services (Average)  
 Dosage (minutes) per client per month  
 Dosage (hours) per client per month

Total Hours Per Unduplicated Client for Duration of the Program: 21.38



## ATTACHMENT III Campaign Contribution Disclosure (SB 1439)

### **DEFINITIONS**

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

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

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

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

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

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

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

1. Name of Contractor: South Coast Children's Society, Inc. dba South Coast Community Services
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	Relationship
Outsource Management Services	Subsidiary

6. Name of agent(s) of Contractor:

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

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

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

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

Company Name	Individual(s) Name
N/A	

9. Was a campaign contribution, of more than \$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.