



**Contract Number**

25-167 A-2

**SAP Number**

4400027898

## Department of Behavioral Health

<b>Department Contract Representative</b>	Shane Hibbard-Miller
<b>Telephone Number</b>	(909) 386-8264
<b>Contractor</b>	Desert/Mountain Children’s Center
<b>Contractor Representative</b>	Pamela Bender
<b>Telephone Number</b>	(760) 955-3555
<b>Contract Term</b>	April 1, 2025, through December 31, 2027
<b>Original Contract Amount</b>	\$18,124,095
<b>Amendment Amount</b>	\$ 2,665,298
<b>Total Contract Amount</b>	\$20,789,393
<b>Cost Center</b>	9203242200
<b>Grant Number (if applicable)</b>	21MHSOAC027

### IT IS HEREBY AGREED AS FOLLOWS:

#### **AMENDMENT NO. 2:**

San Bernardino County (County) and Desert/Mountain Children’s Center (Contractor) hereby agree to amend Contract No. 25-167 A-1 as follows:

- I. ARTICLE I Definition of Terminology, paragraph K, is hereby added to read as follows:
  - K. Behavioral Health Services Act (BHSA) - Proposition 1 Behavioral Health Services Act (BHSA): The BHSA, passed in 2024, replaces the Mental Health Services Act (MHSA) of 2004. The MHSA imposed a one percent (1%) tax on personal income over one million dollars (\$1,000,000) to serve individuals with serious mental illness (SMI) and individuals that may be at risk of developing serious mental health conditions. The BHSA reforms funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels.

II. ARTICLE IV Performance, paragraph F, is hereby amended to read as follows:

F. Data Collection and Performance Outcome Requirements

Contractor shall comply with all local, State, and Federal regulations regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH. For Mental Health Services Act (MHSA) programs and/or Behavioral Health Services Act (BHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA/BHSA Component Plan and most recent update.

Contractor shall comply with all requests regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested.

MHSOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.

1. Contractor must collect, manage, maintain and update client, service and episode data as well as staffing data as required for local, State, and Federal reporting.
2. Contractor shall provide information by entering or uploading required data into:
  - a. County's billing and transactional database system.
  - b. DBH's client information system and, when available, its electronic health record system.
  - c. The "Data Collection and Reporting" (DCR) system, which collects and manages Full Service Partnership (FSP) information.
  - d. Individualized data collection applications as specified by DBH, such as Objective Arts and the Prevention and Early Intervention (PEI) Database.
  - e. Any other data or information collection system identified by DBH, the MHSOAC, OSHPD or DHCS.
3. Contractor shall comply with all requirements regarding paper or online forms:
  - a. Bi-Annual Client Perception Surveys (paper-based): twice annually, or as designated by DHCS. Contractor shall collect consumer perception data for clients served by the programs. The data to be collected includes, but not limited to, the client's perceptions of the quality and results of services provided by the Contractor.
  - b. Client preferred language survey (paper-based), if requested by DBH.
  - c. Intermittent services outcomes surveys.
  - d. Surveys associated with services and/or evidence-based practices and programs intended to measure strategy, program, component, or system level outcomes and/or implementation fidelity.
  - e. Network Adequacy Certification Tool (NACT) as required by DHCS and per DBH instructions.

4. Data must be entered, submitted and/or updated in a timely manner for:
  - a. All FSP and non-FSP clients: this typically means that client, episode and service-related data shall be entered into the County's billing and transactional database system.
  - b. All service, program, and survey data will be provided in accordance with all DBH established timelines.
  - c. Required information about FSP clients, including assessment data, quarterly updates and key events shall be entered into the DCR online system by the due date or within 48 hours of the event or evaluation, whichever is sooner.
5. Contractor will ensure that data are consistent with DBH's specified operational definitions, that data are in the required format, that data is correct and complete at time of data entry, and that databases are updated when information changes.
6. Data collection requirements may be modified or expanded according to local, State, and/or Federal requirements.
7. Contractor shall submit, monthly, its own analyses of the data collected for the prior month, demonstrating how well the contracted services or functions provided satisfied the intent of the Contract, and indicating, where appropriate, changes in operations that will improve adherence to the intent of the Contract. The format for this reporting will be provided by DBH.
8. Independent research involving clients shall not be conducted without the prior written approval of the Director of DBH. Any approved research must follow the guidelines in the DBH Research Policy.

Note: Independent research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

III. Effective July 1, 2026, ARTICLE IV Performance, paragraphs A and B, are hereby amended to read as follows:

- A. Under this Agreement, the Contractor shall provide those services, which are dictated by attached Addenda, Schedules and/or Attachments; specifically, contractor will provide the services listed on **Addendum I**, Student Assistance Program (SAP), Service Description. The Contractor agrees to be knowledgeable in and apply all pertinent local, State, and Federal laws and regulations; including, but not limited to those referenced in the body of this Agreement. In the event information in the Addenda, Schedules and/or Attachments conflicts with the basic Agreement, then information in the Addenda, Schedules and/or Attachments shall take precedence to the extent permitted by law.
- B. Contractor shall provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for full scope Medi-Cal beneficiaries under age twenty-one (21) in accordance with applicable provisions of law and Addendum I (or appropriate service description).

- IV. ARTICLE V Funding and Budgetary Restrictions, paragraph I, is hereby amended to read as follows:
- I. The contract amendment amount of \$2,665,298 shall increase the total contract amount from \$18,124,095 to \$20,789,393 for the contract term.

- V. ARTICLE VI Provisional Payment, is hereby deleted and replaced in its entirety to read as follows:

**VI. Combined Cost Reimbursement and Fee for Service Provisional Payment**

**Cost Reimbursement Provision:**

- A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.
- B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, audits, as such payments, are subject to future County, State and/or Federal adjustments.
- C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:
  1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.
  2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.
  3. Reimbursement Rates for Institutions for Mental Diseases: Pursuant to Section 5902 of the WIC, Institutions for Mental Diseases (IMD), which are licensed by the DHCS, will be reimbursed at the rate(s) established by DHCS.
  4. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.
  5. It is the responsibility of Contractor to access MyAvatar reports and make any necessary corrections to the denied Medi-Cal services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
  6. In the event that the denied claims cannot be corrected, and therefore DHCS will not adjudicate and approve the denied claims, Contractor is required to follow DBH's Overpayment Policy COM0954, which has been provided or will be provided to Contractor at its request.
- D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' General Ledger with each monthly claim. Each claim shall reflect any and all payments made to

Contractor by, or on behalf of patients. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.

1. For each fiscal year period (FYs 2024-25, 2025-26, 2026-27, 2027-28), no single monthly payment for any mode of service shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
- E. Monthly payments for Short-Doyle Medi-Cal (SD/MC) billable mode of services, mode 5, 10 and/or 15, will be based on actual units of service reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system, and non-billable mode of services, mode 45 and 60, will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] for **Student Assistance Program** shall not exceed Contracted amount or County's Maximum Obligation. (The current CalAIM Payment Reform Rate Schedule is set forth in Exhibit 1 attached hereto.) The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs. All approved provisional rates will be superseded by actual cost per unit rate.
1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges and Contractor's actual cost.
- I. Contractor shall maximize the Federal Financial Participation reimbursement by claiming all possible SD/MC Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be

billed by the County to the State until they are input into the County's billing and transactional database system.

- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, and/or Behavioral Health Services Act funds, signed into law on March 1, 2024, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA/BHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA/BHSA. Contractor will be required to reimburse funds to the County.
- O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/> (U.S. Office of Personnel Management).
- P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.
- R. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis fifteen percent (15%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates", the contractor must also obtain concurrence in writing from DBH of such rate.

For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a "Federal Agency Acceptance of Negotiated Indirect Rates."

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct

costs but may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual costs instead of estimated costs.

S. Prohibited Payments

1. County shall make no payment to Contractor other than payment for services covered under this Contract.
2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
  - a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.
  - b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
  - c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
  - d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.

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

**Fee-For-Service (FFS) Provision:**

U. Monthly payments for SD/MC billable mode of services, mode 5, 10 and/or 15, will be based on actual units of service reported on Charge Data Invoices claimed to and reimbursed by the State, and services deemed by the State to be DBH responsibility at the rates specified on the referenced agreed upon **(FFS) reimbursement rates** for of this agreement, and non-billable mode of service, mode 45 and 60, will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] for **Student Assistance Program** shall not exceed Contracted amount or County's Maximum Obligation.

V. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim

forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period.

- W. The Parties acknowledge that each party is solely responsible for any tax obligations it may incur as a result of the payment or receipt of the Settlement Amount, as applicable.
  - X. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
  - Y. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
  - Z. As this contract may be funded in whole or in part with Mental/Behavioral Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing Mental/Behavioral Health Services Act funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to Mental/Behavioral Health Services Act. Contractor will be required to reimburse funds to the County.
  - AA. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/> (U.S. Office of Personnel Management).
  - BB. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
  - CC. The FFS reimbursement rates are established by DBH for San Bernardino County. DBH will take into consideration requests for changes to Contract funding as applicable and appropriate. All requests for changes must be submitted in writing by Contractor to the DBH Deputy Director of Community, Engagement & Equity Services, or designee. Any modification must be approved in writing by DBH and shall be subject to all applicable provisions of this Contract.
  - DD. Contractor may contact DBH Quality Management directly with questions pertaining to appropriate and compliant documentation via telephone at (909) 386-8227, or via email at [DBH-QualityManagementDivision@dbh.sbcounty.gov](mailto:DBH-QualityManagementDivision@dbh.sbcounty.gov) so that DBH QM may respond or direct questions to a designee for response.
- VI. ARTICLE VIII Annual Cost Report Settlement is hereby deleted and replaced in its entirety to read as follows:

VIII. RESERVED

- VII. ARTICLE XIV Duration and Termination, paragraph A, is hereby amended to read as follows:
- A. The term of this Agreement shall be from April 1, 2025 through December 31, 2027, inclusive.
- VIII. ARTICLE XV Accountability: Revenue, paragraph A, is hereby deleted.
- IX. ARTICLE XIX Licensing, Certification and Accreditation, paragraph H.3.a is hereby amended to read as follows:
- a. S&I List can be accessed at <https://data.chhs.ca.gov/dataset/provider-suspended-and-ineligible-list-s-i-list>.
- X. SCHEDULE A Planning Estimates FY 2025-26 through 2027-28 and SCHEDULE B Program Budget FY 2025-26 through 2027-28 are hereby added as attached.
- XI. Effective July 1, 2027, ADDENDUM II Description of Program Services for the provision of School-Aged Treatment Services (SATS) is hereby deleted.
- XII. ATTACHMENT IV Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) is hereby deleted and replaced with Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) as attached.
- XIII. Exhibit 1 CalAIM Payment Reform Rate Schedule is hereby added as attached.

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

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

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

ADMINISTRATIVE AGENT REVIEW AND ACCEPTANCE

Date: \_\_\_\_\_

By: \_\_\_\_\_

Richard De Nava  
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS, Administrative Agent for the California Association of Health and Education Linked Professions Joint Powers Authority (CAHELP JPA)

SAN BERNARDINO COUNTY

Desert/Mountain Children's Center  
*(Print or type name of corporation, company, contractor, etc.)*

► \_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

By ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

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

Name Pamela Bender  
*(Print or type name of person signing contract)*

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

Title Chief Executive Officer  
*(Print or Type)*

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

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

By \_\_\_\_\_  
*Deputy*

Address 17800 Highway 18

Apple Valley, CA 92307

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
► \_\_\_\_\_  
Dawn Martin, Deputy County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Michael Shin, Administrative Manager  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► \_\_\_\_\_  
Joshua Dugas, Acting Director  
Date \_\_\_\_\_

SCHEDULE A - Planning Estimates *CalAim/Fee for Service*

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Student Assistance Program (SAP)**

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

Contractor Name: California Association of Health and Education  
Linked Professions, JPA (CAHELP) (Desert Mountain Children's Center)  
RU # 36CGSA, 36GTSA  
Contract # / RFP # 25-167  
Address: 17800 Highway 18  
City, State, Zip Code: Apple Valley, CA 92307  
Date Form Completed: 5/4/2026  
Prepared by: Thomas Flores  
Title: Manager, Fiscal Services

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	2.50%	76.25%	2.00%	19.25%	100.00%
<b>EXPENSES</b>						
2	SALARIES	16,208	494,346	12,966	124,802	648,322
3	BENEFITS	8,652	263,871	6,921	66,617	346,060
	(2+3 must equal total staffing costs)	24,860	758,216	19,887	191,419	994,382
4	OPERATING EXPENSES	4,633	141,305	3,706	35,674	185,318
5	TOTAL EXPENSES (2+3+4)	29,493	899,521	23,594	227,092	1,179,700
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER	7,281.69	222,091.67	5,825.36	56,069.05	291,268
10	TOTAL AGENCY REVENUES (6+7+8+9)	7,282	222,092	5,825	56,069	291,268
11	CONTRACT AMOUNT (5-10)	22,211	677,430	17,769	171,023	888,433
<b>FUNDING</b>						
12	MEDI-CAL (FFP)	9,809	299,187			308,996
13	MHSA/BHSA	2,074	63,245	17,769	171,023	254,110
14	MHSA/BHSA Match	10,328	314,998			325,326
	FUNDING TOTAL	22,211	677,430	17,769	171,023	888,433
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	12,401	378,243	17,769	171,023	579,436
17	FEDERAL FUNDING	9,809	299,187	0	0	308,996
	TOTAL FUNDING	22,211	677,430	17,769	171,023	888,433
18	TARGET COST PER UNIT OF SERVICE	\$5.04	\$5.04			
19	UNITS OF SERVICE	4,409	134,466			138,875

APPROVED:

<u>Pamela Bender</u> Pamela Bender (May 17, 2026 20:48:12 PDT)	05/18/2026	<u>Thelma Rodriguez</u> Thelma Rodriguez	05/18/2026	<u>Jeanine Wymer</u> Jeanine Wymer (May 18, 2026 11:44:59 PDT)	05/18/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
<b>Pamela Bender</b>		<b>Thelma Rodriguez</b>		<b>Jeanine Wymer</b>	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

**Student Assistance Program (SAP)**

**FY 2025-2026**

**January 1, 2026 - June 30, 2026**

Prepared by: Thomas Flores  
Title: Manager, Fiscal Services

California Association of Health and  
Education Linked Professions, JPA (CAHELP)  
(Desert Mountain Children's Center)

Contractor Name: \_\_\_\_\_

RU # **36CGSA, 36GTSA**

Contract # / RFP # **25-167**

Address: **17800 Highway 18**

City, State, Zip Code: **Apple Valley, CA 92307**

Date Form Completed: **5/4/2026**

**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 Materials	\$175	0%	\$0	100%	\$175		175
2 Supplies	\$1,476	0%	\$0	100%	\$1,476		1,476
3 Computer and Maintenance	\$31,205	0%	\$0	100%	\$31,205		31,205
4 Mileage & Phone Stipends	\$23,234	0%	\$0	100%	\$23,234		23,234
5 Staff Development	\$18,542	0%	\$0	100%	\$18,542		18,542
6 Utilities	\$3,866	0%	\$0	100%	\$3,866		3,866
7 Rent/Lease Building	\$11,200	0%	\$0	100%	\$11,200		11,200
8 Rent/Lease Equipment	\$1,924	0%	\$0	100%	\$1,924		1,924
9 Maintenance and Repairs	\$1,523	0%	\$0	100%	\$1,523		1,523
10 Dues and Subscriptions	\$201	0%	\$0	100%	\$201		201
11 Professional Services	\$7,637	0%	\$0	100%	\$7,637		7,637
12 Advertising and Printing	\$657	0%	\$0	100%	\$657		657
13 Other Services	\$150	0%	\$0	100%	\$150		150
14 Indirect Cost	\$83,528	0%	\$0	100%	\$83,528		83,528
15		100%	\$0		\$0		0
16		100%	\$0		\$0		0
17		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$185,318		\$0		\$185,318	0	185,318
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$1,179,700		

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 BUDGET NARRATIVE  
 FY 2025-2026  
 January 1, 2026 - June 30, 2026

California Association of Health and Education  
 Linked Professions, JPA (CAHELP) (Desert  
 Mountain Children's Center)  
 Contractor Name: \_\_\_\_\_  
 RU # 36CGSA, 36GTSA  
 Contract # / RFP # 25-167  
 Address: 17800 Highway 18  
 City, State, Zip Code: Apple Valley, CA 92307  
 Date Form Completed: 5/4/2026

Prepared by: Thomas Flores  
 Title: Manager, Fiscal Services

**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.**

ITEM	Justification of Cost
1 Materials	The costs for materials include direct services, incentives and staff development, food for community events, and incentive programs.
2 Supplies	The costs for office supplies include general program support, furniture and other items used to facilitate various therapies and other supports to clients and family members necessary for daily living related to operating the program.
3 Computer and Maintenance	The costs for use and support of various software programs, computers, peripherals, other related expenses, and information technology network user fees at \$2,976 per user.
4 Mileage & Phone Stipends	Costs include mileage paid to staff traveling for service and business related purposes. Mileage paid at standard IRS mileage rate and cell phone stipends are paid according to policy.
5 Staff Development	These costs include initial and ongoing training to services providers, administrators, and support staff.
6 Utilities	Costs include natural gas, electricity, water services, professional cleaning, waste disposal, pest control, cable, telephone service, and other related expenses. The calculation was based on a combination of historical trend analysis and actual costs.
7 Rent/Lease Building	Classroom and building leases are calculated based on FTE servicing this program. Total rent/building cost times the program FTE percentage is the amount charged to the program for each region.
8 Rent/Lease Equipment	Equipment leases are calculated based on FTE servicing this program. The total equipment cost times the program FTE percentage is the amount charged to the program.
9 Maintenance and Repairs	These costs include maintenance and related costs for buildings and equipment. We used historical amounts to approximate cost and then direct charge actuals to this program.
10 Dues and Subscriptions	These costs include and board approved organizational and individual professional memberships.
11 Professional Services	These costs include general services for administrative or instructional purposes provided by an outside vendor for additional support.
12 Advertising and Printing	These costs include duplication services and screen printed promotional items.
13 Other Services	Costs include postage, jet mail and warehouse delivery services necessary for program operation.
14 Indirect Cost	An indirect cost rate is set by the California Department of Education. The anticipated state approved indirect cost rate for fiscal year 2025/26 is 7.62% and will be applied to actual program expenses. Indirect costs are costs not identified by any one program or cost center. The indirect cost is the sum of program expenditures (salaries/benefits and operating costs, with minor exceptions) times the indirect cost rate. The indirect
15	
16	
17	



	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	4409	134466	<b>138875</b>
<b>Total Monthly Minutes of Services (Average)</b>	735	22411	<b>23146</b>
<b>Dosage (minutes) per client per month</b>	119	3634	<b>3753</b>
<b>Dosage (hours) per client per month</b>	1.99	60.57	<b>62.56</b>

375.34

Avg Monthly Census	Expected Length of Program (months)
6	6.00

SCHEDULE A - Planning Estimates

CalAim/Fee for Service California Association of Health and Education

Contractor Name:	Linked Professions, JPA (CAHELP) (Desert Mountain Children's Center)
RU #	36CGSA, 36GTSA
Contract # / RFP #	25-167
Address:	17800 Highway 18
City, State, Zip Code:	Apple Valley, CA 92307
Date Form Completed:	5/4/2026
Prepared by:	Thomas Flores
Title:	Manager, Fiscal Services

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Student Assistance Program (SAP)**

FY 2026-2027  
July 1, 2026 - June 30, 2027

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	2.50%	76.25%	2.00%	19.25%	100.00%
<b>EXPENSES</b>						
2	SALARIES	34,319	1,046,735	27,455	264,258	1,372,767
3	BENEFITS	18,459	562,994	14,767	142,133	738,353
	(2+3 must equal total staffing costs)	52,778	1,609,729	42,222	406,391	2,111,120
4	OPERATING EXPENSES	6,885	209,992	5,508	53,014	275,400
5	TOTAL EXPENSES (2+3+4)	59,663	1,819,721	47,730	459,405	2,386,520
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER	15,241.37	464,861.77	12,193.10	117,358.54	609,655
10	TOTAL AGENCY REVENUES (6+7+8+9)	15,241	464,862	12,193	117,359	609,655
11	CONTRACT AMOUNT (5-10)	44,422	1,354,860	35,537	342,047	1,776,865
<b>FUNDING</b>						
12	MEDI-CAL (FFP)	19,619	598,374			617,993
13	MHSA/BHSA	4,147	126,490	35,537	342,047	508,221
14	MHSA/BHSA Match	20,656	629,996			650,652
	FUNDING TOTAL	44,422	1,354,860	35,537	342,047	1,776,865
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	24,803	756,486	35,537	342,047	1,158,872
17	FEDERAL FUNDING	19,619	598,374	0	0	617,993
	TOTAL FUNDING	44,422	1,354,860	35,537	342,047	1,776,865
18	TARGET COST PER UNIT OF SERVICE	\$5.04	\$5.04			
19	UNITS OF SERVICE	8,817	268,932			277,749

APPROVED:

<i>Pamela Bender</i> Pamela Bender (May 17, 2026 20:48:58 PDT)	05/18/2026	<i>Thelma Rodriguez</i> Thelma Rodriguez	05/18/2026	<i>Jeanine Wymer</i> Jeanine Wymer (May 18, 2026 11:43:25 PDT)	05/18/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Pamela Bender		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

**Student Assistance Program (SAP)**

**FY 2026-2027**

**July 1, 2026 - June 30, 2027**

Prepared by: Thomas Flores  
Title: Manager, Fiscal Services

California Association of Health and  
Education Linked Professions, JPA (CAHELP)  
(Desert Mountain Children's Center)

Contractor Name: \_\_\_\_\_

RU # **36CGSA, 36GTSA**

Contract # / RFP # **25-167**

Address: **17800 Highway 18**

City, State, Zip Code: **Apple Valley, CA 92307**

Date Form Completed: **5/4/2026**

**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.**

						Budget Revision	
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1 Materials	\$197	0%	\$0	100%	\$197		197
2 Supplies	\$1,567	0%	\$0	100%	\$1,567		1,567
3 Computer and Maintenance	\$32,105	0%	\$0	100%	\$32,105		32,105
4 Mileage & Phone Stipends	\$25,237	0%	\$0	100%	\$25,237		25,237
5 Staff Development	\$19,549	0%	\$0	100%	\$19,549		19,549
6 Utilities	\$3,961	0%	\$0	100%	\$3,961		3,961
7 Rent/Lease Building	\$11,200	0%	\$0	100%	\$11,200		11,200
8 Rent/Lease Equipment	\$1,924	0%	\$0	100%	\$1,924		1,924
9 Maintenance and Repairs	\$1,752	0%	\$0	100%	\$1,752		1,752
10 Dues and Subscriptions	\$226	0%	\$0	100%	\$226		226
11 Professional Services	\$7,833	0%	\$0	100%	\$7,833		7,833
12 Advertising and Printing	\$722	0%	\$0	100%	\$722		722
13 Other Services	\$150	0%	\$0	100%	\$150		150
14 Indirect Cost	\$168,977	0%	\$0	100%	\$168,977		168,977
15		100%	\$0		\$0		0
16		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$275,400		\$0		\$275,400	0	275,400
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>							\$2,386,520

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2026-2027  
July 1, 2026 - June 30, 2027**

California Association of Health and Education  
Linked Professions, JPA (CAHELP) (Desert  
Contractor Name: Mountain Children's Center)  
RU # 36CGSA, 36GTSA  
Contract # / RFP # 25-167  
Address: 17800 Highway 18  
City, State, Zip Code: Apple Valley, CA 92307  
Date Form Completed: 5/4/2026

Prepared by: Thomas Flores  
Title: Manager, Fiscal Services

**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.**

ITEM	Justification of Cost
1 Materials	The costs for materials include direct services, incentives and staff development, food for community events, and incentive programs.
2 Supplies	The costs for office supplies include general program support, furniture and other items used to facilitate various therapies and other supports to clients and family members necessary for daily living related to operating the program.
3 Computer and Maintenance	The costs for use and support of various software programs, computers, peripherals, other related expenses, and information technology network user fees at \$2,976 per user.
4 Mileage & Phone Stipends	Costs include mileage paid to staff traveling for service and business related purposes. Mileage paid at standard IRS mileage rate and cell phone stipends are paid according to policy.
5 Staff Development	These costs include initial and ongoing training to services providers, administrators, and support staff.
6 Utilities	Costs include natural gas, electricity, water services, professional cleaning, waste disposal, pest control, cable, telephone service, and other related expenses. The calculation was based on a combination of historical trend analysis and actual costs.
7 Rent/Lease Building	Classroom and building leases are calculated based on FTE servicing this program. Total rent/building cost times the program FTE percentage is the amount charged to the program for each region.
8 Rent/Lease Equipment	Equipment leases are calculated based on FTE servicing this program. The total equipment cost times the program FTE percentage is the amount charged to the program.
9 Maintenance and Repairs	These costs include maintenance and related costs for buildings and equipment. We used historical amounts to approximate cost and then direct charge actuals to this program.
10 Dues and Subscriptions	These costs include and board approved organizational and individual professional memberships.
11 Professional Services	These costs include general services for administrative or instructional purposes provided by an outside vendor for additional support.
12 Advertising and Printing	These costs include duplication services and screen printed promotional items.
13 Other Services	Costs include postage, jet mail and warehouse delivery services necessary for program operation.
14 Indirect Cost	An indirect cost rate is set by the California Department of Education. The anticipated state approved indirect cost rate for fiscal year 2025/26 is 7.62% and will be applied to actual program expenses. Indirect costs are costs not identified by any one program or cost center. The indirect cost is the sum of program expenditures (salaries/benefits and operating costs, with minor exceptions) times the indirect cost rate. The indirect cost
15	
16	

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2026-2027  
July 1, 2026 - June 30, 2027**

23.38%  
Rate Per Minute

<b>Mode 15</b>	
CM&ICC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 5.04	\$ 5.04

Contractor Name: California Association of Health and Education Linked Professions, JPA (CAHELP) (Desert Mountain Children's Center)  
 36CGSA, 36GTSA  
 RU # \_\_\_\_\_  
 Contract # / RFP # 25-167  
 Address: 17800 Highway 18  
 City, State, Zip Code: Apple Valley, CA 92307  
 Date Form Completed: 5/4/2026

Projected Revenue Generated by Service Type					Clients Served		
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Mode 15		Starting Census		Monthly Census
			CM&ICC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-26	23,146	11.70	3,702	112,905	8	12	143
Aug-26	23,146	11.70	3,702	112,905	35	35	143
Sep-26	23,146	11.70	3,702	112,905	30	30	143
Oct-26	23,146	11.70	3,702	112,905	28	25	146
Nov-26	23,146	11.70	3,702	112,905	35	27	154
Dec-26	23,146	11.70	3,702	112,905	15	22	147
Jan-27	23,146	11.70	3,702	112,905	30	30	147
Feb-27	23,146	11.70	3,702	112,905	28	25	150
Mar-27	23,146	11.70	3,702	112,905	35	27	158
Apr-27	23,146	11.70	3,702	112,905	30	30	158
May-27	23,146	11.70	3,702	112,905	28	25	161
Jun-27	23,146	11.70	3,702	112,905	8	12	157
<b>TOTAL</b>	<b>277,749</b>		<b>44,422</b>	<b>1,354,860</b>	<b>310</b>	<b>300</b>	
			<b>Total Revenue</b>	<b>1906416.64</b>	<b>Unduplicated Clients Served</b>		<b>457</b>
						<b>Estimated Cost Per Client:</b>	<b>\$4,172</b>

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	8817	268932	<b>277749</b>
<b>Total Monthly Minutes of Services (Average)</b>	735	22411	<b>23146</b>
<b>Dosage (minutes) per client per month</b>	5	149	<b>154</b>
<b>Dosage (hours) per client per month</b>	0.08	2.48	<b>2.56</b>

Avg Monthly Census	Expected Length of Program (months)
151	6.00

15.37

SCHEDULE A - Planning Estimates

CalAim/Fee for Service California Association of Health and Education

Contractor Name:	Linked Professions, JPA (CAHELP) (Desert Mountain Children's Center)
RU #	36CGSA, 36GTSA
Contract # / RFP #	25-167
Address:	17800 Highway 18
City, State, Zip Code:	Apple Valley, CA 92307
Date Form Completed:	5/4/2026
Prepared by:	Thomas Flores
Title:	Manager, Fiscal Services

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Student Assistance Program (SAP)**

FY 2027-2028  
July 1, 2027 - December 31, 2027

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	2.50%	76.25%	2.00%	19.25%	100.00%
<b>EXPENSES</b>						
2	SALARIES	17,921	546,597	14,337	137,993	716,848
3	BENEFITS	9,654	294,456	7,723	74,338	386,172
	(2+3 must equal total staffing costs)	27,576	841,053	22,060	212,331	1,103,020
4	OPERATING EXPENSES	4,965	151,419	3,972	38,227	198,583
5	TOTAL EXPENSES (2+3+4)	32,540	992,472	26,032	250,558	1,301,603
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER	10,329.24	315,041.76	8,263.39	79,535.13	413,170
10	TOTAL AGENCY REVENUES (6+7+8+9)	10,329	315,042	8,263	79,535	413,170
11	CONTRACT AMOUNT (5-10)	22,211	677,430	17,769	171,023	888,433
<b>FUNDING</b>						
12	MEDI-CAL (FFP)	9,809	299,187			308,996
13	MHSA/BHSA	2,074	63,245	17,769	171,023	254,110
14	MHSA/BHSA Match	10,328	314,998			325,326
	FUNDING TOTAL	22,211	677,430	17,769	171,023	888,433
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	12,401	378,243	17,769	171,023	579,437
17	FEDERAL FUNDING	9,809	299,187	0	0	308,996
	TOTAL FUNDING	22,211	677,430	17,769	171,023	888,433
18	TARGET COST PER UNIT OF SERVICE	\$5.04	\$5.04			
19	UNITS OF SERVICE	4,409	134,466			138,875

APPROVED:					
<i>Pamela Bender</i>	05/18/2026	<i>Thelma Rodriguez</i>	05/18/2026	<i>Jeanine Wymer</i>	05/18/2026
<small>Pamela Bender (May 17, 2026 20:44:23 PDT)</small>				<small>Jeanine Wymer (May 18, 2026 11:45:48 PDT)</small>	
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
<b>Pamela Bender</b>		<b>Thelma Rodriguez</b>		<b>Jeanine Wymer</b>	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

**Student Assistance Program (SAP)  
FY 2027-2028  
July 1, 2027 - December 31, 2027**

Prepared by: Thomas Flores  
Title: Manager, Fiscal Services

California Association of Health and  
Education Linked Professions, JPA (CAHELP)  
(Desert Mountain Children's Center)

Contractor Name: \_\_\_\_\_  
RU # **36CGSA, 36GTSA**  
Contract # / RFP # **25-167**  
Address: **17800 Highway 18**  
City, State, Zip Code: **Apple Valley, CA 92307**  
Date Form Completed: **5/4/2026**

**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.**

						Budget Revision	
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1 Materials	\$197	0%	\$0	100%	\$197		197
2 Supplies	\$1,567	0%	\$0	100%	\$1,567		1,567
3 Computer and Maintenance	\$32,105	0%	\$0	100%	\$32,105		32,105
4 Mileage & Phone Stipends	\$25,237	0%	\$0	100%	\$25,237		25,237
5 Staff Development	\$19,549	0%	\$0	100%	\$19,549		19,549
6 Utilities	\$3,961	0%	\$0	100%	\$3,961		3,961
7 Rent/Lease Building	\$11,200	0%	\$0	100%	\$11,200		11,200
8 Rent/Lease Equipment	\$1,924	0%	\$0	100%	\$1,924		1,924
9 Maintenance and Repairs	\$1,752	0%	\$0	100%	\$1,752		1,752
10 Dues and Subscriptions	\$226	0%	\$0	100%	\$226		226
11 Professional Services	\$7,833	0%	\$0	100%	\$7,833		7,833
12 Advertising and Printing	\$722	0%	\$0	100%	\$722		722
13 Other Services	\$150	0%	\$0	100%	\$150		150
14 Indirect Cost	\$92,160	0%	\$0	100%	\$92,160		92,160
15		100%	\$0		\$0		0
16		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$198,583		\$0		\$198,583	0	198,583
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>							\$1,301,602

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

FY 2027-2028  
July 1, 2027 - December 31, 2027

Prepared by: Thomas Flores  
Title: Manager, Fiscal Services

California Association of Health and Education  
Linked Professions, JPA (CAHELP) (Desert  
Contractor Name: Mountain Children's Center)  
RU # 36CGSA, 36GTSA  
Contract # / RFP # 25-167  
Address: 17800 Highway 18  
City, State, Zip Code: Apple Valley, CA 92307  
Date Form Completed: 5/4/2026

**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.**

ITEM	Justification of Cost
1 Materials	The costs for materials include direct services, incentives and staff development, food for community events, and incentive programs.
2 Supplies	The costs for office supplies include general program support, furniture and other items used to facilitate various therapies and other supports to clients and family members necessary for daily living related to operating the program.
3 Computer and Maintenance	The costs for use and support of various software programs, computers, peripherals, other related expenses, and information technology network user fees at \$2,976 per user.
4 Mileage & Phone Stipends	Costs include mileage paid to staff traveling for service and business related purposes. Mileage paid at standard IRS mileage rate and cell phone stipends are paid according to policy.
5 Staff Development	These costs include initial and ongoing training to services providers, administrators, and support staff.
6 Utilities	Costs include natural gas, electricity, water services, professional cleaning, waste disposal, pest control, cable, telephone service, and other related expenses. The calculation was based on a combination of historical trend analysis and actual costs.
7 Rent/Lease Building	Classroom and building leases are calculated based on FTE servicing this program. Total rent/building cost times the program FTE percentage is the amount charged to the program for each region.
8 Rent/Lease Equipment	Equipment leases are calculated based on FTE servicing this program. The total equipment cost times the program FTE percentage is the amount charged to the program.
9 Maintenance and Repairs	These costs include maintenance and related costs for buildings and equipment. We used historical amounts to approximate cost and then direct charge actuals to this program.
10 Dues and Subscriptions	These costs include and board approved organizational and individual professional memberships.
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13 Other Services	Costs include postage, jet mail and warehouse delivery services necessary for program operation.
14 Indirect Cost	An indirect cost rate is set by the California Department of Education. The anticipated state approved indirect cost rate for fiscal year 2025/26 is 7.62% and will be applied to actual program expenses. Indirect costs are costs not identified by any one program or cost center. The indirect cost is the sum of program expenditures (salaries/benefits and operating costs, with minor exceptions) times the indirect cost rate. The indirect cost
15	
16	

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2027-2028  
July 1, 2027 - December 31, 2027**

23.38%  
Rate Per Minute

Mode 15	
CM&ICC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 5.04	\$ 5.04

Contractor Name: California Association of Health and Education Linked Professions, JPA (CAHEL P) (Desert Mountain Children's Center)  
 36CGSA, 36GTSA  
 RU # \_\_\_\_\_  
 Contract # / RFP # 25-167  
 Address: 17800 Highway 18  
 City, State, Zip Code: Apple Valley, CA 92307  
 Date Form Completed: 5/4/2026

Projected Revenue Generated by Service Type					Clients Served		
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Mode 15		Starting Census		123
			CM&ICC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-27	23,146	11.70	3,702	112,905	8	12	119
Aug-27	23,146	11.70	3,702	112,905	35	35	119
Sep-27	23,146	11.70	3,702	112,905	30	30	119
Oct-27	23,146	11.70	3,702	112,905	28	25	122
Nov-27	23,146	11.70	3,702	112,905	35	27	130
Dec-27	23,146	11.70	3,702	112,905	15	22	123
TOTAL	138,875		22,211	677,430	151	151	
			<b>Total Revenue</b>	<b>976,231.52</b>	<b>Unduplicated Clients Served</b>		274
						<b>Estimated Cost Per Client:</b>	<b>\$3,563</b>

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	4409	134466	<b>138875</b>
<b>Total Monthly Minutes of Services (Average)</b>	735	22411	<b>23146</b>
<b>Dosage (minutes) per client per month</b>	6	184	<b>190</b>
<b>Dosage (hours) per client per month</b>	0.10	3.06	<b>3.16</b>

18.97

Avg Monthly Census	Expected Length of Program (months)
122	6.00



## Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

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

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

### **DEFINITIONS**

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

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

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-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 pages. If a question does not apply respond N/A or Not Applicable.**

1. Name of Contractor: Desert/Mountain Children’s Center
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: N/A
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):  
  
N/A
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	

6. Name of agent(s) of Contractor:

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

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

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

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

Company Name	Individual(s) Name
N/A	

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No

Yes  If **yes**, please provide the contribution information in Question 11.

10. Has an agent of Contractor made a campaign contribution of any amount to any member of the San Bernardino County Board of Supervisors or other elected officer involved with this Contract while award of this Contract is being considered?

No

Yes  If **yes**, please provide the contribution information in Question 11.

11. Name of Board of Supervisor Member or other County elected officer: N/A

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 acknowledges that agents are prohibited from making any campaign contributions, regardless of amount, to any member of the Board of Supervisors or other County elected officer involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County. Contractor understands that the other individuals and entities (excluding agents) listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County.

CaAIM PAYMENT REFORM RATE SCHEDULE

San Bernardino County Department of Behavioral Health  
 CaAIM Payment Reform Rate Schedule  
 Effective January 1, 2026

Individual		
DHCS Equivalent	Hourly Payment Rate	
	Contracted Program Category 1	Contracted Program Category 2
Certified AOD Counselor	\$ 257.82	\$ 276.24
Mental Health Rehabilitation Specialist	\$ 233.86	\$ 250.56
Other Qualified Practitioner	\$ 233.86	\$ 250.56
Peer Support Specialists	\$ 245.55	\$ 263.09
Community Health Worker	\$ 239.70	\$ 256.82
LCSW (Licensed, Waivered or Registered)	\$ 310.83	\$ 333.03
MFT/LPCC (Licensed, Waivered or Registered)	\$ 310.83	\$ 333.03
Licensed Psychiatric Technician	\$ 218.48	\$ 234.08
Psychologist (Licensed or Waivered)	\$ 480.32	\$ 514.63
Licensed Vocational Nurse	\$ 254.85	\$ 273.05
Medical Assistant	\$ 175.19	\$ 187.70
Licensed Physician	\$ 1,194.33	\$ 1,279.64
Nurse Practitioner	\$ 593.92	\$ 636.34
Occupational Therapist	\$ 413.76	\$ 443.32
Physician Assistant	\$ 535.65	\$ 573.92
Registered Nurse	\$ 485.12	\$ 519.77

  

Service Description	Per Occurrence Payment Rate
Interactive Complexity	13.22
Interpretive Services	22.32

  

Contracted Program Category 1
All other Specialty Mental Health Services
All Substance Use Disorder & Recovery Services providing outpatient DMC-ODS

  

Contracted Program Category 2
All Full Service Partnerships
Therapeutic Behavioral Services
Children's Residential Intensive Services