

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

**Contract Number**

16-406 A-4

SAP Number

4400009468

Department of Behavioral Health

Department Contract Representative	Tammi Phillips
Telephone Number	(909) 388-0860
Contractor	South Coast Community Services
Contractor Representative	Scott McGuirk
Telephone Number	(714) 966-8661
Contract Term	July 1, 2016 – December 31, 2021
Original Contract Amount	\$39,233,435
Amendment Amount	\$4,853,344
Total Contract Amount	\$44,086,779
Cost Center	9206352200 and 9206362200

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-406** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for wraparound mental health services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2021:

- I. ARTICLE IV Funding and Budgetary Restrictions, paragraph K is hereby amended to read as follows:
 - K. The maximum financial obligation under this contract shall not exceed \$6,606,687 per fiscal year for fiscal years 2016-17, 2017-18, and 2018-19 and shall not exceed \$9,706,687 for fiscal year 2019-20 and shall not exceed \$14,560,031 for fiscal year 2020-21. This amendment shall increase the total contract by \$4,853,344, from \$39,233,435 to \$44,086,779 for fiscal year 2021-2022. This amendment hereby adds the Comprehensive Children and Family Support Services

(CCFSS) Schedules A and B for fiscal year 2021-22. All previously approved schedules remain in effect.

II. ARTICLE XIII Duration and Termination, paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2016 through December 31, 2021 inclusive.

- REMAINDER OF PAGE INTENTIONALLY LEFT BLANK -

III. 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.

COUNTY OF SAN BERNARDINO


Curt Hagman, Chairman, Board of Supervisors

Dated: **MAY 18 2021**

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 the County of San Bernardino

By _____
Deputy

South Coast Community Services

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

DocuSigned by:
By Gil Garcia

5DD43E446080F7F
(Printed signature - sign in blue ink)

Name Gil Garcia

(Print or type name of person signing contract)

Title Chief Financial Officer

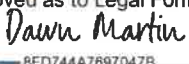
(Print or Type)

Dated: 5/6/2021

Address 27261 Las Ramblas, Suite 220
Mission Viejo, CA 92691

FOR COUNTY USE ONLY

Approved as to Legal Form


Dawn Martin, Deputy County Counsel

Date 5/6/2021

Reviewed for Contract Compliance


Natalie Kesse, Contracts Manager

Date 5/6/2021

Reviewed/Approved by Department


Veronica Kelley, Director

Date 5/10/2021

SCHEDULE A

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: South Coast Community Service:

Provider # LE00916

Contract/RFP# 16-406 A-3

Address: 27261 Las Ramblas, Suite 220

Mission Viejo, CA 92391

Date Form Completed: 3/11/2021

Date Form Revised:

Actual Cost Contract (cost reimbursement)

CCFSS/Success First - Central

FY 2021 - 2022

July 1, 2021 - December 31, 2021 (6 month)

Prepared by: Gil Garcia
Title: CFO

LINE	MODE OF SERVICE	15- Case Management (01-06,08-09)	15-Outpatient Intensive Care Coordination (07)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Intensive Home Based Services (57)	15- TBS (56)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	60- Support Client Flexible Support (72)	60 - Support Other Non-Medi- Cal Client Support (78)	TOTAL
#											
1	100% Distribution %	1.00%	8.28%	55.92%	2.00%	18.08%	0.10%	0.14%	0.50%	10.00%	
2	EXPENSES										
3	SALARIES	8,247	68,123	494,183	16,495	149,113	825	1,155		82,474	820,615
4	BENEFITS	1,443	11,922	86,482	2,887	26,095	144	202		14,433	143,607
5	(2+3 must equal total staffing costs)	9,691	80,045	580,665	19,381	175,207	969	1,357	0	96,907	984,222
6	OPERATING EXPENSES	5,865	48,446	351,437	11,730	106,041	587	821	2,933	58,651	588,511
7	TOTAL EXPENSES (2+3+4)	15,556	128,491	932,103	31,112	281,249	1,556	2,178	2,933	155,558	1,550,733
8	AGENCY REVENUES										
9	PATIENT FEES										0
10	PATIENT INSURANCE										0
11	MEDICARE										0
12	GRANTS/OTHER										0
13	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0	0	0
14	CONTRACT AMOUNT (5-10)	15,556	128,491	932,103	31,112	281,249	1,556	2,178	2,933	155,558	1,550,733
15	FUNDING										
16	MEDI-CAL (FFP)	5,445	44,972	326,236	10,889	98,437	544	762	0	0	487,285
17	EPST (2011 Realignment)	2,096	17,314	125,597	4,192	37,897	210	283	0	0	187,599
18	MHSA MATCH	3,348	27,658	200,639	6,697	60,540	335	489	0	0	289,686
19	MHSA FUNDING	4,667	38,547	279,631	9,333	84,375	467	653	2,933	155,558	576,163
20	REALIGNMENT - NET COUNTY	0	0	0	0	0	0	0	0	0	0
21	FUNDING TOTAL	15,556	128,491	932,103	31,112	281,249	1,556	2,178	2,933	155,558	1,550,733
22	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0	0	0
23	STATE FUNDING (Including Realignment)	10,111	83,519	605,867	20,223	182,812	1,012	1,416	2,933	155,558	1,063,448
24	FEDERAL FUNDING	5,445	44,972	326,236	10,889	98,437	544	762	0	0	487,285
25	TOTAL FUNDING	15,556	128,491	932,103	31,112	281,249	1,556	2,178	2,933	155,558	1,550,733
26	SCHEDULE OF MAXIMUM ALLOWANCES (CCR)	2.20	2.20	2.99	2.99	2.99	5.56	4.20	1.00	1.00	1.00
27	TARGET COST PER UNIT OF SERVICE	2.20	2.20	2.99	2.99	2.99	5.56	4.20	1.00	1.00	1.00
28	UNITS OF TIME (Minutes)	7,071	58,405	311,740	10,405	94,063	280	519			482,483

Schedule B

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL**

FY 2021 - 2022

July 1, 2021 - December 31, 2021 (6 months)

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

CONTRACTOR NAME: South Coast Community Services

[illegible]

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

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

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

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

Contractor Name: Services

FY 2021 - 2022

Provider # LE00916

Contract/RFP# 16-406 A-3

Address: 27261 Las Ramblas, Suite

Mission Viejo, CA 92391

Date Form Completed: 3/11/2021

Prepared by: Gil 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.

(6 month)

July 1, 2021 - December 31, 2021 (6 month)

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 External Database Fee (.26% of Contract)	4,032	0%	\$0	100%	\$4,032
2 Advertising & Recruitment	1,500	0%	\$0	100%	\$1,500
3 Client Flex Funds	-	0%	\$0	100%	\$0
4 Computer & Equipment Expenses	18,000	0%	\$0	100%	\$18,000
5 EHR Support Fees	10,000	0%	\$0	100%	\$10,000
6 Furniture Expense	-	0%	\$0	100%	\$0
7 Insurance-Liability	7,500	0%	\$0	100%	\$7,500
8 Interest	5,000	0%	\$0	100%	\$5,000
9 Leased Vehicle Expense	-	0%	\$0	100%	\$0
10 Office Expenses	6,000	0%	\$0	100%	\$6,000
11 Office Space/Occupancy	105,000	0%	\$0	100%	\$105,000
12 OMS - Billing Services	46,683	0%	\$0	100%	\$46,683
13 OMS - QA Services	72,578	0%	\$0	100%	\$72,578
14 OMS - Front Desk Svcs	75,863	0%	\$0	100%	\$75,863
15 OMS - Call Center	41,263	0%	\$0	100%	\$41,263
16 Program Expense: Other	12,217	0%	\$0	100%	\$12,217
17 Contract Labor (Psychiatrists)	2,000	0%	\$0	100%	\$2,000
18 Telephone & Internet	21,000	0%	\$0	100%	\$21,000
19 Training & Training Travel	2,200	0%	\$0	100%	\$2,200
20 Transportation Expense	2,000	0%	\$0	100%	\$2,000
21 Indirect Expense	\$153,675	0%	\$0	100%	\$153,675
SUBTOTAL B:	\$586,511		\$0		\$586,511
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$1,550,733

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2021 - 2022

Contractor Name: South Coast Community Services
Provider # LE00816
Contract/RFP# 16-405 A-3
Address: 27261 Las Ramblas, Suite 220
Mission Viejo, CA 92391
Date Form Completed: 3/11/2021

Prepared by: Gil Garcia
Title: CFO

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

July 1, 2021 - December 31, 2021 (6 month)

ITEM	Justification of Cost
1 External Database Fee (.25% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	Flex funds are provided to support a child/youth, and a plan is in place that links expected outcomes for the child/youth and family to the use of flex funds. The plan should include a strategy for weaning the client off flex funds. Flex funds are not to be used to purchase services that are already provided within the range of publicly-funded services for children, youth and families.
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea., Laptop Computers for mobile providers with Docking stations @ \$1,500 ea., 1 workgroup printer @ \$1,500 ea., workgroup scanners @ \$1,500 ea., and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. We used Actual Cost as our cost basis. Items are leased spread over the life of the contract.
5 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. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
6 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
7 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability, Automobile Liability including coverage for owned, non-owned, and hired vehicles, Employer's Liability, Professional Liability, Sexual Misconduct Liability, Cyber Liability, Network Security & Privacy Liability.
8 Interest	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interest payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be accrued on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expires on until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program. This is only a passthrough expense.
9 Leased Vehicle Expense	N/A
10 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.
11 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, 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.
12 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
13 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
14 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$366 per supported user (direct service provider) per month.
15 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
16 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. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
17 Contract Labor (Psychiatrists)	Budgeted for 1.5 hours of Psychiatrist time per month (0.01 FTE) at a rate of \$210 per hour.
18 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.
19 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.
20 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
21 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 11% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2021 - 2022

Contractor Name: South Coast Community Services
 Provider # LE00916
 Contract/RFP# 16-406 A-3
 Address: 27261 Las Ramblas , Suite 220
 Mission Viejo, CA 92391
 Date Form Completed: 3/11/2021
 Date Form Revised:

Date Form Revised:

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 168 hours per month per FTE)	Projected Revenue Generated by Service Type						Clients Served			
				Case Mgmt (01-09)	Intensive Care Coordination (07)	Mental Health Services (10-50)	Intensive Home Based Services (57)	TBS (58)	Medication Support (60)	Crisis Intervention (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-21	40,207	27.00	15%	\$1,296	\$10,708	\$77,675	\$2,593	\$23,437	\$130	\$181	21	18	20
Aug-21	40,207	27.00	15%	\$1,296	\$10,708	\$77,675	\$2,593	\$23,437	\$130	\$181	21	18	23
Sep-21	40,207	27.00	15%	\$1,296	\$10,708	\$77,675	\$2,593	\$23,437	\$130	\$181	21	18	26
Oct-21	40,207	27.00	15%	\$1,296	\$10,708	\$77,675	\$2,593	\$23,437	\$130	\$181	22	18	29
Nov-21	40,207	27.00	15%	\$1,296	\$10,708	\$77,675	\$2,593	\$23,437	\$130	\$181	25	22	33
Dec-21	40,207	27.00	15%	\$1,296	\$10,708	\$77,675	\$2,593	\$23,437	\$130	\$181	25	23	36

Est. Medi-Cal Cost Per Client:	\$8,982
Est. Non-Medi-Cal Cost Per Client:	\$1,023
Est. Total Cost Per Client:	\$10,005

SCHEDULE A

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: South Coast Community Services

Actual Cost Contract (cost reimbursement)

Provider # LE00916

CCFSS/ Success First - West

Contract/RFP# 16-406 A-3

FY 2021 - 2022

Address: 27261 Las Ramblas, Suite 220

July 1, 2021 - December 31, 2021 (6 month)

Mission Viejo, CA 92391

Prepared by: Gil Garcia

Title: CFO

Date Form Completed: 3/11/2021

Date Form Revised:

LINE	MODE OF SERVICE	15- Case Management (01-06,08-09)	15-Outpatient Intensive Care Coordination (07)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Intensive Home Based Services (57)	15-Outpatient TBS (58)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	60-Support Client Flexible Support (72)	60 - Support Other Non-Medi- Cal Client Support (78)	TOTAL
#	Distribution %	1.00%	8.26%	59.97%	2.80%	18.06%	0.10%	0.14%	0.50%	10.00%	
1	EXPENSES										
2	SALARIES	9,851	81,373	590,302	19,703	178,115	985	1,379		98,515	980,224
3	BENEFITS	1,724	14,241	103,304	3,448	31,171	172	241		17,240	171,542
4	(2+3 must equal total staffing costs)	11,576	95,614	693,606	23,151	209,286	1,158	1,621	0	115,755	1,151,766
5	OPERATING EXPENSES	6,258	51,695	375,006	12,517	113,153	626	876	3,129	62,584	625,844
6	TOTAL EXPENSES (2+3+4)	17,834	147,309	1,068,612	35,668	322,438	1,783	2,497	3,129	178,340	1,777,610
7	AGENCY REVENUES										
8	PATIENT FEES										0
9	PATIENT INSURANCE										0
10	MEDICARE										0
11	GRANTS/OTHER										0
12	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0	0	0
13	CONTRACT AMOUNT (5-10)	17,834	147,309	1,068,612	35,668	322,438	1,783	2,497	3,129	178,340	1,777,610
14	FUNDING										
15	MEDI-CAL (FFP)	6,242	51,558	374,014	12,484	112,853	624	874	0	0	558,649
16	EPSTD (2011 Realignment)	2,387	19,720	143,053	4,775	43,164	239	334	0	0	213,672
17	MHSA MATCH	3,855	31,838	230,961	7,709	69,690	385	540	0	0	344,978
18	MHSA FUNDING	5,350	44,193	320,584	10,700	96,731	535	749	3,129	178,340	660,311
19	REALIGNMENT-NET COUNTY	0	0	0	0	0	0	0	0	0	0
20	FUNDING TOTAL	17,834	147,309	1,068,612	35,668	322,438	1,783	2,497	3,129	178,340	1,777,610
21	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0	0	0
22	STATE FUNDING (Including Realignment)	11,592	95,751	694,598	23,184	209,585	1,159	1,623	3,129	178,340	1,218,961
23	FEDERAL FUNDING	6,242	51,558	374,014	12,484	112,853	624	874	0	0	558,649
24	TOTAL FUNDING	17,834	147,309	1,068,612	35,668	322,438	1,783	2,497	3,129	178,340	1,777,610
25	SCHEDULE OF MAXIMUM ALLOWANCES (CCR)	2.20	2.20	2.99	2.99	2.99	5.56	4.20	1.00	1.00	1.00
26	TARGET COST PER UNIT OF SERVICE	8.106	66,958	357,395	11,929	107,839	321	594	1.00	1.00	553,142
27	UNITS OF TIME (Minutes)										

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2021 - 2022

July 1, 2021 - December 31, 2021 (6 month)

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

CONTRACTOR NAME: South Coast Community Services

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
To Be Determined	MFT/LCSW/Psy	Program Director	135,000	23,625	158,625	50.38%	39,957	710	34,006	5,951
To Be Determined	MFT/LCSW/Psy	Program Manager	110,000	19,250	129,250	53.03%	34,271	900	29,167	5,104
To Be Determined	MFT/LCSW/Psy	Program Supervisor 3 FTE	95,000	16,625	111,625	300.00%	167,438	6,240	142,500	24,938
To Be Determined	MFT/LCSW/Psy	Clinical Supervisor	80,000	14,000	94,000	69%	32,430	1,435	27,600	4,830
To Be Determined	MFT/LCSW/Psy	Clinician 15 FTE	70,500	12,338	82,838	1500%	621,281	31,200	528,750	92,532
To Be Determined	MFT/LCSW/Psy	Clinician TBS 1 FTE	70,500	12,338	82,838	100%	41,419	2,080	35,250	6,169
To Be Determined	BA	Family Specialist 12 FTE	43,680	7,644	51,324	1200%	307,944	24,960	262,080	45,864
To Be Determined	BA	TBS Coach 5 FTE	43,680	7,644	51,324	500%	128,310	10,400	109,200	19,110
To Be Determined		Peer & Family Advocate 2 FTE	41,600	7,280	48,880	200%	48,880	4,160	41,600	7,280
Bilingual/License Rate Variable		Bilingual/License Rate Variable	(217,827)	(38,120)	(255,947)	100%	(127,974)		(108,914)	(19,060)
Vacancy Factor		Vacancy Factor	(242,030)	(42,355)	(284,386)	100%	(142,193)		(121,015)	(21,178)
Rounding									0	
									630,224	171,543

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

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

SCHEDULE B

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

South Coast Community

Contractor Name: **Services**
 Provider # **LE00916**
 Contract/RFP# **16-406 A-3**
 Address: **27261 Las Ramblas , Suite**
Mission Viejo, CA 92391

FY 2021 - 2022

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

Date Form Completed: **3/11/2021**

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, 2021 - December 31, 2021 (6 month)

(6 month)

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 External Database Fee (.26% of Contract)	4,622	0%	\$0	100%	\$4,622
2 Advertising & Recruitment	1,500	0%	\$0	100%	\$1,500
3 Client Flex Funds	-	0%	\$0	100%	\$0
4 Computer & Equipment Expenses	25,000	0%	\$0	100%	\$25,000
5 Dues & Publications	-	0%	\$0	100%	\$0
6 EHR Support Fees	12,000	0%	\$0	100%	\$12,000
7 Furniture Expense	-	0%	\$0	100%	\$0
8 Insurance-Liability	8,500	0%	\$0	100%	\$8,500
9 Interest	6,000	0%	\$0	100%	\$6,000
10 Leased Vehicle Expense	-	0%	\$0	100%	\$0
11 Office Expenses	8,000	0%	\$0	100%	\$8,000
12 Office Space/Occupancy	65,000	0%	\$0	100%	\$65,000
13 OMS - Billing Services	53,649	0%	\$0	100%	\$53,649
14 OMS - QA Services	83,409	0%	\$0	100%	\$83,409
15 OMS - Front Desk Svcs	87,184	0%	\$0	100%	\$87,184
16 OMS - Call Center	47,421	0%	\$0	100%	\$47,421
17 Program Expense: Other	17,200	0%	\$0	100%	\$17,200
18 Contract Labor (Psychiatrists)	4,200	0%	\$0	100%	\$4,200
19 Telephone & Internet	21,000	0%	\$0	100%	\$21,000
20 Training & Training Travel	3,000	0%	\$0	100%	\$3,000
21 Transportation Expense	2,000	0%	\$0	100%	\$2,000
22 Indirect Expense	\$176,159	0%	\$0	100%	\$176,159
SUBTOTAL B:	\$625,844		\$0		\$625,844
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$1,777,609

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2021 - 2022

Contractor Name: South Coast Community Services
Provider # LE00916
Contract/RFPP# 16-406 A-3
Address: 27261 Las Ramblas, Suite 220
Mission Viejo, CA 92391
Date Form Completed: 3/11/2021

Prepared by: Gil Garcia
Title: CFO

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

July 1, 2021 - December 31, 2021 (6 month)

ITEM	Justification of Cost
1 External Database Fee (.25% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	Flex funds are provided to support a child/youth, and a plan is in place that links expected outcomes for the child/youth and family to the use of flex funds. The plan should include a strategy for wearing the client off flex funds. Flex funds are not to be used to purchase services that are already provided within the range of publicly-funded services for children, youth and families.
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea., Laptop Computers for mobile providers with Docking Stations @ \$1,500 ea., 1 workgroup printer @ \$1,500 ea., workgroup scanners @ \$1,500 ea., and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EHR, email and security software and maintenance. We used Actual Cost as our cost basis. Items are leased spread over the life of the contract.
5 Dues & Publications	N/A
6 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. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program. This is only a passthrough expense.
10 Leased Vehicle Expense	N/A
11 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.
12 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, and the 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.
13 OMS - Billing Services	These are services contracted to SCCS for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Med-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provides guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$366 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expenses: 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. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Contract Labor (Psychiatrists)	Budgeted for 3.3 hours of Psychiatrist time per month (0.02 FTE) at a rate of \$210 per hour.
19 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.
20 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.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 11% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

SCHEDULE A

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: South Coast Community Service
Provider #
Contract/RFP# 16-406 A-3
Address: 27261 Las Ramblas, Suite 220
Mission Viejo, CA 92391
Date Form Completed: 4/6/2021
Date Form Revised:

Actual Cost Contract (cost reimbursement)

CCFSS/SB163 Wraparound Mental Health

FY 2021 - 2022

July 1, 2021 - December 31, 2021 (6 month)

Prepared by: Gil Garcia
Title: Chief Financial Officer

LINE	MODE OF SERVICE	15-Outpatient Case Management (01-06,08-09)	15-Outpatient Intensive Care Coordination (07)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Intensive Home Based Services (57)	TBS (58)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL
#									
1	100% Distribution %	1.00%	28.00%	47.00%	10.00%	12.00%	1.00%	1.00%	
EXPENSES									
2	SALARIES	7,801	218,426	366,844	78,009	93,611	7,801	7,801	780,094
3	BENEFITS	1,404	39,317	65,995	14,042	16,850	1,404	1,404	140,417
4	(2+3 must equal total staffing costs)	9,205	257,743	432,840	92,051	110,461	9,205	9,205	920,511
5	OPERATING EXPENSES	6,045	169,257	284,111	60,449	72,539	6,045	6,045	604,489
6	TOTAL EXPENSES (2+3+4)	15,250	427,000	716,751	152,500	183,000	15,250	15,250	1,525,000
AGENCY REVENUES									
7	PATIENT FEES								0
8	PATIENT INSURANCE								0
9	MEDI-CARE								0
10	GRANTS/OTHER								0
11	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0
12	CONTRACT AMOUNT (5-10)	15,250	427,000	716,751	152,500	183,000	15,250	15,250	1,525,001
FUNDING									
13	100.00% MEDICAL (FFP)	7,625	213,500	358,376	76,250	91,500	7,625	7,625	762,501
14	100.00% EPSDT (2011 Realignment)	5,495	153,848	258,245	54,946	65,935	5,495	5,495	549,459
15	13.97% CFS FUNDING up to \$75,495	755	21,139	35,483	7,550	9,059	755	755	75,495
16	0.00% MHSA FUNDING	1,375	38,513	64,647	13,754	16,506	1,375	1,375	137,546
17	0.00% REALIGNMENT - NET COUNTY	0	0	0	0	0	0	0	0
18		0	0	0	0	0	0	0	0
19	FUNDING TOTAL	15,250	427,000	716,751	152,500	183,000	15,250	15,250	1,525,001
20	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0
21	STATE FUNDING (Including Realignment)	6,870	192,361	322,892	68,700	82,441	6,870	6,870	687,005
22	FEDERAL FUNDING	8,380	234,639	393,859	83,800	100,559	8,380	8,380	837,996
23	TOTAL FUNDING	15,250	427,000	716,751	152,500	183,000	15,250	15,250	1,525,001
24	SCHEDULE OF MAXIMUM ALLOWANCES (CCR)	2.20	2.20	2.99	2.99	2.99	5.56	4.20	
25	TARGET COST PER UNIT OF SERVICE	2.20	2.20	2.99	2.99	2.99	5.56	4.20	
26	UNITS OF TIME (Minutes)	6,932	194,091	239,716	51,003	61,204	2,743	3,631	559,320

SCHEDULE B

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2021 - 2022

July 1, 2021 - December 31, 2021 (6 months) (6 months)

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

CONTRACTOR NAME: South Coast Community Services

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	(6 Months)		(6 Months)		(6 Months)	
							Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Liu, PsyD	MFT/LCSW	Program Director	155,000	27,900	182,900	29.200%	26,704	304	22,630	4,074	22,630	4,074
Jennifer Walters, LMFT	MFT/LCSW	Asst. Program Director	105,000	18,900	123,900	29.200%	18,090	304	15,330	2,760	15,330	2,760
Wrap Supervisor	MFT/LCSW	Wrap Supervisor	85,000	15,300	100,300	146.001%	73,219	1,518	62,051	11,169	62,051	11,169
MH Supervisor	MFT/LCSW	MH Supervisor	85,000	15,300	100,300	29.200%	14,644	304	12,410	2,234	12,410	2,234
Clinician - Bilingual	MFT Int/A S	Clinician	70,000	12,600	82,600	116.801%	48,239	1,215	40,880	7,359	40,880	7,359
Clinician	MFT Int/A S	Clinician - Bilingual	65,000	11,700	76,700	116.801%	44,793	1,215	37,960	6,833	37,960	6,833
TBS Coach Coordinator	BS/BA	TBS Coach Lead	65,000	11,700	76,700	29.200%	11,198	304	9,490	1,708	9,490	1,708
TBS Coach	BS/BA	TBS Coach	45,760	8,237	53,997	175.201%	47,301	1,822	40,086	7,216	40,086	7,216
Facilitator	MFT Int/A S	Facilitator	60,000	10,800	70,800	584.004%	206,737	6,074	175,201	31,536	175,201	31,536
Family Specialist	BS/BA	Family Specialist	52,000	9,360	61,360	730.004%	223,965	7,592	189,801	34,164	189,801	34,164
Family Partner	BS/BA	Family Partner	39,520	7,114	46,634	292.002%	68,085	3,037	57,700	10,386	57,700	10,386
Office Manager	BS/BA	Office Manager	65,250	11,745	76,995	29.200%	11,241	304	9,527	1,715	9,527	1,715
Interpreter	BS/BA	Interpreter	52,000	9,360	61,360	87.601%	26,876	911	22,776	4,100	22,776	4,100
Comm Resource Sp	BS/BA	Comm Resource Sp	45,760	8,237	53,997	29.200%	7,884	304	6,681	1,203	6,681	1,203
Family Search & Engage	BS/BA	Family Search & Engage	45,760	8,237	53,997	29.200%	7,884	304	6,681	1,203	6,681	1,203
Tutor Academic	BS/BA	Tutor Academic	45,760	8,237	53,997	58.400%	15,767	607	13,362	2,405	13,362	2,405
SA Prevention Specialist	BS/BA	SA Prevention Specialist	52,000	9,360	61,360	58.400%	17,917	607	15,184	2,733	15,184	2,733
Wraparound Fidelity Trainer		Wraparound Fidelity Trainer	80,018	14,403	94,421	58.400%	27,571	607	23,366	4,206	23,366	4,206
Resource Team Supervisor		Resource Team Supervisor	85,000	15,300	100,300	29.200%	14,644	304	12,410	2,234	12,410	2,234
File Clerk	BS/BA	File Clerk	45,000	8,100	53,100	29.200%	7,753	304	6,570	1,183	6,570	1,183
Vacancy Factor		Vacancy Factor	0	0	0	0%	0	0	0	0	0	0
TOTAL COST:							920,511		780,094	140,417		

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

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

Contractor Name: South Coast Community Services
Region
Contract # 16-406 A-3
Address: 27261 Las Ramblas , Suite 220
Mission Viejo, CA 92391
Date Form Completed: 4/6/2021
Updated

FY 2021 - 2022

Prepared by: 0
Title: 0

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, 2021 - December 31, 2021 (6 month)

6 Months

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
1 Internal Database fee (.26% of Contract)	\$3,965	0%	\$0	100%	\$3,965
2 Advertising/Recruitment	\$2,000	0%	\$0	100%	\$2,000
3 Dues&Publications	\$250	0%	\$0	100%	\$250
4 FacilityLease/Rental	\$95,000	0%	\$0	100%	\$95,000
5 EMR Support Fees	\$9,000	0%	\$0	100%	\$9,000
6 General Liability Insurance	\$7,000	0%	\$0	100%	\$7,000
7 Interest Expense	\$6,500	0%	\$0	100%	\$6,500
8 LeasedVehicles	\$1,200	0%	\$0	100%	\$1,200
9 Mileage	\$40,000	0%	\$0	100%	\$40,000
10 Computer & Equipment Exp	\$15,000	0%	\$0	100%	\$15,000
11 Furniture	\$7,000	0%	\$0	100%	\$7,000
12 OfficeExpense	\$6,000	0%	\$0	100%	\$6,000
13 OMS - Billing Services	\$43,487	0%	\$0	100%	\$43,487
14 OMS - QA Services	\$67,610	0%	\$0	100%	\$67,610
15 OMS - Front Desk Svcs	\$70,671	0%	\$0	100%	\$70,671
16 ProgramExpense	\$20,680	0%	\$0	100%	\$20,680
17 Telephone	\$23,000	0%	\$0	100%	\$23,000
18 Training	\$10,000	0%	\$0	100%	\$10,000
19 Contract Labor (Psychiatry)	\$25,000	0%	\$0	100%	\$25,000
20 Indirect	\$151,126	0%	\$0	100%	\$151,126
SUBTOTAL B:	\$604,489		\$0		\$604,489
GROSS TOTAL STAFFING AND OPERATING COSTS					\$1,525,000

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2021 - 2022

Contractor Name: South Coast Community Services

Provider #

Contract/RFQ# 16-406 A-3

Address: 27261 Las Ramblas, Suite 220

Mission Viejo, CA 92391

Date Form Completed: 4/6/2021

Prepared by: Gil Garcia

Title: Chief Financial Officer

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, 2021 - December 31, 2021 (6 month)

ITEM	Justification of Cost
1 Internal Database fee (26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising/Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Dues&Publications	This line item is professional dues and periodical publications which are necessary for the functioning of the program, to keep up-to-date on Wraparound techniques and processes, for example, membership in the Wraparound Institute.
4 Facility/Lease/Rental	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, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest deferring factor of how much space is utilized is the number of staff requiring office space for each program.
5 EMR 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. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
6 General Liability Insurance	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability, Automobile Liability including coverage for owned, non-owned, and hired vehicles, Employer's Liability, Professional Liability, Sexual Misconduct Liability, Cyber Liability, Network Security & Privacy Liability.
7 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
8 Leased Vehicles	Used to lease vehicles to reduce the cost of mileage. These vehicles will be used to serve clients outside of the contracted regions and to transport teams of staff to a clients location.
9 Mileage	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$0.20 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
10 Computer & Equipment Exp.	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. We used Actual Cost as our cost basis. Items are leased spread over the life of the contract.
11 Furniture	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
12 Office Expense	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.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$365 per supported user (direct service provider) per month.
16 Program Expense	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.
17 Telephone	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.
18 Training	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.
19 Contract Labor (Psychiatry)	By law, doctors may not be employees of a non-doctor-owned entity. Doctors are not subcontractors to our contract. They are contract labor, providing psychiatric services to our clients.
20 Indirect	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 OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 12% of direct program costs to provide for administrative support and will not exceed 15% of direct program costs. These costs include such departments as Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

Contractor Name:	South Coast Community Services
Provider #	
Contract/RFP#	16-406 A-3
Address:	27261 Las Ramblas , Suite 220 Mission Viejo, CA 92391
Form Completed:	
Date Form Revised:	4/6/2021

Page 4 of 4