

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

**Contract Number****18-345-A-3****SAP Number****4400008351**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Jesus Maciel
<b>Telephone Number</b>	909-388-0887
<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>	July 1, 2018 – September 30, 2024
<b>Original Contract Amount</b>	\$56,807,677
<b>Amendment Amount</b>	\$2,589,369
<b>Total Contract Amount</b>	\$59,397,046
<b>Cost Center</b>	9203212200

THIS AMENDMENT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Desert Mountain Children's Center referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 18-345** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for 0-5 Comprehensive Treatment Services (CTS): Screening, Assessment, Referral and Treatment (SART) and Early Intervention and Identification Services (EIS), which Contract first became effective July 1, 2018, the following changes are hereby made and agreed to:

- I. ARTICLE IV FUNDING AND BUDGETARY RESTRICTIONS, paragraphs E, and K are hereby amended, and paragraph L is hereby added to read as follows:
  - E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.

- K. The Contract amendment amount of \$2,589,369 shall increase the total contract amount from \$56,807,677 to \$59,397,046 for the contract term.
- L. The allowable funding sources for this Contract may include: the Children and Families Commission for San Bernardino County (First 5), Federal Financial Participation Medi-Cal, Mental Health Services Act Prevention and Early Intervention funds, and matching funds from Desert Mountain Special Education Local Planning Area (DMSELPA), up to \$117,448.

II. ARTICLE VI REIMBURSEMENT TO COUNTY OF SAN BERNARDINO, paragraph A is hereby amended to read as follows.

- A. The maximum amounts of reimbursement to the county for the department’s match for the EPSDT Medi-Cal under this Contract shall not exceed the amount listed in the table below and shall be subject to availability of funds to Contractor. The consideration to be paid to County, as provided herein, shall be in full payment of the Agency Match for all EPSDT Medi-Cal Services.

Fiscal Year	Agency Match	Total
FY 2018-19	\$552,169	\$552,169
FY 2019-20	\$552,169	\$552,169
FY 2020-21	\$552,169	\$552,169
FY 2021-22	\$552,169	\$552,169
FY 2022-23	\$552,169	\$552,169
FY 2023-24	\$552,169	\$552,169
FY 2024-25	\$117,448	\$117,448
	\$3,430,462	\$3,430,462

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

- A. The term of this Agreement shall be from July 1, 2018, through September 30, 2024 inclusive.

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

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

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

- M. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor's proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Contract.

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

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

- IV. This amendment hereby adds Schedules A and B for FY 2024/25. All previously approved schedules remain in effect.
- V. This amendment hereby adds ATTACHMENT III "Campaign Contribution Disclosure Form" (SB 1439).

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

VI. All other terms, conditions and covenants in Contract No. 18-345 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.

ADMINISTRATIVE AGENT REVIEW AND ACCEPTANCE

Date: 6/25/2024  
By: [Signature]

Authorized Signature  
Name, Title, Department  
SAN BERNARDINO COUNTY  
SUPERINTENDENT OF SCHOOLS,  
Administrative Agent for the Desert Mountain  
Children's Center

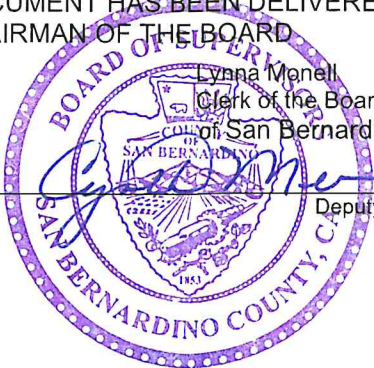
SAN BERNARDINO COUNTY

[Signature]

Dawn Rowe, Chair, Board of Supervisors

Dated: JUN 25 2024

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



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

By: [Signature]  
Deputy

Desert Mountain Children's Center

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

By: [Signature]  
Jennifer Sutton  
(Authorized signature - sign in blue ink)

Name Jennifer Sutton  
(Print or type name of person signing contract)

Title Operations Officer  
(Print or Type)

Dated: 6/18/2024  
17800 Highway 18

Address Apple Valley, CA. 92307

FOR COUNTY USE ONLY

Approved by Equal Form  
[Signature]  
Dawn Martin, Deputy County Counsel  
Date 6/18/2024

Reviewed for Contract Compliance  
[Signature]  
Ellayna Hoatson, Contracts Supervisor  
Date 6/18/2024

Reviewed/Approved by Department  
[Signature]  
Georgina Yoshioka, Director  
Date 6/18/2024





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

**FY 2024 - 2025**

Contractor Name: **Desert Mountain Children's Center**  
 Provider RU# **36CGE**  
 Contract/RFP# **22-148**  
 Address: **17800 Highway 18**  
**Apple Valley, CA 92307**

Prepared by: **Thomas Flores**  
 Title: **Manager, Fiscal Services**

Date Form Completed: **4/30/2024**

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

**July 1, 2024 - September 30, 2024**

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 Materials	\$450	0%	\$0	100%	\$450
2 Supplies	\$525	0%	\$0	100%	\$525
3 Equipment and Furniture	\$506	0%	\$0	100%	\$506
4 Computer Maintenance	\$19,791	0%	\$0	100%	\$19,791
5 Mileage and Phone Stipends	\$6,868	0%	\$0	100%	\$6,868
6 Staff Development	\$1,738	0%	\$0	100%	\$1,738
7 Utilities	\$1,786	0%	\$0	100%	\$1,786
8 Rent and Lease Building	\$5,578	0%	\$0	100%	\$5,578
9 Rent and Lease Equipment	\$1,126	0%	\$0	100%	\$1,126
10 Maintenance and Repairs	\$1,369	0%	\$0	100%	\$1,369
11 Dues and Subscriptions	\$175	0%	\$0	100%	\$175
12 Professional Services	\$5,550	0%	\$0	100%	\$5,550
13 Other Services	\$1,921	0%	\$0	100%	\$1,921
14 Indirect Cost	\$55,043	0%	\$0	100%	\$55,043
15		100%	\$0		\$0
55		100%	\$0		\$0
<b>SUBTOTAL B:</b>	<b>\$102,426</b>		<b>\$0</b>		<b>\$102,426</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$783,126</b>

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

Contractor Name: **Desert Mountain Children's Center**  
 Provider RU# **36CGE**  
 Contract/RFP# **22-148**  
 Address: **17800 Highway 18**  
**Apple Valley, CA 92307**

Prepared by **Thomas Flores**  
 Title **Manager, Fiscal Services**

Date Form Completed: **4/30/2024**

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

**July 1, 2024 - September 30, 2024**

ITEM	Justification of Cost
1	<b>Materials</b> The costs for materials include direct services, incentives, food for community events, and other items used to facilitate various therapies and other supports to clients, family members, and caregivers including goods, services, and other items necessary for daily living.
2	<b>Supplies</b> The costs for supplies include general program support and other items necessary for daily living related to operating the program.
3	<b>Equipment and Furniture</b> The costs include office equipment, printers, copiers, and furniture related to operating the program.
4	<b>Computer Maintenance</b> Computers, software, peripherals, and other related expenses. costs for use and support of various software programs, information technology network user fees.
5	<b>Mileage and Phone Stipends</b> Mileage paid to staff traveling for service and business related purposes. mileage paid at standard IRS mileage rate and cell phone stipends paid according to policy.
6	<b>Staff Development</b> These costs include training services providers, administrators, and support staff.
7	<b>Utilities</b> Natural gas, electricity, water services, professional cleaning, waste disposal, pest control, cable, telephone service, and other related expenses. the amount was computed based on historical trend analysis.
8	<b>Rent and Lease Building</b> 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.
9	<b>Rent and Lease Equipment</b> Equipment leases are calculated based on FTE servicing this program. total equipment cost times the program FTE percentage is the amount charged to the program.
10	<b>Maintenance and Repairs</b> These costs include maintenance and related costs for buildings and equipment. we used historical costs to approximate costs and then direct charge actuals to this program.
11	<b>Dues and Subscriptions</b> These costs include board approved organizational and individual memberships.
12	<b>Professional Services</b> These costs include general services for administrative or instructional purposes provided by an outside vendor for additional support.
13	<b>Other Services</b> These costs include jet mail and warehouse delivery services, postage, duplication services and imprinted promotional items.
14	<b>Indirect Cost</b> An indirect cost rate is set by the California Department of Education. The state approved indirect cost rate for fiscal year 2024/25 is 7.56% and is 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 rate is well below the county maximum of 15%.
15	
55	

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

Contractor Name: Desert Mountain Children's Center  
 Provider RU#: 36CGE  
 Contract/RFP#: 22-148  
 Address: 17800 Highway 18  
 Apple Valley, CA 92307  
 Date Form Completed: 4/30/2024  
 Date Form Revised:

**Productivity Expectation: 60%**  
 CM Rate per Min. \$2.24    MHS Rate/Min \$3.05    MSS Rate/Min \$5.67    Crisis Rate/Min \$4.20  
 Agency Per Min Rates:

Target Cost Per Unit of Service \$0.57    \$0.78    \$1.45    \$1.07

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management and ICC (01-09)	Projected Revenue Generated by Service Type					Clients Served			
				Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	Monthly Census	
Jul-22	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5	25	18	607	600
Aug-22	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5	63	55	615	615
Sep-22	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5	103	61	657	657
Oct-22	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
Nov-22	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
Dec-22	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
Jan-23	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
Feb-23	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
Mar-23	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
Apr-23	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
May-23	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
Jun-23	59,740	15.11	\$3,340	\$41,971	\$5	\$5	\$5	\$5			657	657
<b>TOTAL</b>	<b>716,876</b>		<b>\$40,077</b>	<b>\$503,651</b>	<b>\$57</b>	<b>\$57</b>	<b>\$57</b>	<b>\$57</b>	<b>191</b>	<b>134</b>	<b>791</b>	<b>791</b>
<b>Total Revenue</b>								<b>\$543,900</b>	<b>Unduplicated Clients Served</b>		<b>\$688</b>	
								<b>Estimated Cost Per Client:</b>		<b>\$688</b>		

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention		
70,062	646,721	40	53	716,876	
5839	53893	3	4	59740	
9	83	0	0	92	
0.15	1.38	0.00	0.00	1.53	

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

Avg Monthly Census	Expected Length of Program (months)
649	12

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

Desert Mountain Children's Center  
36CGE  
22-148  
17800 Highway 18  
Apple Valley, CA 92307  
4/30/2024

Contractor Name  
Provider RU #  
Contract/RFP#  
Address

Screening, Assessment, Referral, and Treatment (SART)

FY 2024 - 2025  
July 1, 2024 - September 30, 2024

Prepared by: Thomas Flores  
Title: Manager, Fiscal Services

Date Form Completed:  
Date Form Revised:

LINE #	MODE OF SERVICE	Early Intervention Services				Prevention Services				TOTAL
		15-Outpatient		45 - Outreach		60 - Client Support		Non-Medi-Cal Client Support		
	SERVICE FUNCTION	Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (51)	Medication Support (60)	Crisis Intervention (70)	Mental Health Promotion (10-19)	Community Client Services (20-29)	Client Flexible Support (72)	Non-Medi-Cal Client Support (78)
1	100% Distribution %	6.50%	86.47%	0.01%	0.01%	0.01%	5.00%	5.00%	0.00%	15.00%
1	100% Distribution %	6.50%	86.47%	0.01%	0.01%	0.01%	5.00%	5.00%	0.00%	15.00%
2	SALARIES	122,244	1,287,701	188	188	188	94,034	94,034	262,102	1,880,679
3	BENEFITS	57,353	604,153	88	88	88	44,118	44,118	132,354	882,362
4	OPERATING EXPENSES	179,598	1,851,854	276	276	276	138,152	138,152	414,456	2,763,041
5	TOTAL EXPENSES (2+3+4)	353,044	3,743,708	552	552	552	276,304	276,304	811,912	5,493,142
6	AGENCY REVENUES	214,902	2,263,743	331	331	331	165,309	165,309	0	495,927
7	PATIENT FEES									0
8	PATIENT INSURANCE									0
9	MEDI-CARE									0
10	GRANT/OTHER	83,807	882,810	129	129	129	64,467	64,467	193,401	1,289,338
11	TOTAL AGENCY REVENUES (6+7+8+9)	83,807	882,810	129	129	129	64,467	64,467	193,401	1,289,338
12	CONTRACT AMOUNT (5-10)	131,095	1,380,933	202	202	202	100,842	100,842	302,527	2,016,844
13	FUNDING	58,611	617,401	90	90	90				676,282
14	MEDI-CAL (FFP)	10,179	107,222	16	16	16				117,448
15	Agency Match Funds (if applicable)	48,432	510,178	75	75	75				558,834
16	PEI Matching Funds (BHSAs)	10,404	109,559	16	16	16	75,632	75,632	0	489,210
17	Prevention & Early Intervention (Non-MediCal)	3,468	36,553	5	5	5	25,211	25,211	0	75,632
18	FIRST-5 (Non-Medi-Cal)	131,095	1,380,933	202	202	202	100,842	100,842	0	302,527
19	NET COUNTY FUNDS (Local Cost)	0	0	0	0	0	0	0	0	0
20	STATE FUNDING (including Realignment)	62,305	656,310	96	96	96	100,842	100,842	0	302,527
21	FEDERAL FUNDING	58,611	617,401	90	90	90	0	0	0	676,282
22	TOTAL FUNDING	131,095	1,380,933	202	202	202	100,842	100,842	0	302,527
23	TARGET COST PER UNIT OF SERVICE	\$ 0.52	\$ 0.71	\$ 0.71	\$ 1.32	\$ 0.72				2,016,844
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	250,672	1,942,137	284	284	280				2,193,526

APPROVED: *Pamela Bender* May 6, 2024 DATE: May 6, 2024 DATE: May 6, 2024  
 PROVIDER AUTHORIZED SIGNATURE: Anthony Altamirano (May 6, 2024 07:41 PDT) DBH FISCAL SERVICES DBH PROGRAM MANAGER  
 DBH PROGRAM MANAGER: Allison Cunningham, LCSW, SPMT  
 DBH FISCAL SERVICES DBH PROGRAM MANAGER

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Pamela Bender  
 DBH PROGRAM MANAGER (PRINT NAME): Allison Cunningham

PREPARED BY: DBH FISCAL SERVICES

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 - September 30, 2024

(3 months)

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

CONTRACTOR NAME: Desert Mountain Children's Center

Name	Degree/ License	Position Title	If Start Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C (1)	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services (3 months)	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services (3 months)	Total Benefits Charged to Contract Services (3 months)
EG157	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	108,911	50,795	159,706	85%	33,938		23,144	10,794
EG018	LMFT OR LCSW	BHC SUPERVISOR	Y	D	192,760	82,440	275,200	5%	3,440		2,410	1,031
EG202	LMFT OR LCSW	BHC SUPERVISOR	Y	D	183,580	78,050	261,600	2%	1,308		918	390
EG227		D/M CHILDREN'S SER	N	D	72,440	44,193	116,633	30%	8,747		5,433	3,315
EG143		OFFICE SPECIALIST	N	D	76,063	43,553	119,616	30%	8,971		5,705	3,267
EG069	LMFT OR LCSW	PROGRAM MANAGE	Y	D	205,100	84,950	290,050	2%	1,450		1,026	425
EG061		ACCOUNTING TECH	N	D	90,520	49,710	140,230	10%	3,508		2,263	1,243
EG093		ACCOUNTING TECH	N	D	90,518	49,894	140,412	65%	22,817		14,709	8,108
EG155	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	115,328	57,860	173,185	100%	43,296		28,831	14,465
EG138	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	109,862	56,100	165,962	100%	41,491		27,466	14,025
EG141	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	111,972	55,008	166,980	100%	41,745		27,466	14,025
EG147	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	113,111	57,096	170,207	100%	42,552		28,278	14,274
EG153	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	108,362	55,438	163,800	100%	40,950		27,091	13,860
EG207	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	120,351	59,437	179,788	100%	44,947		30,088	14,859
EG226	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	113,611	57,294	170,905	100%	42,726		28,403	14,324
EG237	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	109,862	41,107	150,969	100%	37,742		27,466	10,277
EG231	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	111,972	56,568	168,540	100%	42,135		27,993	14,142
EG234	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	109,862	54,333	164,197	100%	41,049		27,466	13,584
EG405	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	186,225	80,207	266,432	100%	66,608		46,556	20,052
EG092	MFT/LMFT/LCSW/MS/BS/BA	BH-C1	Y	D	155,092	70,433	225,527	100%	56,382		38,773	17,609
EG043	LMFT OR LCSW	BHC SUPERVISOR	Y	D	173,166	73,675	246,841	67%	41,346		29,005	12,341
EG201	LMFT OR LCSW	BHC SUPERVISOR	Y	D	181,506	78,911	260,507	76%	49,496		34,503	14,993
EG202	LMFT OR LCSW	BHC SUPERVISOR	Y	D	183,540	78,027	261,567	48%	31,388		22,025	9,363
EG203	LMFT OR LCSW	BHC SUPERVISOR	Y	D	183,539	79,314	262,853	100%	65,713		45,885	19,829
TBE		BHC SUPERVISOR	Y	D	173,166	73,688	246,854	100%	61,714		43,292	18,422
		D/M CHILDREN'S SERVICES SPECIALIST				47,808	131,769	100%	32,942		20,990	11,952
EG726		DIRECTOR	N	D	83,961		307,640	30%	23,073		16,319	6,754
EG004		EMCC MANAGER	N	D	217,587	90,053	153,780	15%	5,767		4,200	1,567
EG164		EMCC MANAGER	N	D	111,993	41,782	161,974	15%	6,074		4,011	2,063
EG970		INTERVENTION SPECIALIST	Y	D	106,967	55,007	148,616	100%	37,154		24,176	12,979
EG167		INTERVENTION SPECIALIST	Y	D	96,702	51,914	133,659	100%	33,415		24,176	9,239
EG170		INTERVENTION SPECIALIST	Y	D	96,702	36,957	150,214	80%	30,043		19,611	10,432
EG171		INTERVENTION SPECIALIST	Y	D	98,056	52,158	137,669	100%	34,417		22,563	11,835
EG192		INTERVENTION SPECIALIST	Y	D	90,331	47,538	135,692	100%	33,923		22,208	11,715
EG194		INTERVENTION SPECIALIST	Y	D	88,831	46,861	140,814	100%	35,204		23,027	12,176
EG199		INTERVENTION SPECIALIST	Y	D	92,169	48,705	130,010	100%	32,503		23,487	9,016
EG103		INTERVENTION SPECIALIST	Y	D	93,946	36,064	150,216	100%	37,554		24,514	13,040
EG504		INTERVENTION SPECIALIST	Y	D	98,056	52,160						

EG509	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	96,742	51,956	148,652	100%	37,163	24,176	12,988
EG515	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	92,109	50,453	142,562	100%	35,641	23,027	12,613
EG522	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	88,831	46,861	135,692	100%	33,923	22,208	11,715
EG528	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	93,946	49,311	143,257	100%	35,814	23,487	12,328
EG535	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	92,109	50,230	142,339	100%	35,585	23,027	12,558
EG536	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	92,446	50,582	143,028	100%	35,757	23,112	12,646
EG550	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	93,946	36,064	130,010	100%	32,503	23,487	9,016
EG554	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	90,609	34,983	125,592	100%	31,398	22,652	8,746
EG555	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	93,946	51,059	145,005	100%	36,251	23,487	12,765
EG562	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	92,446	50,561	143,007	100%	35,752	23,112	12,640
EG564	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	95,202	51,422	146,624	100%	36,656	23,801	12,856
EG566	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	92,446	50,287	142,733	100%	35,663	23,112	12,572
EG569	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	90,609	35,019	125,628	100%	31,407	22,652	8,755
EG575	MFT/MLT/LCSW/MS/BS/BA	INTERVENTION SPECIALIST	Y	D	92,446	48,798	141,244	100%	35,311	23,112	12,200
EG700	BA OR BS	MANAGER, FISCAL SERVICES	N	D	146,566	67,737	214,303	35%	18,752	12,825	5,927
EG954		OFFICE SPECIALIST II	N	D	76,063	45,162	121,225	100%	30,306	19,016	11,291
EG242		OFFICE SPECIALIST II	N	D	72,441	44,195	116,636	100%	29,159	18,110	11,049
EG246		OFFICE SPECIALIST II	N	D	59,457	37,478	96,935	60%	14,540	8,919	5,622
EG247		OFFICE SPECIALIST II	N	D	67,181	27,528	94,709	100%	23,677	16,795	6,882
EG248		OFFICE SPECIALIST II	N	D	72,440	44,180	116,620	30%	8,747	5,433	3,314
EG030		OFFICE SPECIALIST III	N	D	89,033	49,270	138,303	30%	10,373	6,678	3,695
EG823		OUTREACH SPECIALIST	Y	D	87,756	49,054	136,810	70%	23,942	15,357	8,585
N/A		PEDIATRIC NEURODEVELOPMENTAL PSYCHOLOGIST	Y	C			0	75%	0	0	0
N/A		PEDIATRICIAN	Y	C			0	75%	0	0	0
EG069	DMFT OR LCSW	PROGRAM MANAGER	Y	D	205,116	84,944	290,060	85%	61,638	43,587	18,051
EG116		PSYCHOLOGIST	Y	D	164,846	57,794	222,640	100%	55,660	41,212	14,449
EG160		RESEARCH ANALYST	N	D	153,992	70,084	224,076	25%	14,005	9,625	4,380
EG952		SENIOR FISCAL CLERK	N	D	61,651	38,176	99,827	100%	24,957	15,413	9,544
EG109		STUDENT WORKER	N	D	18,200	1,838	20,058	100%	5,015	4,550	465
EG111		STUDENT WORKER	N	D	17,680	3,315	20,995	100%	5,249	4,420	829
EG102		STUDENT WORKER	N	D	17,680	1,805	19,485	100%	4,871	4,420	451
EG106		STUDENT WORKER	N	D	17,680	3,315	20,995	100%	5,249	4,420	829

EG#	CLASSIFICATION	POSITION TITLE	N	D	17,680	1,805	19,485	100%	4,871	4,420	451
EG215	MFT/LMFT/LCSW/MSES/BA	STUDENT WORKER BHC I	Y	D	138,450	64,991	203,441	100%	50,860	34,613	16,248
EG549	MFT/LMFT/LCSW/MSES/BA	INTERVENTION SPECIALIST	Y	D	92,109	50,453	142,562	100%	35,641	23,027	12,613
EG049		OFFICE SPECIALIST II	N	D	68,970	43,053	112,023	30%	8,402	5,173	3,229
EG820		OUTREACH SPECIALIST	Y	D	95,406	51,476	146,882	70%	25,704	16,696	9,008
N/A		PEDIATRIC NEURODEVELOPME NTAL PSYCHOLOGIST	Y	C			0	25%	0	0	0
N/A		PEDIATRIC PROGRAM MANAGER	Y	C			0	25%	0	0	0
EG069	LMFT OR LCSW	MANAGER	Y	D	205,133	84,933	290,066	3%	2,175	1,539	637
EG755	MS/BA/BS/AA/RN	CLINICAL NURSE	Y	D	111,611	56,654	168,265	100%	42,066	27,903	14,164
EG756	MS/BA/BS/AA/RN	CLINICAL NURSE	Y	D	127,295	61,607	188,902	100%	47,226	31,824	15,402
EG757	MS/BA/BS/AA/RN	CLINICAL NURSE	Y	D	136,950	64,715	201,665	100%	50,416	34,238	16,179
EG758	MS/BA/BS/AA/RN	CLINICAL NURSE	Y	D	125,497	61,020	186,517	100%	46,629	31,374	15,255
EG043	LMFT OR LCSW	BHC SUPERVISOR	Y	D	174,665	74,135	248,800	20%	12,440	8,733	3,707
EG201	LMFT OR LCSW	BHC SUPERVISOR	Y	D	181,600	78,889	260,489	9%	5,861	4,086	1,775
EG682	MFT/LMFT/LCSW/MSES/BA	PROGRAM SPECIALIST	Y	D	178,790	62,287	241,077	100%	60,269	44,698	15,572
EG683	MFT/LMFT/LCSW/MSES/BA	PROGRAM SPECIALIST	Y	D	166,899	59,680	226,459	100%	56,615	41,702	14,913
EG132	OTR I	SCHOOL OCCUPATIONAL THERAPIST II	Y	D	171,761	75,642	247,403	100%	61,851	42,940	18,911
EG404	OTR I	SCHOOL OCCUPATIONAL THERAPIST II	Y	D	157,028	67,780	224,808	100%	56,202	39,257	16,945
EG405	OTR I	SCHOOL OCCUPATIONAL THERAPIST II	Y	D	161,963	57,626	219,589	100%	54,897	40,491	14,407
TBE	OTR I	SCHOOL OCCUPATIONAL THERAPIST II	Y	D	157,028	70,647	227,675	100%	56,919	39,257	17,662
N/A		PSYCHIATRIST	Y	C			0	100%	0	0	0
<b>TOTAL</b>										1,860,679	862,352
<b>COST:</b>										2,763,041	

TOTAL COST: 2,763,041

\*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services  
**Detail of Fringe Benefits:** Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

**(1) Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position**  
 Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) - (4)

**(2) Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.**

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

FY 2024 - 2025

Contractor Name: Desert Mountain Children's Center  
 Provider RU# 36CGE  
 Contract/RFP# 22-148  
 Address: 17800 Highway 18  
Apple Valley, CA 92307

Prepared by: Thomas Flores  
 Title: Manager, Fiscal Services

Date Form Completed: 4/30/2024

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

**July 1, 2024 - September 30, 2024**

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 Materials	\$919	0%	\$0	100%	\$919
2 Supplies	\$5,700	0%	\$0	100%	\$5,700
3 Equipment and Furniture	\$1,725	0%	\$0	100%	\$1,725
4 Computer Maintenance	\$85,176	0%	\$0	100%	\$85,176
5 Mileage and Phone Stipends	\$13,427	0%	\$0	100%	\$13,427
6 Staff Development	\$9,925	0%	\$0	100%	\$9,925
7 Utilities	\$7,933	0%	\$0	100%	\$7,933
8 Rent and Lease Building	\$19,727	0%	\$0	100%	\$19,727
9 Rent and Lease Equipment	\$4,971	0%	\$0	100%	\$4,971
10 Maintenance and Repairs	\$4,838	0%	\$0	100%	\$4,838
11 Dues and Subscriptions	\$350	0%	\$0	100%	\$350
12 Professional Services	\$148,554	0%	\$0	100%	\$148,554
13 Other Services	\$7,517	0%	\$0	100%	\$7,517
14 Indirect Cost	\$232,380	0%	\$0	100%	\$232,380
15		100%	\$0		\$0
16		100%	\$0		\$0
54		100%	\$0		\$0
55		100%	\$0		\$0
<b>SUBTOTAL B:</b>	<b>\$543,142</b>		<b>\$0</b>		<b>\$543,142</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$3,306,183</b>

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

Contractor Name Desert Mountain Children's Center  
 Provider RU# 36CGE  
 Contract/RFP# 22-148  
 Address 17800 Highway 18  
Apple Valley, CA 92307  
 Date Form Completed 4/30/2024

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.**

**July 1, 2024 - September 30, 2024**

ITEM	Justification of Cost
1 Materials	The costs for materials include direct services, incentives, food for community events, and other items used to facilitate various therapies and other supports to clients, family members, and caregivers including goods, services, and other items necessary for daily living.
2 Supplies	The costs for supplies include general program support and other items necessary for daily living related to operating the program
3 Equipment and Furniture	The costs include office equipment, printers, copiers, and furniture related to operating the program.
4 Computer Maintenance	Computers, software, peripherals, and other related expenses. Costs for use and support of various software programs, information technology network user fees
5 Mileage and Phone Stipends	Mileage paid to staff traveling for service and business related purposes. Mileage paid at standard IRS mileage rate and cell phone stipends paid according to policy.
6 Staff Development	These costs include training services providers, administrators, and support staff.
7 Utilities	Natural gas, electricity, water services, professional cleaning, waste disposal, pest control, cable, telephone service, and other related expenses. The amount was calculated based on historical trend analysis combined with current year actuals.
8 Rent and Lease Building	Classroom and building leases are calculated based on fee servicing this program. Total rent/building cost times the program FTE percentage is the amount charged to the program for each region.
9 Rent and Lease Equipment	Equipment leases are calculated based on FTE servicing this program. Total equipment cost times the program fee percentage is the amount charged to the program.
10 Maintenance and Repairs	These costs include maintenance and related costs for buildings and equipment. We used historical costs combined with current year actual to compute the cost.
11 Dues and Subscriptions	These costs include board approved organizational and individual memberships.
12 Professional Services	These costs include general services for administrative or instructional purposes provided by an outside vendor, including a psychologist by point quest, audiology services by pacific hearing services, psychiatric services by Dr. Edhere, psychiatric and pediatric services by Jackson & Coker, and translation services by Asian American Resource Center, for additional program support.
13 Other Services	These costs include jet mail and warehouse delivery services, postage, duplication services and imprinted promotional items.
14 Indirect Cost	An indirect cost rate is set by the California Department of Education. The rate for fiscal year 2024/25 is 7.56% and is 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 rate is well below the county maximum of 15%.
15	
54	
55	

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

Contractor Name: Desert Mountain Children's Center  
 Provider # 36CGE  
 Contract/RFP# 22-148  
 Address: 17800 Highway 18  
 Apple Valley, CA 92307  
 Date Form Completed: 4/30/2024  
 Date Form Revised:

**Productivity Expectation: 60%**  
 Agency Per Min Rates: CM Rate per Min \$4.06 MHS Rate/Min \$5.52 MSS Rate/Min \$10.26 Crisis Rate/Min \$5.59

Target Cost Per Unit of Service \$0.52 \$0.71 \$1.32 \$0.72

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management and ICC (01-09)	Projected Revenue Generated by Service Type					Clients Served		
				Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	1350 Monthly Census
Jul-22	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17	41	32	1,359
Aug-22	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17	107	96	1,370
Sep-22	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17	182	113	1,439
Oct-22	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
Nov-22	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
Dec-22	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
Jan-23	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
Feb-23	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
Mar-23	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
Apr-23	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
May-23	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
Jun-23	182,794	58.22	\$10,925	\$115,078	\$17	\$17	\$17	\$17			1,439
TOTAL	2,193,525		\$131,095	\$1,380,933	\$202	\$202	\$202	\$202	330	241	1,680
<b>Total Revenue</b>								<b>\$1,512,633</b>	<b>Unduplicated Clients Served</b>		<b>1,680</b>
<b>Estimated Cost Per Client:</b>										<b>\$900</b>	

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention		
250,672	1,942,420	153	280		2,193,525
20889	161868	13	23		182794
15	113	0	0		128
0.24	1.89	0.00	0.00		2.14

Total Minutes of Services

Total Monthly Minutes of Services (Average)

Dosage (minutes) per client per month

Dosage (hours) per client per month

**Total Hours Per Unduplicated Client for Duration of the Program: 38.44**

Avg Monthly Census	1,427
Expected Length of Program (months)	18



## ATTACHMENT III

# Campaign Contribution Disclosure (SB 1439)

### **DEFINITIONS**

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

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

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

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

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

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

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

1. Name of Contractor: 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	N/A

6. Name of agent(s) of Contractor:

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

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

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

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

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

Name of Contributor: \_\_\_\_\_

Date(s) of Contribution(s): \_\_\_\_\_

Amount(s): \_\_\_\_\_

Please add an additional sheet(s) to identify additional Board Members/County elected officer to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.