



**Contract Number**

25-170 A-3

**SAP Number**

4400027913

## Department of Behavioral Health

<b>Department Contract Representative</b>	Shane Hibbard-Miller
<b>Telephone Number</b>	(909) 386-8264
<b>Contractor</b>	South Coast Children's Society, Inc., dba South Coast Community Services
<b>Contractor Representative</b>	Ellen McGuirk
<b>Telephone Number</b>	(909) 222-8128
<b>Contract Term</b>	April 1, 2025, through December 31, 2027
<b>Original Contract Amount</b>	\$15,751,925
<b>Amendment Amount</b>	\$ 4,654,827
<b>Total Contract Amount</b>	\$20,406,752
<b>Cost Center</b>	9203242200
<b>Grant Number (if applicable)</b>	21MH5OAC027

### IT IS HEREBY AGREED AS FOLLOWS:

#### **AMENDMENT NO. 3:**

San Bernardino County (County) and South Coast Children's Society, Inc., dba South Coast Community Services (Contractor) hereby agree to amend Contract No. 25-170 A-2 as follows:

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

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

F. Data Collection and Performance Outcome Requirements

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

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

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

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

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

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

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

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

- IV. ARTICLE V Funding and Budgetary Restrictions, paragraph I, is hereby amended to read as follows:
- I. The contract amendment amount of \$4,654,827 shall increase the total contract amount from \$15,751,925 to \$20,406,752 for the contract term.
- V. ARTICLE VI Provisional Payment, paragraph N, is hereby amended to read as follows:
- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, and/or Behavioral Health Services Act funds, signed into law on March 1, 2024, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA/BHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA/BHSA. Contractor will be required to reimburse funds to the County.
- VI. ARTICLE XIV Duration and Termination, paragraph A, is hereby amended to read as follows:
- A. The term of this Agreement shall be from April 1, 2025, through December 31, 2027, inclusive.
- VII. ARTICLE XV Accountability: Revenue, paragraph A, is hereby deleted.
- VIII. SCHEDULE A Planning Estimates FY 2025-26 through 2027-28 and SCHEDULE B Program Budget FY 2025-26 through 2027-28 are hereby added as attached.
- IX. Effective July 1, 2026, ADDENDUM II Description of Program Services for the provision of School-Aged Treatment Services (SATS) is hereby deleted.
- X. ATTACHMENT IV Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) is hereby deleted and replaced with Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) as attached.
- XI. Exhibit 1 CalAIM Payment Reform Rate Schedule is hereby added as attached.

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

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

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

SAN BERNARDINO COUNTY

South Coast Children's Society, Inc., dba South Coast Community Services  
*(Print or type name of corporation, company, contractor, etc.)*

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

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

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

Name Ellen McGuirk  
*(Print or type name of person signing contract)*

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD  
Lynna Monell  
Clerk of the Board of Supervisors of San Bernardino County

Title Chief Executive Officer  
*(Print or Type)*

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

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

Address 1461 E. Cooley, Ste 100  
Colton, CA 92324

**FOR COUNTY USE ONLY**

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

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

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

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	South Coast Children's Society, Inc.
RU #	SAP-E
Contract # / RFP #	RFP DBH 22-149
Address:	25910 Acero, Suite 160
City, State, Zip Code:	Mission Viejo, CA 92691
Date Form Completed:	5/1/2026
Prepared by:	Mark DaSilva
Title:	Controller

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

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

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	10.00%	65.00%	5.00%	20.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	62,609	406,956	31,304	125,217	626,086
3	BENEFITS	12,406	80,638	6,203	24,812	124,058
	(2+3 must equal total staffing costs)	75,014	487,594	37,507	150,029	750,144
4	OPERATING EXPENSES	33,566	218,177	16,783	67,131	335,657
5	TOTAL EXPENSES (2+3+4)	108,580	705,771	54,290	217,160	1,085,801
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	108,580	705,771	54,290	217,160	1,085,801
<b>FUNDING</b>						
12	MIX % MEDICAL (FFP) Share %	88.33%	50.00%			
13	MHS/BHSA	11.67%	80.00%			
14	MHS/BHSA Match					
	FUNDING TOTAL	108,580	705,771	54,290	217,160	1,085,801
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	60,626	394,067	54,290	217,160	726,143
17	FEDERAL FUNDING	47,954	311,704	0	0	359,658
	TOTAL FUNDING	108,580	705,771	54,290	217,160	1,085,801
18	TARGET COST PER UNIT OF SERVICE	\$4.56	\$4.56			
19	UNITS OF SERVICE	23,795	154,664			178,459

APPROVED:

<u>Steven Collins</u> Steven Collins (May 22, 2026 09:51:09 PDT)	05/22/2026	<u>Thelma Rodriguez</u> Thelma Rodriguez	05/22/2026	<u>Jeanine Wymer</u> Jeanine Wymer (May 22, 2026 15:18:00 PDT)	05/22/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Steven Collins		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

**Student Assistance Program (SAP)  
FY 2025-2026  
January 1, 2026 - June 30, 2026**

Prepared by: Mark DaSilva  
Title: Controller

Contractor Name: South Coast Children's Society, Inc.  
RU # SAP-E  
Contract # / RFP # RFP DBH 22-149  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/1/2026

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$29,586	0%	\$0	100%	\$29,586		29,586
2 Computer & Equipment	\$7,649	0%	\$0	100%	\$7,649		7,649
3 EHR Support Fees	\$9,660	0%	\$0	100%	\$9,660		9,660
4 Furniture Expense	\$1,505	0%	\$0	100%	\$1,505		1,505
5 Insurance Expense	\$5,390	0%	\$0	100%	\$5,390		5,390
6 Office Space / Occupancy	\$10,325	0%	\$0	100%	\$10,325		10,325
7 Program Expense	\$82,760	0%	\$0	100%	\$82,760		82,760
8 Telephone & Internet	\$7,315	0%	\$0	100%	\$7,315		7,315
9 Training & Training Travel	\$40,598	0%	\$0	100%	\$40,598		40,598
10 Transportation Expense	\$26,250	0%	\$0	100%	\$26,250		26,250
11 Admin & Indirect Expense	\$114,619	0%	\$0	100%	\$114,619		114,619
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
16		100%	\$0		\$0		0
17		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$335,657		\$0		\$335,657	0	335,657
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$1,085,800		

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 BUDGET NARRATIVE

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

Prepared by: Mark DaSilva  
 Title: Controller

Contractor Name: South Coast Children's Society, Inc.  
 RU # SAP-E  
 Contract # / RFP # RFP DBH 22-149  
 Address: 25910 Acero, Suite 160  
 City, State, Zip Code: Mission Viejo, CA 92691  
 Date Form Completed: 5/12/2026

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

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. This cost includes initial and ongoing training of all our personnel.
2 Computer & Equipment	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
3 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.
4 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
5 Insurance Expense	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.
6 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
7 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.
8 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.
9 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.
10 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.725 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
11 Admin & Indirect Expense	Allowable indirect general and administrative costs are costs that benefit all programs and cannot be identified to a specific program. These costs are pooled and allocated to programs, grants, cost centers, etc. based on the ratio of direct costs for each program or activity to total direct costs. Indirect cost is budgeted at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of
12	
13	
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16	
17	

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

21.65%  
Rate Per Minute

Mode 15			
	CM&CC (01-09)	MHS (10-50)	
Weighted Rate	Weighted Rate	Weighted Rate	
\$	4.56	\$ 4.56	

Contractor Name: South Coast Children's Society, Inc.  
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 Address: 25910 Acero, Suite 160  
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 Date Form Completed: 5/1/2026

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clients Served		
			Mode 15		Starting Census		250
			CM&CC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jan-26	29,743	16.24	18,097	117,628	35	35	0
Feb-26	29,743	16.24	18,097	117,628	35	35	0
Mar-26	29,743	16.24	18,097	117,628	35	35	0
Apr-26	29,743	16.24	18,097	117,628	35	35	0
May-26	29,743	16.24	18,097	117,628	35	35	0
Jun-26	29,743	16.24	18,097	117,628	35	35	0
<b>TOTAL</b>	<b>178,459</b>		<b>108,580</b>	<b>705,771</b>	<b>210</b>	<b>210</b>	<b>460</b>
			<b>Total Revenue</b>	<b>1,085,801</b>	<b>Unduplicated Clients Served</b>		<b>460</b>
					<b>Estimated Cost Per Client:</b>		<b>\$2,360</b>

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	23795	154664	<b>178459</b>
<b>Total Monthly Minutes of Services (Average)</b>	3966	25777	<b>29743</b>
<b>Dosage (minutes) per client per month</b>	0	0	<b>0</b>
<b>Dosage (hours) per client per month</b>	0.00	0.00	<b>0.00</b>

0.00

Avg Monthly Census	Expected Length of Program (months)
0	6.00

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

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RU #	SAP-E
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Prepared by:	Mark DaSilva
Title:	Controller

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

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

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	10.00%	65.00%	5.00%	20.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	125,217	813,911	62,609	250,434	1,252,171
3	BENEFITS	24,812	161,275	12,406	49,623	248,115
	(2+3 must equal total staffing costs)	150,029	975,186	75,014	300,057	1,500,286
4	OPERATING EXPENSES	67,132	436,355	33,566	134,263	671,315
5	TOTAL EXPENSES (2+3+4)	217,160	1,411,541	108,580	434,320	2,171,601
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	217,160	1,411,541	108,580	434,320	2,171,601
<b>FUNDING</b>						
12	MIX % MEDICAL (FFP) Share %	88.33%	50.00%			
13	MHSA/BHSA	20,274	131,781	108,580	434,320	694,956
14	MHSA/BHSA Match	100,977	656,352			757,330
	FUNDING TOTAL	217,160	1,411,541	108,580	434,320	2,171,601
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	121,251	788,134	108,580	434,320	1,452,285
17	FEDERAL FUNDING	95,909	623,407	0	0	719,316
	TOTAL FUNDING	217,160	1,411,541	108,580	434,320	2,171,601
18	TARGET COST PER UNIT OF SERVICE	\$4.56	\$4.56			
19	UNITS OF SERVICE	47,589	309,329			356,918

APPROVED:

<i>Steven Collins</i>	05/22/2026	<i>Thelma Rodriguez</i>	05/22/2026	<i>Jeanine Wymer</i>	05/22/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Steven Collins		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

**Student Assistance Program (SAP)  
FY 2026-2027  
July 1, 2026 - June 30, 2027**

Prepared by: Mark DaSilva  
Title: Controller

Contractor Name: South Coast Children's Society, Inc.  
RU # SAP-E  
Contract # / RFP # RFP DBH 22-149  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/1/2026

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$59,171	0%	\$0	100%	\$59,171		59,171
2 Computer & Equipment	\$15,299	0%	\$0	100%	\$15,299		15,299
3 EHR Support Fees	\$19,320	0%	\$0	100%	\$19,320		19,320
4 Furniture Expense	\$3,010	0%	\$0	100%	\$3,010		3,010
5 Insurance Expense	\$10,780	0%	\$0	100%	\$10,780		10,780
6 Office Space / Occupancy	\$20,650	0%	\$0	100%	\$20,650		20,650
7 Program Expense	\$165,516	0%	\$0	100%	\$165,516		165,516
8 Telephone & Internet	\$14,630	0%	\$0	100%	\$14,630		14,630
9 Training & Training Travel	\$81,195	0%	\$0	100%	\$81,195		81,195
10 Transportation Expense	\$52,500	0%	\$0	100%	\$52,500		52,500
11 Admin & Indirect Expense	\$229,244	0%	\$0	100%	\$229,244		229,244
<b>SUBTOTAL B:</b>	\$671,315		\$0		\$671,315	0	671,315
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$2,171,601		

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

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

Contractor Name: South Coast Children's Society, Inc.  
 RU # SAP-E  
 Contract # / RFP # RFP DBH 22-149  
 Address: 25910 Acero, Suite 160  
 City, State, Zip Code: Mission Viejo, CA 92691  
 Date Form Completed: 5/1/2026

Prepared by: Mark DaSilva  
 Title: Controller

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

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. This cost includes initial and ongoing training of all our personnel.
2 Computer & Equipment	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
3 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.
4 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
5 Insurance Expense	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.
6 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
7 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.
8 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.
9 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.
10 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.725 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
11 Admin & Indirect Expense	Allowable Indirect general and administrative costs are costs that benefit all programs and cannot be identified to a specific program. These costs are pooled and allocated to programs, grants, cost centers, etc. based on the ratio of direct costs for each program or activity to total direct costs. Indirect cost is budgeted at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of

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

0.00%  
 Rate Per Minute

Mode 15	
CM&CC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 4.56	\$ 4.56

Contractor Name: **South Coast Children's Society, Inc.**  
 RU # **SAP-E**  
 Contract # / RFP # **RFP DBH 22-149**  
 Address: **25910 Acero, Suite 160**  
 City, State, Zip Code: **Mission Viejo, CA 92691**  
 Date Form Completed: **5/1/2026**

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clients Served		
			Mode 15		Starting Census		Monthly Census
			CM&CC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-26	29,743	16.24	18,097	117,628	35	35	250
Aug-26	29,743	16.24	18,097	117,628	35	35	250
Sep-26	29,743	16.24	18,097	117,628	35	35	250
Oct-26	29,743	16.24	18,097	117,628	35	35	250
Nov-26	29,743	16.24	18,097	117,628	35	35	250
Dec-26	29,743	16.24	18,097	117,628	35	35	250
Jan-27	29,743	16.24	18,097	117,628	35	35	250
Feb-27	29,743	16.24	18,097	117,628	35	35	250
Mar-27	29,743	16.24	18,097	117,628	35	35	250
Apr-27	29,743	16.24	18,097	117,628	35	35	250
May-27	29,743	16.24	18,097	117,628	35	35	250
Jun-27	29,743	16.24	18,097	117,628	35	35	250
<b>TOTAL</b>	<b>356,918</b>		<b>217,160</b>	<b>1,411,541</b>	<b>420</b>	<b>420</b>	
			<b>Total Revenue</b>	<b>2171601.00</b>	<b>Unduplicated Clients Served</b>		<b>670</b>
					<b>Estimated Cost Per Client:</b>	<b>\$0</b>	

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	47589	309329	<b>356918</b>
<b>Total Monthly Minutes of Services (Average)</b>	3966	25777	<b>29743</b>
<b>Dosage (minutes) per client per month</b>	16	103	<b>119</b>
<b>Dosage (hours) per client per month</b>	0.26	1.72	<b>1.98</b>

11.90

Avg Monthly Census	Expected Length of Program (months)
250	6.00

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	South Coast Children's Society, Inc.
RU #	SAP-E
Contract # / RFP #	RFP DBH 22-149
Address:	25910 Acero, Suite 160
City, State, Zip Code:	Mission Viejo, CA 92691
Date Form Completed:	5/4/2026
Prepared by:	Mark DaSilva
Title:	Controller

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

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

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	10.00%	65.00%	5.00%	20.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	62,609	406,956	31,304	125,217	626,086
3	BENEFITS	12,406	80,638	6,203	24,812	124,058
	(2+3 must equal total staffing costs)	75,014	487,594	37,507	150,029	750,144
4	OPERATING EXPENSES	33,566	218,177	16,783	67,131	335,657
5	TOTAL EXPENSES (2+3+4)	108,580	705,771	54,290	217,160	1,085,801
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	108,580	705,771	54,290	217,160	1,085,801
<b>FUNDING</b>						
12	MIX % MEDICAL (FFP) Share %	88.33%	50.00%			
13	MHS/BHSA	10,137	311,704	54,290	217,160	359,658
14	MHS/BHSA Match	50,489	65,891			347,478
	FUNDING TOTAL	108,580	328,176	54,290	217,160	378,665
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	60,626	394,067	54,290	217,160	726,143
17	FEDERAL FUNDING	47,954	311,704	0	0	359,658
	TOTAL FUNDING	108,580	705,771	54,290	217,160	1,085,801
18	TARGET COST PER UNIT OF SERVICE	\$4.56	\$4.56			
19	UNITS OF SERVICE	23,795	154,664			178,459

APPROVED:

<i>Steven Collins</i> Steven Collins (May 22, 2026 08:52:07 PDT)	05/22/2026	<i>Thelma Rodriguez</i> Thelma Rodriguez	05/22/2026	<i>Jeanine Wymer</i> Jeanine Wymer (May 22, 2026 15:20:07 PDT)	05/22/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Steven Collins		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

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

Prepared by: Mark DaSilva  
Title: Controller

Contractor Name: South Coast Children's Society, Inc.  
RU # SAP-E  
Contract # / RFP # RFP DBH 22-149  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/4/2026

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$29,586	0%	\$0	100%	\$29,586		29,586
2 Computer & Equipment	\$7,649	0%	\$0	100%	\$7,649		7,649
3 EHR Support Fees	\$9,660	0%	\$0	100%	\$9,660		9,660
4 Furniture Expense	\$1,505	0%	\$0	100%	\$1,505		1,505
5 Insurance Expense	\$5,390	0%	\$0	100%	\$5,390		5,390
6 Office Space / Occupancy	\$10,325	0%	\$0	100%	\$10,325		10,325
7 Program Expense	\$82,760	0%	\$0	100%	\$82,760		82,760
8 Telephone & Internet	\$7,315	0%	\$0	100%	\$7,315		7,315
9 Training & Training Travel	\$40,598	0%	\$0	100%	\$40,598		40,598
10 Transportation Expense	\$26,250	0%	\$0	100%	\$26,250		26,250
11 Admin & Indirect Expense	\$114,619	0%	\$0	100%	\$114,619		114,619
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
16		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$335,657		\$0		\$335,657	0	335,657
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$1,085,800		

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

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

South Coast Children's Society,  
Contractor Name: Inc.  
RU # SAP-E  
Contract #/ RFP # RFP DBH 22-149  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/4/2026

Prepared by: Mark DaSilva  
Title: Controller

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

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. This cost includes initial and ongoing training of all our personnel.
2 Computer & Equipment	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
3 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.
4 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
5 Insurance Expense	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.
6 Office Space / Occupancy	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.
7 Program Expense	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
8 Telephone & Internet	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.
9 Training & Training Travel	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.
10 Transportation Expense	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.
11 Admin & Indirect Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.725 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
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SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2027-2028  
July 1, 2027 - December 31, 2027

21.65%  
Rate Per Minute

Mode 15	
CM&CC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 4.56	\$ 4.56

Contractor Name: South Coast Children's Society, Inc.  
 RU # SAP-E  
 Contract # / RFP # RFP DBH 22-149  
 Address: 25910 A cero, Suite 160  
 City, State, Zip Code: Mission Viejo, CA 92691  
 Date Form Completed: 5/4/2026

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clients Served		
			Mode 15		Starting Census		Monthly Census
			CM&CC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-27	29,743	16.24	18,097	117,628	35	35	250
Aug-27	29,743	16.24	18,097	117,628	35	35	250
Sep-27	29,743	16.24	18,097	117,628	35	35	250
Oct-27	29,743	16.24	18,097	117,628	35	35	250
Nov-27	29,743	16.24	18,097	117,628	35	35	250
Dec-27	29,743	16.24	18,097	117,628	35	35	250
TOTAL	178,459		108,580	705,771	210	210	460
			<b>Total Revenue</b>	<b>1,085,801.00</b>	<b>Unduplicated Clients Served</b>		<b>460</b>
						<b>Estimated Cost Per Client:</b>	<b>\$2,360</b>

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	23795	154664	<b>178459</b>
<b>Total Monthly Minutes of Services (Average)</b>	3966	25777	<b>29743</b>
<b>Dosage (minutes) per client per month</b>	16	103	<b>119</b>
<b>Dosage (hours) per client per month</b>	0.26	1.72	<b>1.98</b>

Avg Monthly Census	Expected Length of Program (months)
250	6.00

**11.90**

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	South Coast Children's Society, Inc.
RU #	SAP-W
Contract # / RFP #	RFP DBH 22-149 - SAP-W
Address:	25910 Acero, Suite 160
City, State, Zip Code:	Mission Viejo, CA 92691
Date Form Completed:	5/4/2026
Prepared by:	Mark DaSilva
Title:	Controller

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

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

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	10.00%	65.00%	5.00%	20.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	31,027	201,677	15,514	62,055	310,273
3	BENEFITS	6,206	40,336	3,103	12,411	62,055
	(2+3 must equal total staffing costs)	37,233	242,013	18,616	74,466	372,328
4	OPERATING EXPENSES	9,348	60,762	4,674	18,696	93,480
5	TOTAL EXPENSES (2+3+4)	46,581	302,775	23,290	93,162	465,808
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	46,581	302,775	23,290	93,162	465,808
<b>FUNDING</b>						
12	MIX % MEDI-CAL (FFP) Share %	88.33%	50.00%			
13	MHSA/BHSA	4,349	133,721			154,293
14	MHSA/BHSA Match	21,660	28,267	23,290	93,162	149,068
	FUNDING TOTAL	26,008	140,787			162,447
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	26,008	169,055	23,290	93,162	311,515
17	FEDERAL FUNDING	20,572	133,721	0	0	154,293
	TOTAL FUNDING	46,581	302,775	23,290	93,162	465,808
18	TARGET COST PER UNIT OF SERVICE	\$4.68	\$4.68			
19	UNITS OF SERVICE	9,959	64,732			74,691

APPROVED:

<u>Steven Collins</u> Steven Collins (May 22, 2026 08:52:31 PDT)	05/22/2026	<u>Thelma Rodriguez</u> Thelma Rodriguez	05/22/2026	<u>Jeanine Wymer</u> Jeanine Wymer (May 22, 2026 15:18:10 PDT)	05/22/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Steven Collins		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

**Student Assistance Program (SAP)  
FY 2025-2026  
January 1, 2026 - June 30, 2026**

Prepared by: Mark DaSilva  
Title: Controller

Contractor Name: South Coast Children's Society, Inc.  
RU # SAP-W  
Contract # / RFP # RFP DBH 22-149 - SAP-W  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/4/2026

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$629	0%	\$0	100%	\$629		629
2 Computer & Equipment	\$3,450	0%	\$0	100%	\$3,450		3,450
3 EHR Support Fees	\$4,285	0%	\$0	100%	\$4,285		4,285
4 Furniture Expense	\$250	0%	\$0	100%	\$250		250
5 Insurance - General	\$3,000	0%	\$0	100%	\$3,000		3,000
6 Office Expense	\$3,500	0%	\$0	100%	\$3,500		3,500
7 Office Space / Occupancy	\$3,429	0%	\$0	100%	\$3,429		3,429
8 Program Expense	\$1,750	0%	\$0	100%	\$1,750		1,750
9 Telephone & Internet	\$3,250	0%	\$0	100%	\$3,250		3,250
10 Transportation Expense	\$12,857	0%	\$0	100%	\$12,857		12,857
11 Admin & Indirect Expense	\$57,080	0%	\$0	100%	\$57,080		57,080
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
16		100%	\$0		\$0		0
17		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$93,480		\$0		\$93,480	0	93,480
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$465,807		

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 BUDGET NARRATIVE

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

Prepared by: Mark DaSilva  
 Title: Controller

Contractor Name: South Coast Children's Society, Inc.  
 RU # SAP-W  
 Contract # / RFP # RFP DBH 22-149 - SAP-W  
 Address: 25910 Acero, Suite 160  
 City, State, Zip Code: Mission Viejo, CA 92691  
 Date Form Completed: 5/4/2026

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

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. This cost includes initial and ongoing training of all our personnel.
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3 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.
4 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
5 Insurance - General	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.
6 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.
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11 Admin & Indirect Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.725 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
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SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 FY 2025-2026  
 January 1, 2026 - June 30, 2026

24.12%  
 Rate Per Minute

Mode 15	
CM&CC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 4.68	\$ 4.68

Contractor Name: South Coast Children's Society, Inc.  
 RU # SAP-W  
 Contract # / RFP # RFP DBH 22-149 - SAP-W  
 Address: 25910 A cero, Suite 160  
 City, State, Zip Code: Mission Viejo, CA 92691  
 Date Form Completed: 5/4/2026

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clients Served		
			Mode 15		Starting Census		Monthly Census
			CM&CC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
							75
Jan-26	12,448	6.10	7,763	50,463	14	14	0
Feb-26	12,448	6.10	7,763	50,463	14	14	0
Mar-26	12,448	6.10	7,763	50,463	14	14	0
Apr-26	12,448	6.10	7,763	50,463	14	14	0
May-26	12,448	6.10	7,763	50,463	14	14	0
Jun-26	12,448	6.10	7,763	50,463	14	14	0
<b>TOTAL</b>	<b>74,691</b>		<b>46,581</b>	<b>302,775</b>	<b>84</b>	<b>84</b>	
			<b>Total Revenue</b>	<b>465,808</b>	<b>Unduplicated Clients Served</b>		<b>159</b>
					<b>Estimated Cost Per Client:</b>	<b>\$2,930</b>	

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	9959	64732	<b>74691</b>
<b>Total Monthly Minutes of Services (Average)</b>	1660	10789	<b>12448</b>
<b>Dosage (minutes) per client per month</b>	0	0	<b>0</b>
<b>Dosage (hours) per client per month</b>	0.00	0.00	<b>0.00</b>

0.00

Avg Monthly Census	Expected Length of Program (months)
0	6.00

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	South Coast Children's Society, Inc.
RU #	SAP-W
Contract # / RFP #	RFP DBH 22-149 - SAP-W
Address:	25910 Acero, Suite 160
City, State, Zip Code:	Mission Viejo, CA 92691
Date Form Completed:	5/4/2026
Prepared by:	Mark DaSilva
Title:	Controller

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

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

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	10.00%	65.00%	5.00%	20.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	62,055	403,354	31,027	124,109	620,545
3	BENEFITS	12,411	80,671	6,205	24,822	124,109
(2+3 must equal total staffing costs)		74,466	484,025	37,233	148,931	744,654
4	OPERATING EXPENSES	18,696	121,526	9,348	37,393	186,963
5	TOTAL EXPENSES (2+3+4)	93,162	605,551	46,581	186,323	931,617
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	93,162	605,551	46,581	186,323	931,617
<b>FUNDING</b>						
12	MIX % MEDICAL (FFP) Share %					
12	88.33% MEDICAL (FFP) 50.00%	41,145	267,442			308,586
13	11.67% MHSA/BHSA 80.00%	8,698	56,534	46,581	186,323	298,136
14	MHSA/BHSA Match	43,319	281,575			324,894
	FUNDING TOTAL	93,162	605,551	46,581	186,323	931,617
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	52,017	338,109	46,581	186,323	623,031
17	FEDERAL FUNDING	41,145	267,442	0	0	308,586
	TOTAL FUNDING	93,162	605,551	46,581	186,323	931,617
18	TARGET COST PER UNIT OF SERVICE	\$4.68	\$4.68			
19	UNITS OF SERVICE	19,917	129,464			149,381

APPROVED:

<u>Steven Collins</u> Steven Collins (May 22, 2026 08:52:56 PDT)	05/22/2026	<u>Thelma Rodriguez</u> Thelma Rodriguez	05/22/2026	<u>Jeanine Wymer</u> Jeanine Wymer (May 26, 2026 06:55:48 PDT)	05/26/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Steven Collins		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

**Student Assistance Program (SAP)  
FY 2026-2027  
July 1, 2026 - June 30, 2027**

Prepared by: Mark DaSilva  
Title: Controller

**South Coast Children's  
Contractor Name: Society, Inc.  
RU # SAP-W  
Contract # / RFP # RFP DBH 22-149 - SAP-W  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/4/2026**

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$1,258	0%	\$0	100%	\$1,258		1,258
2 Computer & Equipment	\$6,900	0%	\$0	100%	\$6,900		6,900
3 EHR Support Fees	\$8,570	0%	\$0	100%	\$8,570		8,570
4 Furniture Expense	\$500	0%	\$0	100%	\$500		500
5 Insurance - General	\$6,000	0%	\$0	100%	\$6,000		6,000
6 Office Expense	\$7,000	0%	\$0	100%	\$7,000		7,000
7 Office Space / Occupancy	\$6,858	0%	\$0	100%	\$6,858		6,858
8 Program Expense	\$3,500	0%	\$0	100%	\$3,500		3,500
9 Telephone & Internet	\$6,500	0%	\$0	100%	\$6,500		6,500
10 Transportation Expense	\$25,714	0%	\$0	100%	\$25,714		25,714
11 Admin & Indirect Expense	\$114,163	0%	\$0	100%	\$114,163		114,163
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
16		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$186,963		\$0		\$186,963	0	186,963
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$931,617		

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

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

South Coast Children's Society,  
Contractor Name: Inc.  
RU # SAP-W  
Contract #/ RFP # RFP DBH 22-149 - SAP-W  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/4/2026

Prepared by: Mark DaSilva  
Title: Controller

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

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. This cost includes initial and ongoing training of all our personnel.
2 Computer & Equipment	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
3 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.
4 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
5 Insurance - General	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.
6 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.
7 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
8 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.
9 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.
10 Transportation Expense	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.
11 Admin & Indirect Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.725 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
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SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 FY 2026-2027  
 July 1, 2026 - June 30, 2027

24.12%  
 Rate Per Minute

Mode 15	
CM&JCC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 4.68	\$ 4.68

Contractor Name: South Coast Children's Society, Inc.  
 RU # SAP-W  
 Contract # / RFP # RFP DBH 22-149 - SAP-W  
 Address: 25910 A cero, Suite 160  
 City, State, Zip Code: Mission Viejo, CA 92691  
 Date Form Completed: 5/4/2026

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clients Served		
			Mode 15		Starting Census		Monthly Census
			CM&JCC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-26	12,448	6.10	7,763	50,463	14	14	75
Aug-26	12,448	6.10	7,763	50,463	14	14	75
Sep-26	12,448	6.10	7,763	50,463	14	14	75
Oct-26	12,448	6.10	7,763	50,463	14	14	75
Nov-26	12,448	6.10	7,763	50,463	14	14	75
Dec-26	12,448	6.10	7,763	50,463	14	14	75
Jan-27	12,448	6.10	7,763	50,463	14	14	75
Feb-27	12,448	6.10	7,763	50,463	14	14	75
Mar-27	12,448	6.10	7,763	50,463	14	14	75
Apr-27	12,448	6.10	7,763	50,463	14	14	75
May-27	12,448	6.10	7,763	50,463	14	14	75
Jun-27	12,448	6.10	7,763	50,463	14	14	75
<b>TOTAL</b>	<b>149,381</b>		<b>93,162</b>	<b>605,551</b>	<b>168</b>	<b>168</b>	
			<b>Total Revenue</b>	<b>931617.00</b>	<b>Unduplicated Clients Served</b>		<b>243</b>
					<b>Estimated Cost Per Client:</b>	<b>\$3,834</b>	

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	19917	129464	<b>149381</b>
<b>Total Monthly Minutes of Services (Average)</b>	1660	10789	<b>12448</b>
<b>Dosage (minutes) per client per month</b>	22	144	<b>166</b>
<b>Dosage (hours) per client per month</b>	0.37	2.40	<b>2.77</b>

Avg Monthly Census	Expected Length of Program (months)
75	6.00

16.60

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	South Coast Children's Society, Inc.
RU #	SAP-W
Contract # / RFP #	RFP DBH 22-149 - SAP-W
Address:	25910 Acero, Suite 160
City, State, Zip Code:	Mission Viejo, CA 92691
Date Form Completed:	5/4/2026
Prepared by:	Mark DaSilva
Title:	Controller

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

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

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	10.00%	65.00%	5.00%	20.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	31,027	201,677	15,514	62,055	310,273
3	BENEFITS	6,206	40,336	3,103	12,411	62,055
(2+3 must equal total staffing costs)		37,233	242,013	18,616	74,466	372,328
4	OPERATING EXPENSES	9,348	60,762	4,674	18,696	93,480
5	TOTAL EXPENSES (2+3+4)	46,581	302,775	23,290	93,162	465,808
<b>AGENCY REVENUES</b>						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	46,581	302,775	23,290	93,162	465,808
<b>FUNDING</b>						
12	MIX % MEDICAL (FFP) Share %	88.33%	50.00%			
13	MHSA/BHSA	4,349	133,721			154,293
14	MHSA/BHSA Match	21,660	28,267	23,290	93,162	149,068
	FUNDING TOTAL	26,008	140,787			162,447
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	26,008	169,055	23,290	93,162	311,515
17	FEDERAL FUNDING	20,572	133,721	0	0	154,293
	TOTAL FUNDING	46,581	302,775	23,290	93,162	465,808
18	TARGET COST PER UNIT OF SERVICE	\$4.68	\$4.68			
19	UNITS OF SERVICE	9,959	64,732			74,691

APPROVED:

<u>Steven Collins</u> <small>Steven Collins (May 22, 2026 08:53:24 PDT)</small>	05/22/2026	<u>Thelma Rodriguez</u> <small>Thelma Rodriguez (May 22, 2026 15:19:58 PDT)</small>	05/22/2026	<u>Jeanine Wymer</u> <small>Jeanine Wymer (May 22, 2026 15:19:58 PDT)</small>	05/22/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Steven Collins		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	





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

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

Prepared by: Mark DaSilva  
Title: Controller

Contractor Name: South Coast Children's Society, Inc.  
RU # SAP-W  
Contract # / RFP # RFP DBH 22-149 - SAP-W  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/4/2026

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Advertising & Recruitment	\$629	0%	\$0	100%	\$629		629
2 Computer & Equipment	\$3,450	0%	\$0	100%	\$3,450		3,450
3 EHR Support Fees	\$4,285	0%	\$0	100%	\$4,285		4,285
4 Furniture Expense	\$250	0%	\$0	100%	\$250		250
5 Insurance - General	\$3,000	0%	\$0	100%	\$3,000		3,000
6 Office Expense	\$3,500	0%	\$0	100%	\$3,500		3,500
7 Office Space / Occupancy	\$3,429	0%	\$0	100%	\$3,429		3,429
8 Program Expense	\$1,750	0%	\$0	100%	\$1,750		1,750
9 Telephone & Internet	\$3,250	0%	\$0	100%	\$3,250		3,250
10 Transportation Expense	\$12,857	0%	\$0	100%	\$12,857		12,857
11 Admin & Indirect Expense	\$57,080	0%	\$0	100%	\$57,080		57,080
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
16		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$93,480		\$0		\$93,480	0	93,480
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$465,807		

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

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

South Coast Children's Society,  
Contractor Name: Inc.  
RU # SAP-W  
Contract #/ RFP # RFP DBH 22-149 - SAP-W  
Address: 25910 Acero, Suite 160  
City, State, Zip Code: Mission Viejo, CA 92691  
Date Form Completed: 5/4/2026

Prepared by: Mark DaSilva  
Title: Controller

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

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. This cost includes initial and ongoing training of all our personnel.
2 Computer & Equipment	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
3 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.
4 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
5 Insurance - General	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.
6 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.
7 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
8 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.
9 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.
10 Transportation Expense	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.
11 Admin & Indirect Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.725 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
12	
13	
14	
15	
16	



	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	9959	64732	<b>74691</b>
<b>Total Monthly Minutes of Services (Average)</b>	1660	10789	<b>12448</b>
<b>Dosage (minutes) per client per month</b>	22	144	<b>166</b>
<b>Dosage (hours) per client per month</b>	0.37	2.40	<b>2.77</b>

16.60

Avg Monthly Census	Expected Length of Program (months)
75	6.00



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

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

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

### **DEFINITIONS**

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

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

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

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

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

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

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

1. Name of Contractor: South Coast Children's Society, Inc., dba South Coast Community Services
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?  
 Yes  If yes, skip Question Nos. 3-4 and go to Question No. 5      No

3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: N/A

4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):

N/A

5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	

6. Name of agent(s) of Contractor:

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

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

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

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

Company Name	Individual(s) Name
N/A	

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

No

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

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

No

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

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

Name of Contributor: N/A

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

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

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

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

CaAIM PAYMENT REFORM RATE SCHEDULE

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

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

  

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

  

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

  

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