

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



**Contract Number**

**21-690 A-2**

**SAP Number**

**4400017817**

**Department of Behavioral Health**

<b>Department Contract Representative</b>	<u>Christopher Carso</u>
<b>Telephone Number</b>	<u>(909) 388-0856</u>
<b>Contractor</b>	<u>Citrus Counseling Services, Inc. dba Family Service Agency of San Bernardino</u>
<b>Contractor Representative</b>	<u>Roger Uminski</u>
<b>Telephone Number</b>	<u>(909) 796-1078 ext. 101</u>
<b>Contract Term</b>	<u>October 1, 2021 – September 30, 2025</u>
<b>Original Contract Amount</b>	<u>\$1,875,000</u>
<b>Amendment Amount</b>	<u>\$625,000</u>
<b>Total Contract Amount</b>	<u>\$2,500,000</u>
<b>Cost Center</b>	<u>9206291000</u>
<b>Grant Number (If Applicable)</b>	<u>N/A</u>

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Citrus Counseling Services, Inc. dba Family Service Agency of San Bernardino referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 21-690** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for General Mental Health outpatient services, which Contract first became effective October 1, 2021, the following changes are hereby made and agreed to:

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

I. **Contract Exclusivity**

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

J. Notice of Delays

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

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

I. The contract amendment amount of \$625,000 shall increase the total contract amount from \$1,875,000 to \$2,500,000 for the contract term.

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

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

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

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

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

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

V. Exhibit I Schedules A and B for FY 2024-25 and 2025-26 are hereby added.

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

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

SAN BERNARDINO COUNTY

*Dawn Rowe*

Dawn Rowe, Chair, Board of Supervisors

Dated: SEP 10 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 *Georgina Yoshioka*  
Deputy



Citrus Counseling Services, Inc. dba Family Service Agency of San Bernardino

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

By *Roger Uminski*

Authorized signature - sign in blue ink

Name Roger Uminski

(Print or type name of person signing contract)

Title CEO

(Print or Type)

Dated: 8/26/2024

Address 101 E. Redlands Blvd, Suite 215,

Redlands CA, 92373

FOR COUNTY USE ONLY

Signed by: Approved as to Legal Form

*Dawn Martin*

Dawn Martin, Deputy County Counsel

Date 8/26/2024

Reviewed by: Contract Compliance

*Ellayna Hoatson*

Ellayna Hoatson, Contracts Supervisor

Date 8/26/2024

Reviewed by: Approved by Department

*Georgina Yoshioka*

Georgina Yoshioka, Director

Date 8/26/2024

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

Citrus Counseling Services,  
Inc. DBA Family Service

Actual Cost Contract (cost reimbursement)

General Mental Health  
(GMH)

Contractor Name: 00288 36A1 RU36HS1

FY 2025 - 2026  
July 1, 2025 - Sept 30, 2025

Provider #  
Contract/RFP: RFP # 23-107

Prepared by: Valerie Vega  
Title: Financial Controller

Address: 21E  
Redlands, CA 92373

Date Form Completed: 04/03/2024  
Date Form Revised:

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (50)	15-Outpatient Crisis Intervention (70)	TOTAL
1	100% Distribution %	5.83%	40.81%	62.33%	1.17%	
1	100% Distribution %	58.60%	0.50%	2.62%	3.80%	
<b>EXPENSES</b>						
2	SALARIES	50,238	261	1,303	261	52,122
3	BENEFITS	6,539	34	169	34	6,778
	(2+3 must equal total staffing costs)	56,837	294	1,472	294	58,908
4	OPERATING EXPENSES	2,401	16,808	21,499	480	41,187
5	TOTAL EXPENSES (2-3+4)	59,238	17,103	22,972	775	100,087
<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)	59,238	17,103	22,972	775	100,087
<b>FUNDING</b>						
12	94.38% MEDI-CAL (FFP)	26,194	7,562	10,158	343	44,257
13	3.08% EPSDT (2011 Realignment)	17	5	7	0	29
14	1981 Realignment Match	28,520	8,523	11,447	386	48,978
15		0	0	0	0	0
16	5.92% 1991 Realignment - Net County	3,507	1,012	1,360	46	5,925
17	FUNDING TOTAL	59,238	17,103	22,972	775	100,087
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	33,044	9,541	12,814	432	55,830
20	FEDERAL FUNDING	26,194	7,562	10,158	343	44,257
21	TOTAL FUNDING	59,238	17,103	22,972	775	100,087
22	TARGET COST PER UNIT OF SERVICE	\$0.84	\$1.14	\$2.12	\$1.78	\$0.00
23	UNITS OF TIME (Minutes)	70,571	15,003	10,831	436	96,941

APPROVED: Roger Uminski II  
 Signature: *Roger Uminski II* Date: 05/01/2024  
 Signature: *Anthony Altamirano* Date: 05/01/2024  
 Signature: *Joshua Taylor* Date: 05/01/2024

PROVIDER AUTHORIZED SIGNATURE: Roger Uminski II DATE: 05/01/2024  
 DBH FISCAL SERVICES: Anthony Altamirano DATE: 05/01/2024  
 DBH PROGRAM MANAGER: Joshua Taylor DATE: 05/01/2024

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Roger Uminski II  
 DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano  
 DBH PROGRAM MANAGER (PRINT NAME): Joshua Taylor

Administrative Supervisor I DBH FISCAL  
 Roger Ma



EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025 - 2026

Contractor Name: Citrus Counseling Services, Inc. DBA  
Family Service Agency of San  
Provider # 00288 36A1 RU36H81  
Contract # RFP # 23-107  
Address: 101 E. Redlands Blvd. STE 215  
Redlands, CA 92373

Prepared by: Valente Vega  
Title: Financial Controller

Date Form Completed: 04/03/2024

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

July 1, 2025 - Sept 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Office Equipment & Supplies	\$6,750	98%	\$6,675	1%	\$75	0	75
2 Program Supplies	\$16,250	93%	\$16,073	7%	\$1,276	0	1,276
3 Rent	\$56,250	90%	\$50,625	10%	\$6,625	0	5,625
4 Staff Development	\$1,875	93%	\$1,744	7%	\$131	0	131
5 Travel/Mileage Reimbursement	\$3,807	98%	\$3,738	2%	\$69	0	59
6 IT Management	\$52,500	98%	\$51,608	2%	\$893	0	893
7 Utilities/Repair and Maintenance	\$16,750	93%	\$17,438	7%	\$1,313	0	1,313
8 Insurance	\$31,250	98%	\$30,625	2%	\$625	0	625
9 Audit/Accounting Cost	\$16,250	98%	\$15,925	2%	\$325	0	325
10 Executive Support	\$61,024	98%	\$59,803	2%	\$1,220	0	1,220
11 Admin Support (HR, Fiscal)	\$38,916	98%	\$38,138	2%	\$778	0	778
12 Clinical Contractor-Psychologist	\$116,100	86%	\$101,566	14%	\$16,534	0	16,534
13		100%	\$0	0%	\$0	0	0
14 Indirect 15%	\$12,321	0%	\$0	100%	\$12,321	0	12,321
<b>SUBTOTAL B:</b>	<b>\$435,043</b>		<b>\$394,956</b>		<b>\$41,157</b>	<b>0</b>	<b>\$41,157</b>
<b>(GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>			<b>\$100,055</b>		<b>0</b>	<b>0</b>	<b>100,055</b>

EXHIBIT I

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

Contractor Name: Citrus Counseling Services, Inc. DBA  
Family Service Agency of San Bernardino -  
Provider # 00288 36A1 RU36HS1  
Contract/RFP# RFP # 23-107  
Address: 101 E. Redlands Blvd. STE 215  
Redlands, CA 92373

Prepared by: Valene Vega  
Title: Financial Controller

Date Form Completed: 04/03/2024

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

July 1, 2025 - Sept 30, 2025

ITEM	Justification of Cost
1 Office Equipment & Supplies	Includes any major or minor equipment and office supplies that has an identified service life of more than one year. May include equipment or supplies that are expensed solely to this program, equipment that is expensed to select multiple programs, and/or equipment that benefits all CCS programs and is items directly related to service delivery such as course curriculum, children's books, parenting materials, developmentally age appropriate toys, etc. Items purchased under this category directly benefit our clients; includes emergency goods and emergency travel vouchers. Cost associated directly with this
2 Program Supplies	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
3 Rent	
4 Staff Development	These costs are associated with registration fees, or other cost associated with attending staff training courses, conferences, seminars and other staff development activities. Costs associated directly with this project. Training is in addition to on-going staff training -- focus on working with program
5 Travel/Mileage Reimbursement	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
6 IT Management	Portion of agency costs to manage all phone, computer and system IT needs, including data runs for reporting. Manages client automated calls, and test scoring and tracking.
7 Utilities/Repair and Maintenance	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
8 Insurance	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
9 Audit/Accounting Cost	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
10 Executive Support	Portion of the agency costs of Executive support, CEO and Clinical Director/Compliance Officer.
11 Admin Support (HR, Fiscal)	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
12 Clinical Contractor- Psychologist	Subcontractors required by contract for additional clinical services
13	
14 Indirect 15%	Indirect costs are those costs of general management that are agency-wide. General management costs consist of expenditures for administrative activities





EXHIBIT I

15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
70,571	15,003	10,831	438	96,841
5881	1250	903	36	8070
327	68	50	2	448
5.45	1.16	0.84	0.03	7.47

Avg Monthly Casus	18
Expected Length of Program (months)	3

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

Total Hours Per Unduplicated Client for Duration of the Program: 22.42

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health (GMH)

Citrus Counseling Services, Inc. DBA Family Service  
 Contractor Name: 00288 36A1 RU36HS1  
 Provider # 00288 36A1 RU36HS1  
 Contract/RFF# RFF # 23-107  
 Address: 215 Redlands, CA 92373  
 Date Form Completed: 04/03/2024  
 Date Form Revised:

Prepared by: Valerie Vega  
 Title: Financial Controller  
 FY 2024 - 2025  
 Oct. 1, 2024 - June 30, 2025

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-05)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL
1	Distribution %	6.60%	99.38%	63.37%	1.19%	
1	Distribution %	88.60%	0.60%	2.60%	0.60%	
<b>EXPENSES</b>						
2	SALARIES	146,501	759	3,795	759	151,814
3	BENEFITS	19,044	99	493	99	19,735
<b>(2+3 must equal total staffing costs)</b>						
4	OPERATING EXPENSES	165,545	858	4,288	858	171,549
5	TOTAL EXPENSES (2+3+4)	7,429	52,005	71,136	1,486	132,056
<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)	172,974	52,862	75,425	2,344	303,605
<b>FUNDING</b>						
12	MEDI-CAL (FFP)	76,485	23,374	33,361	1,036	134,246
13	EP-SDT (2011 Realignment)	50	15	22	1	88
14	1991 Realignment Match	86,199	26,344	37,587	1,168	151,297
15		0	0	0	0	0
16	1991 Realignment - Net County	10,240	3,129	4,465	139	17,973
17	FUNDING TOTAL	172,974	52,862	75,425	2,344	303,605
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	96,489	29,488	42,074	1,308	169,359
20	FEDERAL FUNDING	76,485	23,374	33,361	1,036	134,246
21	TOTAL FUNDING	172,974	52,862	75,425	2,344	303,605
22	TARGET COST PER UNIT OF SERVICE	\$2.55	\$3.46	\$6.43	\$5.39	\$0.00
23	UNITS OF TIME (Minutes)	67,931	15,287	11,723	486	95,376

APPROVED: *Roger Uminski II* 05/10/2024  
 Roger Uminski II (MAY 21, 2024 11:55 PDT)  
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DATE DBH FISCAL SERVICES (PRINT NAME)  
 Roger Uminski II Anthony Altamirano  
 CEO Administrative Supervisor I  
 DBH PROGRAM MANAGER DATE DBH PROGRAM MANAGER (PRINT NAME)  
 Joshua Taylor 05/13/2024  
 Joshua Taylor (MAY 21, 2024 15:53 PDT)  
 DBH PROGRAM MANAGER DATE DBH PROGRAM MANAGER (PRINT NAME)  
 Joshua Taylor



EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

Contractor Name: Citrus Counseling Services, Inc. DBA  
Family Service Agency of San  
Provider #: 00286 36ATRU56H51  
Contract/RFP# RFP # 23-107  
Address: 101 E. Redlands Blvd, STE 215  
Redlands, CA 92373

FY 2024 - 2025

Prepared by: Valerie Vega  
Title: Financial Controller

Date Form Completed: 04/03/2024

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.

Oct 1, 2024 - June 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Office Equipment & Supplies	\$20,250	98%	\$19,526	4%	\$724	0	724
2 Program Supplies	\$54,750	90%	\$49,275	10%	\$5,475	0	5,475
3 Rent	\$155,750	90%	\$140,175	10%	\$15,575	0	15,575
4 Staff Development	\$5,625	93%	\$5,209	7%	\$416	0	416
5 Travel/Mileage Reimbursement	\$11,421	100%	\$11,421	0%	\$0	0	0
6 IT Management	\$157,500	98%	\$154,200	4%	\$3,300	0	3,300
7 Utilities Repair and Maintenance	\$55,250	95%	\$52,488	5%	\$2,762	0	2,762
8 Insurance	\$93,750	97%	\$90,938	3%	\$2,812	0	2,812
9 Audit/Accounting Cost	\$45,750	97%	\$44,288	3%	\$1,462	0	1,462
10 Executive Support	\$177,740	97%	\$171,510	4%	\$6,230	0	6,230
11 Admin Support (HR, Fiscal)	\$113,349	97%	\$109,949	3%	\$3,400	0	3,400
12 Clinical Contractor-Psychologist	\$343,950	86%	\$295,623	14%	\$48,327	0	48,327
13		100%	\$0	0%	\$0	0	0
14 Indirect 15%	\$37,400	0%	\$0	100%	\$37,400	0	37,400
<b>SUBTOTAL B:</b>	<b>\$1,252,514</b>		<b>\$1,157,456</b>		<b>\$95,058</b>	<b>0</b>	<b>\$95,058</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$303,605</b>	<b>0</b>	<b>\$303,605</b>

EXHIBIT I

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

Citrus Counseling Services, Inc. DBA  
Contractor Name: Family Service Agency of San Bernardino -  
Provider # 00288 36A1 RU36HS1  
Contract/RFP# RFP # 23-107  
Address: 101 E. Redlands Blvd. STE 215  
Redlands, CA 92373  
Date Form Completed: 04/03/2024

Prepared by: Valerie Vega  
Title: Financial 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.

Oct. 1, 2024 - June 30, 2025

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2 Program Supplies	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
3 Rent	These costs are associated with registration fees, or other cost associated with attending staff training courses, conferences, seminars and other staff development activities. Costs associated directly with this project. Training is in addition to on-going staff training -- focus on working with program
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10 Executive Support	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
11 Admin Support (HR, Fiscal)	Subcontractors required by contract for additional clinical services
12 Clinical Contractor- Psychologist	
13	
14 Indirect: 15%	Indirect costs are those costs of general management that are agency-wide. General management costs consist of expenditures for administrative activities

EXHIBIT I

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

Prior fiscal year Rates (Completed by DBH)		Contractor Name:									
Old County Contract (CCR) Rates:	\$2.20	Provider #	00288 36A1 RU38HS1								
Productivity Expectation: 60%	CM Rate per Min. MHS Rate/Min	Contract/RFP#	RFP # 23-107								
Agency Per Min Rates:	\$2.43	Address:	101 E. Redlands Blvd. STE 216								
	\$3.30		Redlands, CA 92373								
	\$6.14										
	\$6.14										
Target Cost Per Unit of Service	\$2.55	Date Form Completed:	04/03/2024								
	\$3.46	Date Form Revised:									
	\$6.43										
	\$8.39										
NOTE: if no established agency per minute rates, please input the CCR rates in the highlighted cells											
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER											
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type				Clients Served				
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	Ending Census	
Oct-24	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Nov-24	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Dec-24	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Jan-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Feb-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Mar-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Apr-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
May-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Jun-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Jul-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Aug-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
Sep-25	7,948	1.80	\$14,415	\$4,405	\$6,285	\$195	1	1	18	18	
TOTAL	95,376		\$172,974	\$52,862	\$75,425	\$2,344	12	12	180	180	
			Total Revenue				\$303,606	Unduplicated Clients Served		30	
							Estimated Cost Per Client:		\$10,120		

EXHIBIT I

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention			
57,631	15,287	11,723	435			95,376
5661	1274	677	36			7948
314	71	54	2			442
5.24	1.18	0.60	0.03			7.36

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: 66.23

Avg Monthly Caseload	18
Expected Length of Program (months)	9

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: Family Service Agency of San Bernardino -CRESTLINE

Actual Cost Contract (cost reimbursement)

General Mental Health (GMH)

Provider # 00288 36A1 RU36A11  
Contract/RFP# RFP # 21-03

Prepared by: Valerie Vega  
Title: Financial Controller

FY 2025 - 2026  
July 1, 2025 - Sept. 30, 2025

Address: 1858 North E Street  
San Bernardino CA 92405

Date Form Completed:  
Date Form Revised:

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-05)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication support (50)	15-Outpatient Crisis Intervention (70)	TOTAL
1	Distribution %	58.80%	55.80%	35.85%	1.40%	
1	Distribution %	9.60%	0.60%	2.60%	0.60%	
<b>EXPENSES</b>						
2	SALARIES	26,762	139	563	139	27,733
3	BENEFITS	3,479	18	90	18	3,605
<b>(2+3 must equal total staffing costs)</b>						
4	OPERATING EXPENSES	30,241	157	783	157	31,338
5	TOTAL EXPENSES (2+3+4)	1,732	13,854	8,864	346	24,827
6	AGENCY REVENUES	31,973	14,011	9,678	503	56,165
7	PATIENT FEES					0
8	PATIENT INSURANCE					0
9	MEDI-CARE					0
10	GRANTS/OTHER					0
11	TOTAL AGENCY REVENUES (8+9+10)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	31,973	14,011	9,678	503	56,165
<b>FUNDING</b>						
12	MEDI-CAL (FFP)	14,138	8,195	4,279	222	24,834
13	EPST (2011 Realignment)	9	4	3	0	16
14	1991 Realignment Match	15,933	8,863	4,823	251	27,960
15						0
16	1991 Realignment - Net County	1,893	829	573	30	3,325
17	FUNDING TOTAL	31,973	14,011	9,678	503	56,165
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	17,835	7,816	5,399	281	31,331
20	FEDERAL FUNDING	14,138	8,195	4,279	222	24,834
21	TOTAL FUNDING	31,973	14,011	9,678	503	56,165
22	TARGET COST PER UNIT OF SERVICE	\$1.02	\$1.39	\$2.56	\$1.96	\$0.00
23	UNITS OF TIME (Minutes)	31,266	10,075	3,775	257	45,405

APPROVED: Roger Uminski II 05/21/2024 Joshua Taylor 05/21/2024  
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE  
 Roger Uminski II 05/21/2024 Joshua Taylor 05/21/2024  
 Roger Uminski II 05/21/2024 Joshua Taylor 05/21/2024  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)  
 Roger Uminski II Anthony Altamirano Joshua Taylor  
 CEO Administrative Supervisor I DBH FISCAL DBH PROGRAM MANAGER  
 Roger Ma





EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

Contractor Name: Bernardino -CRESTLINE  
 Provider# 00288 3641 RU36A11  
 Contract# RFP # 21-08  
 Address: 1669 North E Street  
 San Bernardino CA 92405

FY 2025 - 2026

Prepared by: Valente Vega  
 Title: Financial Controller

Date Form Completed:

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

July 1, 2025 - Sept. 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Office Equipment & Supplies	\$6,750	95%	\$6,419	5%	\$631	0	331
2 Program Supplies	\$16,250	93%	\$16,273	7%	\$1,275	0	1,278
3 Rent	\$56,250	100%	\$56,250	0%	\$0	0	0
4 Staff Development	\$1,675	91%	\$1,627	9%	\$175	0	178
5 Travel/Mileage Reimbursement	\$3,907	100%	\$3,907	0%	\$0	0	0
6 IT Management	\$52,500	97%	\$50,925	3%	\$1,575	0	1,575
7 Utilities/Repair and Maintenance	\$16,750	85%	\$16,238	15%	\$2,813	0	2,813
8 Insurance	\$31,250	97%	\$30,313	3%	\$935	0	938
9 Audit/Accounting Cost	\$16,250	97%	\$16,763	3%	\$455	0	458
10 Executive Support	\$51,024	96%	\$58,553	4%	\$2,441	0	2,441
11 Admin Support (HR, Fiscal)	\$38,916	96%	\$37,350	4%	\$1,557	0	1,557
12 Clinical Contractor-Psychologist	\$118,100	95%	\$112,195	5%	\$5,905	0	5,905
13		100%	\$0	0%	\$0	0	0
14 Indirect 15%	\$7,326	0%	\$0	100%	\$7,326	0	7,326
<b>SUBTOTAL B:</b>	<b>\$431,048</b>		<b>\$406,221</b>		<b>\$24,827</b>	<b>0</b>	<b>24,827</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>			<b>\$406,168</b>		<b>\$56,168</b>	<b>0</b>	<b>\$5,168</b>

EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE

FY 2025 - 2026

Family Service Agency of San Bernardino -  
Contractor Name: CRESTLINE  
Provider # 00288 36A1 RU36A11  
Contract/RFP# RFP # 21-03  
Address: 1669 North E Street  
San Bernardino CA 92405

Prepared by: Valerie Vega  
Title: Financial Controller

Date Form Completed:

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

July 1, 2025 - Sept. 30, 2025

ITEM	Justification of Cost
1 Office Equipment & Supplies	Includes any major or minor equipment and office supplies that has an identified service life of more than one year. May include equipment or supplies that are expensed solely to this program, equipment that is expensed to select multiple programs, and/or equipment that benefits all CCS programs and is items directly related to service delivery such as course curriculum, children's books, parenting materials, developmentally age appropriate toys, etc. Items
2 Program Supplies	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
3 Rent	These costs are associated with attending staff training courses, conferences, seminars and other staff
4 Staff Development	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
5 Travel/Mileage	Portion of agency costs to manage all phone, computer and system IT needs, including data runs for reporting. Manages client automated calls, and test
6 Reimbursement	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
7 IT Management	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
8 Utilities/Repair and Maintenance	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
9 Insurance	Portion of the agency costs of Executive support, CEO and Clinical Director/Compliance Officer.
10 Audit/Accounting Cost	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
11 Executive Support	Subcontractors required by contract for additional clinical services
12 Admin Support (HR, Fiscal)	
13 Clinical Contractor-Psychologist	
14 Indirect 15%	Indirect costs are those costs of general management that are agency-wide. General management costs consist of expenditures for administrative activities

EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2025 - 2026  
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)		Old County Contract (CCR) Rates:		CM Rate per Min.		MHS Rate/Min		MSS Rate/Min		Crisis Rate/Min	
	\$2.20	\$2.89	\$5.56	\$4.20	\$4.20	\$7.75	\$5.93				
Agency Per Min Rates: <b>\$3.10</b> <b>\$4.22</b> <b>\$7.75</b> <b>\$5.93</b> NOTE: if no established agency per minute rates, please input the CCR rates in the highlighted cells Target Cost Per Unit of Service \$1.02 \$1.39 \$2.56 \$1.95 Date Form Completed:											
Projected Revenue Generated by Service Type											
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Clients Served				
							Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	Monthly Census	
Jul-25	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Aug-25	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Sep-25	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Oct-25	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Nov-25	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Dec-25	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Jan-26	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Feb-26	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Mar-26	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Apr-26	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
May-26	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
Jun-26	3,784	0.83	\$2,664	\$1,168	\$606	\$42	0	0	0	2	
<b>TOTAL</b>	<b>45,405</b>		<b>\$31,973</b>	<b>\$14,011</b>	<b>\$9,678</b>	<b>\$503</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	
<b>Total Revenue</b>							<b>\$56,165</b>	<b>Unduplicated Clients Served</b>	<b>2</b>		
							<b>Estimated Cost Per Client:</b>	<b>\$28,082</b>			

Contractor Name: Family Service Agency of San Bernardino -CRESTLINE  
 Provider # 00288 35A1 RU36A11  
 Contract/RFP# RFP # 21-03  
 Address: 1689 North E Street  
 San Bernardino CA 92405  
 Date Form Revised:

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

EXHIBIT I

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention		
31,288	10,075	3,775	257		45,405
2608	840	315	21		3784
1304	420	157	11		1892
21.73	7.00	2.62	0.18		31.53

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: 94.59

Avg Monthly Caseload	2	Expected Length of Program (months)	3
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EXHIBIT I

DEPARTMENT OF BEHAVIORAL HEALTH  
**General Mental Health (GMH)**  
 Family Service Agency of San Bernardino -CRESTLINE  
 Contractor Name: 00288 36A1 RU36A11  
 Provider #: RFP # 21-03  
 Contract/RFP#: 1609 North E Street  
 Address: San Bernardino CA 92405

Actual Cost Contract (cost reimbursement)

FY 2024 - 2025  
 Oct. 1, 2024 - June 30, 2025

Prepared by: Valenue Vega  
 Title: Financial Controller

LINE #	MODE OF SERVICE	15-Outpatient		15-Outpatient		15-Outpatient		TOTAL
		Cases Management (01-05)	Mental Health Services (10-50)	Medication Support (50)	Crisis Intervention (70)			
1	Distribution %	8.85%	55.25%	35.83%	1.40%			
1	Distribution %	98.50%	0.50%	2.80%	0.50%			
	<b>EXPENSES</b>							
2	SALARIES	77,950	404	2,019	404			80,777
3	BENEFITS	10,133	53	263	53			10,501
	<b>(2+3 must equal total staffing costs)</b>	88,083	457	2,282	457			91,278
4	OPERATING EXPENSES	5,153	41,220	26,463	1,031			73,867
5	TOTAL EXPENSES (2+3+4)	93,236	41,677	28,745	1,487			165,145
	<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)	93,236	41,677	28,745	1,487			165,145
	<b>FUNDING</b>							
12	MEDI-CAL (FFP)	41,227	18,428	12,711	657			73,023
13	EPSDT (2011 Realignment)	27	12	8	0			47
14	1991 Realignment Match	46,462	20,769	14,325	742			82,298
15	1991 Realignment - Net County	5,520	2,487	1,702	89			9,777
17	FUNDING TOTAL	93,236	41,677	28,745	1,487			165,145
19	NET COUNTY FUNDS (Local Cost): MUST = ZERO	0	0	0	0			0
19	STATE FUNDING (Including Realignment)	52,009	23,249	16,034	830			92,122
20	FEDERAL FUNDING	41,227	18,428	12,711	657			73,023
21	TOTAL FUNDING	93,236	41,677	28,745	1,487			165,145
22	TARGET COST PER UNIT OF SERVICE	\$3.00	\$4.06	\$7.54	\$5.75			\$0.00
23	UNITS OF TIME (Minutes)	31,040	10,182	3,813	259			45,304

APPROVED: *Roger Uminski II* 05/21/2024 *Joshua Taylor* 05/21/2024  
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE  
 Roger Uminski II Anthony Altamirano Joshua Taylor  
 CEO Administrative Supervisor I DBH FISCAL DBH PROGRAM MANAGER (PRINT NAME)  
 Roger Ma



EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

Contractor Name: Family Service Agency of San Bernardino -CRESTLINE  
 Provider # 002883641 RU36A11  
 Contract/RFP# RFP # 21-09  
 Address: 1669 North E Street  
 San Bernardino CA 92405

FY 2024 - 2025

Prepared by: Valeria Vega  
 Title: Financial Controller

Date Form Completed:

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.

Oct. 1, 2024 - June 30, 2025

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 Office Equipment & Supplies	\$20,250	96%	\$19,501	4%	\$749	0	749
2 Program Supplies	\$54,750	94%	\$51,554	6%	\$3,196	0	3,196
3 Rent	\$168,750	100%	\$168,750	0%	\$0	0	0
4 Staff Development	\$5,625	96%	\$5,391	4%	\$234	0	234
5 Travel/Mileage Reimbursement	\$11,421	100%	\$11,421	0%	\$0	0	0
6 IT Management	\$157,500	96%	\$151,200	4%	\$6,300	0	6,300
7 Utilities Repair and Maintenance	\$56,250	85%	\$47,813	15%	\$8,436	0	8,436
8 Insurance	\$63,750	96%	\$60,000	4%	\$3,750	0	3,750
9 Audit/Accounting Cost	\$46,750	96%	\$46,500	4%	\$1,850	0	1,850
10 Executive Support	\$177,740	96%	\$170,630	4%	\$7,110	0	7,110
11 Admin Support (HR, Fiscal)	\$113,349	97%	\$109,949	3%	\$3,400	0	3,400
12 Clinical Contractor-Psychologist	\$343,950	95%	\$326,751	5%	\$17,199	0	17,199
13		100%	\$0	0%	\$0	0	0
14 Indirect 15%	\$21,541	0%	\$0	100%	\$21,541	0	21,541
<b>SUBTOTAL B:</b>	<b>\$1,273,655</b>		<b>\$1,199,758</b>		<b>\$73,897</b>	<b>0</b>	<b>73,897</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$165,145</b>	<b>0</b>	<b>165,145</b>



EXHIBIT I

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

Contractor Name: CRESTLINE  
Provider # 00288 36A1 RU36A11  
Contract/REP# REP # 21-03  
Address: 1669 North E Street  
San Bernardino CA 92405

Prepared by: Valenite Vega  
Title: Financial Controller

Date Form Completed:

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.

Oct. 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Office Equipment & Supplies	Includes any major or minor equipment and office supplies that has an identified service life of more than one year. May include equipment or supplies that are expensed solely to this program, equipment that is expensed to select multiple programs, and/or equipment that benefits all CCS programs and is
2 Program Supplies	Items directly related to service delivery such as course curriculum, children's books, parenting materials, developmentally age appropriate toys, etc. Items
3 Rent	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
4 Staff Development	These costs are associated with registration fees, or other cost associated with attending staff training courses, conferences, seminars and other staff
5 Travel/Mileage Reimbursement	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
6 IT Management	Portion of agency costs to manage all phone, computer and system IT needs, including data runs for reporting. Manages client automated calls, and test
7 Utilities/Repair and Maintenance	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
8 Insurance	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
9 Audit/Accounting Cost	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
10 Executive Support	Portion of the agency costs of Executive support. CEO and Clinical Director/Compliance Officer.
11 Admin Support (HR, Fiscal)	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
12 Clinical Contractor- Psychologist	Subcontractors required by contract for additional clinical services
13	
14 Indirect: 15%	Indirect costs are those costs of general management that are agency-wide. General management costs consist of expenditures for administrative activities

EXHIBIT I

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

Prior fiscal year Rates (Completed by DBH)		Old County Contract (CCR) Rates:		MHS Rate/Min		MSS Rate/Min		Crisis Rate/Min		
	\$2.20	\$2.09	\$5.56	\$4.20						
Productivity Expectation:	60%	CM Rate per Min:	\$3.10	\$4.22	\$7.75	\$5.93				
Agency Per Mfn Rates:										
Target Cost Per Unit of Service	\$3.00		\$4.09	\$7.54	\$5.75					
NOTE: If no established agency per minute rates, please input the OCR rates in the highlighted cells										
Date Form Completed:										
Date Form Revised:										
Contractor Name: Family Service Agency of San Bernardino -CRESTLINE										
Provider # 00288 35A1 RU36A11										
Contract/RFP# RFP # 21-03										
Address: 1660 North E Street										
San Bernardino CA 92405										
Projected Revenue Generated by Service Type										
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Clients Served			
							Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	Monthly Census
Oct-24	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Nov-24	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Dec-24	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Jan-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Feb-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Mar-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Apr-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
May-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Jun-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Jul-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Aug-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
Sep-25	3,775	0.83	\$7,770	\$3,473	\$2,395	\$124	0	0	0	2
TOTAL	45,304		\$93,236	\$41,677	\$28,745	\$1,487	0	0	0	2
Total Revenue							\$165,145	Unduplicated Clients Served		2
							Estimated Cost Per Client:		\$82,572	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

EXHIBIT I

15-Outpatient:	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention			
31,040	10,192	3,913	259			45,304
2687	848	319	22			3775
1293	425	159	11			1888
21.58	7.09	2.65	0.19			31.46

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: 283.15

Avg Monthly Caseload	2	Expected Length of Program (months)	9
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