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Contract Number
16-430 A-2

SAP Number
4400009471

Department of Behavioral Health

Department Contract Representative	<u>Deborah Forthun</u>
Telephone Number	<u>909-388-0862</u>
Contractor	<u>South Coast Community Services</u>
Contractor Representative	<u>Scott McGurik</u>
Telephone Number	<u>(714) 966-8650</u>
Contract Term	<u>July 1, 2016 – September 30, 2021</u>
Original Contract Amount	<u>\$11,200,000</u>
Amendment Amount	<u>\$3,500,000</u>
Total Contract Amount	<u>\$14,700,000</u>
Cost Center	<u>9206291000</u>

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-430** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for General Mental Health services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2020:

- I. ARTICLE III Performance, paragraph T. Internal Control is hereby added to read as follows:
 - T. South Coast Community Services must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and

expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

II. ARTICLE IV Funding and Budgetary Restrictions paragraphs B, E, and J are hereby amended to read as follows:

B. The maximum financial obligation of the County under this Agreement shall not exceed the sum referenced in the Schedules A and B. The maximum financial obligation is further limited by fiscal year, funding source and service modalities as delineated on the Schedules A and B. Contractor may not transfer funds between funding sources, modes of services, or exceed 15% of a budgeted line item without the prior written approval from DBH. Budget line items applicable to the 15% rule are: (1) Total Salaries & Benefits and (2) Individual Operating Expense items. The County has the sole discretion of transferring funds between funding sources or modes of services.

1. It is understood between the parties that the Schedules A and B are budgetary guidelines. Contractor must adhere to the budget by funding outlined in the Schedule A of the Contract as well as track year-to-date expenditures. Contractor understands that costs incurred for services not listed or in excess of the funding in the Schedule A shall result in non-payment to Contractor for these costs.

E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.

J. This amendment shall increase the total contract from \$11,200,000 to \$14,700,000.

III. ARTICLE V Provisional Payment is hereby amended to read as follows:

A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.

B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, annual cost report, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, annual cost report and audits, as such payments, are subject to future County, State and/or Federal adjustments.

C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:

1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.

2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.
 3. Reimbursement Rates for Institutions for Mental Diseases: Pursuant to Section 5902 € of the WIC, Institutions for Mental Diseases (IMD), which are licensed by the DHCS, will be reimbursed at the rate(s) established by DHCS.
 4. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.
 5. County will send Contractor a year-to-date Medi-Cal denied claims report on a monthly basis. It is the responsibility of Contractor to make any necessary corrections to the denied services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
 6. In the event that the denied claims cannot be corrected, and therefore the DHCS will not adjudicate and approve the denied claims, the County will recover the paid funds from Contractor's current invoice payment(s). DBH Fiscal recovers denied claim amounts at a minimum quarterly basis.
- D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' general ledger with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.
1. For each fiscal year period (FYs 2016-17, 2017-18, 2018-19, 2019-20, and 2020-21) no single monthly payment for Outreach, Education, and Support services (Modes 45 and 60) shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
 2. For each fiscal year period (FYs 2021-22) no single monthly payment for Outreach, Education, and Support services (Modes 45 and 60) shall exceed one-third (1/3) of the maximum allocations for the mode of service unless there have been payments of less than one-third (1/3) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-third (1/3) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
- E. Monthly payments for Short-Doyle Medi-Cal services will be based on actual units of time (minutes, hours, or days) reported on Charge Data Invoices claimed to the State times the

provisional rates in the DBH claiming system. The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs as reported in the year-end cost report. All approved provisional rates will be superseded by actual cost per unit rate as calculated during the cost report cost settlement. In the event of a conflict between the provisional rates set forth in the most recent cost report and those contained in the Schedules A and B, the rates set forth in the most recent cost report or County Contract Rate (CCR), whichever is lower, shall prevail.

1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges, Contractor's actual cost and the CCR.
- I. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement as described in the Annual Cost Report Settlement Article.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA 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. Contractor will be required to reimburse funds to the County.

- O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/oca> (U.S. Office of Personnel Management).
- P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.
- R. As applicable, for Federal Funded Program, Contactor shall charge the County program a de Minimis ten percent (10%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates", the contractor must also obtain concurrence in writing from DBH of such rate.

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

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but, may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual instead of estimated costs.

S. Prohibited Payments

- 1. County shall make no payment to Contractor other than payment for services covered under this Contract.
- 2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
- 3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
 - a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.

- b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
- c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
- d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.

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

IV. ARTICLE VII Annual Cost Report Settlement Paragraphs A, C, D and E are hereby amended to read as follows:

A. Section 14705 (c) of the Welfare and Institutions Code (WIC) requires contractors to submit fiscal year-end cost reports. Contractor shall provide DBH with a complete and correct annual cost report not later than sixty (60) days at the end of each fiscal year and not later than sixty (60) days after the expiration date or termination of this Contract, unless otherwise notified by County.

C. These cost reports shall be the basis upon which both a preliminary and a final settlement will be made between the parties to this Agreement. In the event of termination of this Contract by Contractor pursuant to Duration and Termination Article, Paragraph C, the preliminary settlement will be based upon the most updated State Medi-Cal approvals and County claims information.

1. Upon initiation and instruction by the State, County will perform the Short-Doyle/Medi-Cal Cost Report Reconciliation and Settlement with Contractor.

a. Such reconciliation and settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies, procedures, and/or other requirements pertaining to cost reporting and settlements for Title XIX and/or Title XXI and other applicable Federal and/or State programs.

2. Contractor shall submit an annual cost report for a preliminary cost settlement. This cost report shall be submitted no later than sixty (60) days after the end of the fiscal year and it shall be based upon the actual minutes/hours/days which have been approved by DHCS up to the preliminary submission period as reported by DBH.

3. Contractor shall submit a reconciled cost report for a final settlement. The reconciled cost report shall be submitted approximately eighteen (18) months after the fiscal year-end. The eighteen (18) month timeline is an approximation as the final reconciliation process is initiated by the DHCS. The reconciliation process allows Contractor to add additional approved Medi-Cal units and reduce disallowed or denied units that have been corrected and approved subsequent to the initial cost report submission.

Contractors are not permitted to increase total services or cost during this reconciliation process.

4. Each Annual Cost Report shall be prepared by Contractor in accordance with the Centers for Medicare and Medicaid Services' Publications #15-1 and #15-02; "The Providers Reimbursement Manual Parts 1 and 2;" the State Cost and Financial Reporting Systems (CFRS) Instruction Manual; and any other written guidelines that shall be provided to Contractor at the Cost Report Training, to be conducted by County on or before October 15 of the fiscal year for which the annual cost report is to be prepared.
 - a. Attendance by Contractor at the County's Cost Report Training is mandatory.
 - b. Failure by Contractor to attend the Cost Report Training shall be considered a breach of this Agreement.
 5. Failure by Contractor to submit an annual cost report within the specified date set by the County shall constitute a breach of this Agreement. In addition to, and without limiting, any other remedy available to the County for such a breach, the County may, at its option, withhold any monetary settlements due Contractor until the cost report(s) is (are) complete.
 6. Only the Director or designee may make exception to the requirement set forth in the Annual Cost Report Settlement Article, Paragraph A above, by providing Contractor written notice of the extension of the due date.
 7. If Contractor does not submit the required cost report(s) when due and therefore no costs have been reported, the County may, at its option, request full payment of all funds paid Contractor under Provisional Payment Article of this Agreement. Contractor shall reimburse the full amount of all payments made by the County to Contractor within a period of time to be determined by the Director or designee.
 8. No claims for reimbursement will be accepted by the County after the cost report is submitted by the contractor. The total costs reported on the cost report must match the total of all the claims submitted to DBH by Contractor as of the end of the fiscal year which includes revised and/or final claims. Any variances between the total costs reported in the cost report and fiscal year claimed costs must be justified during the cost report process in order to be considered allowable.
 9. Annual Cost Report Reconciliation Settlement shall be subject to the limitations contained in this Agreement but not limited to:
 - a. Available Match Funds
 - b. Actual submitted and approved claims to those third-parties providing funds in support of specific funded programs.
- D. As part of its annual cost report settlement, County shall identify any amounts due to Contractor by the County or due from Contractor to the County.
1. Upon issuance of the County's annual cost report settlement, Contractor may, within fourteen (14) business days, submit a written request to the County for review of the annual cost report settlement.

2. Upon receipts by the County of Contractor's written request, the County shall, within twenty (20) business days, meet with Contractor to review the annual cost report settlement and to consider any documentation or information presented by Contractor. Contractor may waive such meeting and elect to proceed based on written submission at its sole discretion.
3. Within twenty (20) business days of the meeting specified above, the County shall issue a response to Contractor including confirming or adjusting any amounts due to Contractor by the County or due from Contractor to the County.
4. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor is due payment from the County, the County shall initiate the payment process to Contractor before submitting the annual Cost report to DHCS or other State agencies.
5. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor owes payments to the County, Contractor shall make payment to the County in accordance with Paragraph E below (Method of Payments for Amounts Due to the County).
6. Regardless of any other provision of this Paragraph D, reimbursement to Contractor shall not exceed the maximum financial obligation by fiscal year, funding source, and service modalities as delineated on the Schedules A and B.

E. Method of Payments for Amounts Due to the County

1. Within fourteen (14) business days after written notification by the County to Contractor of any amount due by Contractor, Contractor shall notify the County as to which payment option will be utilized. Payment options for the amount to be recovered will be outlined in the settlement letter.
- C. If Contractor does not so notify the County within such fourteen (14) business days, or if Contractor fails to make payment of any such amount to the County as required, then recovery of such amount from Contractor will be deducted in its entirety from immediate future claim(s) until recovered in.

V. ARTICLE XIII Duration and Termination Paragraphs A is hereby amended to read as follows:

- A. The term of this Agreement shall be from July 1, 2016 through September 30, 2021 inclusive.

VI. This amendment hereby adds Schedules A and B for FY 2020-21 and FY 2021-22. All previously approved schedules remain in effect.

VII. ADDENDUM I is hereby amended as follows:

Article VIII. ADMINISTRATIVE REQUIREMENTS paragraph B is hereby amended to read as follows:

- B. Services will be billed by the minute for all Mode 15 & Mode 60 services.

Article IX. REPORTING REQUIREMENTS article is hereby amended to read as follows:

Contractor shall work in collaboration with DBH for accurate data collections. The expectation is that the selected Contractor's staff will be available for collaboration for at least two (2) hours per month.

The collaboration will include, but is not limited to the following:

- A. Collect, analyze, and report on evaluation elements and their outcomes as defined by DBH.

- B. Provide support and assistance to DBH in any testing/evaluation efforts. This will minimally include the Child, Adolescent, Needs and Strengths Assessment, specifically, the Child, Adolescent Needs and Strengths Assessment: Comprehensive Multisystem Assessment – San Bernardino (CANS-SB), and the Adult Needs Strengths Assessment, (ANSA). Provide DBH Research and Evaluation Section (R&E) with important outcome information throughout the term of any contract awarded. R&E will notify the Agency(s) when its participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining needed information.

Participate in evaluating the progress of the overall program in regard to responding to the mental health needs of local communities. The evaluation may include: Audits, Annual Program Review, contract monitor site reviews or a review of special incident

Article X. PERFORMANCE OUTCOMES paragraph D is hereby revised and E is hereby added to read as follows:

D. Adult Needs Strengths Assessment (ANSA)

1. Within thirty (30) days of admission
2. Every six (6) months, and
3. Within thirty (30) days of discharge

E. Clarifications:

1. A CANS-SB or ANSA is not required at admission if the client did not meet criteria for services AND there is deemed insufficient information to complete the CANS-SB accurately.
2. In no case shall a period of more than six (6) months pass without completing a CANS-SB or ANSA.
3. A CANS-SB or ANSA is not required at discharge if a six (6) month (i.e., update) CANS-SB, ANSA, was administered within the past thirty (30) days AND no significant change in client's presentation has occurred

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

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

COUNTY OF SAN BERNARDINO

South Coast Community Services

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

By Scott McGuirk
787DA7A84418484...
(Authorized signature - sign in blue ink)

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

Title CEO
(Print or Type)

Dated: 5/6/2020

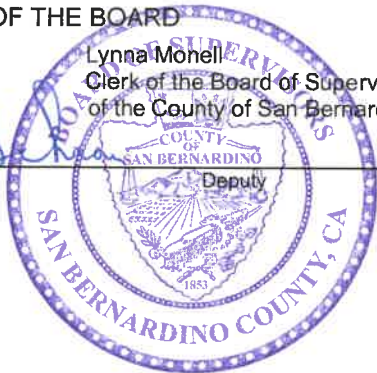
Address 27261 Las Ramblas Ste 220
Mission Viejo, CA 92691

▶ Curt Hagman
Curt Hagman, Chairman, Board of Supervisors

Dated: MAY 19 2020

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

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



FOR COUNTY USE ONLY

Approved by Legal Form
▶ Dawn Martin
Dawn Martin, Deputy County Counsel
Date 5/1/2020

Reviewed for Contract Compliance
▶ Natalie Kesse
Natalie Kesse, Contracts Manager
Date 5/6/2020

Reviewed/Approved by Department
▶ Veronica Kelley
Veronica Kelley, Director
Date 5/7/2020

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: South Coast Community Services	
Actual Cost Contract (cost reimbursement)		GMH-Chino				Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2020 - 2021				Contract/RFP# 16-430 A1	
Title: Chief Executive Officer		July 1, 2020 - June 30, 2021				Address: 27261 Las Ramblas, Suite 220 Mission Viejo, CA 92391	
						Date Form Completed: 3/25/20	
						Date Form Revised:	
100%	Distribution %	3.00%	75.00%	20.00%	2.00%	TOTAL	
LINE	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		
#	SERVICE FUNCTION						
EXPENSES							
1	SALARIES	4,953	123,826	33,020	3,302	165,101	
2	BENEFITS	892	22,289	5,944	594	29,718	
3	(1+2 must equal total staffing costs)	5,844	146,114	38,964	3,897	194,819	
4	OPERATING EXPENSES	8,045	201,136	53,636	5,364	268,181	
4	TOTAL EXPENSES (1+2+3)	13,890	347,250	92,600	9,260	463,000	
AGENCY REVENUES							
5	PATIENT FEES					0	
6	PATIENT INSURANCE					0	
7	MEDI-CARE					0	
8	GRANTS/OTHER					0	
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	
10	CONTRACT AMOUNT (4+9)	13,890	347,250	92,600	9,260	463,000	
FUNDING							
	Mix %	Share %					
11	65.00%	5,903	147,581	39,355	3,936	196,775	
12	10.00%	425	10,635	2,836	284	14,180	
13		5,478	136,947	36,519	3,651	182,595	
14						0	
15						0	
16	5.00%	2,083	52,088	13,890	1,389	69,450	
17						0	
18		13,890	347,250	92,600	9,260	463,000	
19		0	0	0	0	0	
20		5,903	147,582	39,355	3,935	196,775	
21		7,986	199,669	53,245	5,325	266,225	
22		13,890	347,250	92,600	9,260	463,000	
23		2.20	2.99	5.56	4.20		
24		2.20	2.99	5.56	4.20		
25		6,314	116,137	16,655	2,205	141,311	

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: South Coast Community Services	
Actual Cost Contract (cost reimbursement)		GMH-Chino		Contract/RFP# 16-430 A1		Provider # LE 00916	
Prepared by: Scott McGuirk		July 1, 2021 - September 30, 2021		Address: 27261 Las Ramblas, Suite 220		(3 months)	
Title: Chief Executive Officer		Date Form Completed: 3/25/20		Date Form Revised:			
100%	Distribution %	3.00%	75.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL	
#	SERVICE FUNCTION						
EXPENSES							
1	SALARIES	1,238	30,956	8,255	826	41,275	
2	BENEFITS	223	5,572	1,486	149	7,429	
	(1+2 must equal total staffing costs)	1,461	36,528	9,741	974	48,704	
3	OPERATING EXPENSES	2,011	50,285	13,409	1,341	67,046	
4	TOTAL EXPENSES (1+2+3)	3,472	86,813	23,150	2,315	115,750	
AGENCY REVENUES							
5	PATIENT FEES					0	
6	PATIENT INSURANCE					0	
7	MEDI-CARE					0	
8	GRANTS/OTHER					0	
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	
10	CONTRACT AMOUNT (4-9)	3,472	86,813	23,150	2,315	115,750	
FUNDING							
	Mix %	Share %					
11	85.00% MEDI-CAL (FFP)	1,476	36,895	9,839	984	49,194	
12	10.00% EPSDT (2011 REALIGNMENT)	106	2,659	709	71	3,545	
13	1991 REALIGNMENT MATCH	1,369	34,237	9,130	913	45,649	
14						0	
15						0	
16	5.00% 1991 REALIGNMENT - NET COUNTY	521	13,022	3,473	347	17,363	
17						0	
18	FUNDING TOTAL	3,472	86,813	23,150	2,315	115,750	
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	
20	STATE FUNDING (Including Realignment)	1,475	36,896	9,839	984	49,194	
21	FEDERAL FUNDING	1,997	49,917	13,312	1,331	66,557	
22	TOTAL FUNDING	3,472	86,813	23,150	2,315	115,750	
23	MAXIMUM COUNTY CONTRACT RATE (CCR)	2.20	2.99	5.56	4.20		
24	TARGET COST PER UNIT OF SERVICE	2.20	2.99	5.56	4.20		
25	UNITS OF TIME (Minutes)	1,578	29,034	4,164	551	35,327	

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2020 - 2021

Contractor Name: South Coast Community
 Provider # LE 00916
 Contract/RFP# 16-430 A1
 Address: 27281 Las Ramblas, Suite 220
 Mission Viejo, CA 92391
 Date Form Completed: 3/25/20

Prepared by: Scott McGuirk
 Title: Chief Executive Officer

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 External Database - CANS/ANSA	\$1,204	0%	\$0	100%	\$1,204	0	1,204
2 Advertising & Recruitment	\$888	0%	\$0	100%	\$888		888
3 Client Flex Funds	\$0	0%	\$0	100%	\$0		0
4 Computer & Equipment Expense	\$5,749	0%	\$0	100%	\$5,749		5,749
5 Dues & Publications	\$0	0%	\$0	100%	\$0		0
6 EHR Support Fees	\$515	0%	\$0	100%	\$515		515
7 Furniture Expense	\$646	0%	\$0	100%	\$646		646
8 Insurance-Liability	\$4,319	0%	\$0	100%	\$4,319		4,319
9 Interest Expense	\$2,315	0%	\$0	100%	\$2,315		2,315
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
11 Office Expenses	\$5,178	0%	\$0	100%	\$5,178		5,178
12 Office Space/Occupancy	\$37,076	0%	\$0	100%	\$37,076		37,076
13 OMS - Billing Services	\$6,212	0%	\$0	100%	\$6,212		6,212
14 OMS - QA Services	\$9,659	0%	\$0	100%	\$9,659		9,659
15 OMS - Front Desk Svcs	\$10,096	0%	\$0	100%	\$10,096		10,096
16 OMS - Call Center	\$5,491	0%	\$0	100%	\$5,491		5,491
17 Program Expense: Other	\$65,756	0%	\$0	100%	\$65,756		65,756
18 Subcontractors (Psychiatrists)	\$55,385	0%	\$0	100%	\$55,385		55,385
19 Telephone & Internet	\$5,761	0%	\$0	100%	\$5,761		5,761
20 Training & Training Travel	\$301	0%	\$0	100%	\$301		301
21 Transportation Expense	\$2,022	0%	\$0	100%	\$2,022		2,022
22 Indirect Expense	\$49,607	0%	\$0	100%	\$49,607		49,607
23			\$0	100%	\$0		0
SUBTOTAL B:					\$268,181	0	268,181
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$463,000		

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2020 - 2021

Contractor Name: South Coast Community Services
Provider # LE 00516
Contract # P# 16-430 A1
Address: 27261 Las Ramblas, Suite 220
Mission Viejo, CA 92691
Date Form Completed: 3/25/20

Prepared by: Scott McGuirk
Title: Chief Executive Officer

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

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea., Laptop Computers for mobile providers with docking stations @ \$1,500 ea., 1 workgroup printer @ \$1,500 ea., workgroup scanners @ \$1,500 ea., and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EIMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employee's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$386 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense- Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
19 Telephone & Internet	Telephone expenses include call phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expenses	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$0.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method as stated in the OMB Circular A-112 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

Schedule B

SAN BERNARDINO COUNTY											
DEPARTMENT OF BEHAVIORAL HEALTH											
SCHEDULE B											
FY 2020 - 2021											
Contractor Name: South Coast Community Services											
Provider # LE 00916											
Contract/RF# 16-430 A1											
Address: 27261 Las Ramblas, Suite 220											
Mission Viejo, CA 92391											
Date Form Completed: 3/25/20											

Client Service Projections for:	July 1, 2020 - June 30, 2021												
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	11,776	141,311
Projected Cost per Unit													
Case Management (01-09)	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$1,157	\$13,890
Mental Health Services (10-50)	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$28,938	\$347,250
Medication Support (60)	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$7,717	\$92,600
Crisis Intervention (70)	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$772	\$9,260
Number of Unduplicated Clients Served	90	50	10	10	20	10	20	10	20	10	10	10	270

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH											
SCHEDULE "B" STAFFING DETAIL											
FY 2021 - 2022											
July 1, 2021 - September 30, 2021 (12 months)											
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)											
CONTRACTOR NAME: South Coast Community Services											
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	3.2%	1,398	16	1,185	213	
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	12.0%	3,534	62	2,995	539	
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	30.3%	7,588	157	6,431	1,158	
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	8.7%	2,053	45	1,740	313	
Admin Assistant		Admin Assistant	56,160	10,109	66,269	3.2%	523	16	444	80	
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245	
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245	
Bilingual/License Rate Variable			(18,747)	(3,375)	(22,122)	100%	(5,530)		(4,887)	(844)	
Vacancy Factor		Vacancy Factor	(11,537)	(2,077)	(13,613)	100%	(3,403)		(2,884)	(519)	
							TOTAL		41,275	7,429	
							COST:		48,705		
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits											

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

Schedule B

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

Contractor Name: South Coast Community Services
Provider # LE 00916
Contract/Order #: 16-432 A1
Address: 27281 Las Ramblas, Suite 220
Mission Viejo, CA 92691
Date Form Completed: 3/25/20

Prepared by: Scott McGuirk
Title: Chief Executive Officer

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

July 1, 2021 - September 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment. EHR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are reached to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provides a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$388 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense- Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
19 Telephones & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$50 per mile. It will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2021 - 2022				
Contractor Name: South Coast Community Services		Date Form Completed: 3/25/20		
Provider # LE 00916				
Contract/RF# 16-430 A1				
Address: 27261 Las Ramblas, Suite 220				
Mission Viejo, CA 92691				
Client Service Projections for: July 1, 2021 - September 30, 2021				
	Jul-21	Aug-21	Sep-21	TOTAL
Units of Service (Minutes)	11,776	11,776	11,776	35,327
Projected Cost per Unit				
Case Management (01-09)	\$1,157	\$1,157	\$1,157	\$3,472
Mental Health Services (10-50)	\$28,938	\$28,938	\$28,938	\$86,813
Medication Support (60)	\$7,717	\$7,717	\$7,717	\$23,150
Crisis Intervention (70)	\$772	\$772	\$772	\$2,315
Number of Unduplicated Clients Served	90	10	10	110

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: South Coast Community Services	
Actual Cost Contract (cost reimbursement)		GMH-Redlands		Contract/RFP# 16-430 A1		Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2021 - 2022		Address: 27261 Las Ramblas, Suite 220		(3 months)	
Title: Chief Executive Officer		July 1, 2021 - September 30, 2021		Mission Viejo, CA 92391		Date Form Completed: 3/25/20	
Title: Chief Executive Officer		Date Form Revised:					
100%	Distribution %	3.00%	75.00%	30.00%	2.00%	TOTAL	
LINE	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		
#	SERVICE FUNCTION						
EXPENSES							
1	SALARIES	2,726	68,139	18,170	1,817	90,852	
2	BENEFITS	491	12,266	3,271	327	16,354	
3	(1+2 must equal total staffing costs)	3,216	80,405	21,441	2,144	107,206	
4	OPERATING EXPENSES	2,784	69,596	18,559	1,856	92,794	
4	TOTAL EXPENSES (1+2+3)	6,000	150,000	40,000	4,000	200,000	
AGENCY REVENUES							
5	PATIENT FEES					0	
6	PATIENT INSURANCE					0	
7	MED-CARE					0	
8	GRANTS/OTHER					0	
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	
10	CONTRACT AMOUNT (4-9)	6,000	150,000	40,000	4,000	200,000	
FUNDING							
	Mix %	Shares %					
11	85.00%	2,550	63,750	17,000	1,700	85,000	
12	10.00%	184	4,594	1,225	123	6,126	
13	98.03%	2,366	59,166	15,775	1,577	78,874	
14						0	
15						0	
16	5.00%	900	22,500	6,000	600	30,000	
17						0	
18		6,000	150,000	40,000	4,000	200,000	
19		0	0	0	0	0	
20		2,550	63,750	17,000	1,700	85,000	
21		3,450	86,250	23,000	2,300	115,000	
22		6,000	150,000	40,000	4,000	200,000	
23		2.20	2.99	5.56	4.20		
24		2.20	2.99	5.56	4.20		
25		2,727	50,167	7,194	952	61,040	

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: South Coast Community Service	
Actual Cost Contract (cost reimbursement)		GMH- Redlands				Contract/RFPP# 16-430 A1	
Prepared by: Scott McGuirk		FY 2020 - 2021				Address: 27261 Las Ramblas, Suite 220	
Title: Chief Executive Officer		July 1, 2020 - June 30, 2021				Mission Viejo, CA 92391	
		Date Form Completed: 3/25/20				Date Form Revised:	
100% LINE	Distribution %	3.00%	75.00%	20.00%	2.00%	TOTAL	
#	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		
	SERVICE FUNCTION						
EXPENSES							
1	SALARIES	10,902	272,558	72,682	7,267		363,411
2	BENEFITS	1,962	49,061	13,083	1,308		65,415
3	(1+2 must equal total staffing costs)	12,865	321,619	85,765	8,576		428,825
4	OPERATING EXPENSES	11,135	278,381	74,235	7,424		371,175
4	TOTAL EXPENSES (1+2+3)	24,000	600,000	160,000	16,000		800,000
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MED-CARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0
10	CONTRACT AMOUNT (4-9)	24,000	600,000	160,000	16,000		800,000
FUNDING							
11	MEDICAL (FFP)	10,200	255,000	68,000	6,800		340,000
12	EPSDT (2011 REALIGNMENT)	735	18,375	4,900	490		24,500
13	1991 REALIGNMENT MATCH	9,465	236,625	63,100	6,310		315,500
14							0
15							0
16	1991 REALIGNMENT - NET COUNTY	3,600	90,000	24,000	2,400		120,000
17							0
18	FUNDING TOTAL	24,000	600,000	160,000	16,000		800,000
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0		0
20	STATE FUNDING (Including Realignment)	10,200	255,000	68,000	6,800		340,000
21	FEDERAL FUNDING	13,800	345,000	92,000	9,200		460,000
22	TOTAL FUNDING	24,000	600,000	160,000	16,000		800,000
23	MAXIMUM COUNTY CONTRACT RATE (CCR)	2.20	2.99	5.56	4.20		
24	TARGET COST PER UNIT OF SERVICE	2.20	2.99	5.56	4.20		
25	UNITS OF TIME (Minutes)	10,909	200,669	28,777	3,809		244,164

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH												
STAFFING DETAIL												
FY 2021 - 2022												
July 1, 2021 - September 30, 2021												
(12 months)												
CONTRACTOR NAME: South Coast Community Services												
Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services		
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	3,221	38	2,729	492		
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	8,143	144	6,901	1,242		
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	55.21%	13,843	287	11,732	2,112		
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	16.44%	3,881	86	3,289	592		
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	1,206	38	1,022	184		
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245		
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245		
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245		
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	12,272	520	10,400	1,872		
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(12,656)		(10,726)	(1,831)		
Vacancy Factor		Vacancy Factor	(26,402)	(4,752)	(31,154)	100%	(7,788)		(6,600)	(1,188)		
								TOTAL	90,852	16,354		
								COST:	107,206			
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits												

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

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2021 - 2022

Contractor Name: South Coast Community Services
 Provider # LE 00916
 Contract/RF# 16-430 A1
 Address: 27261 Las Ramblas, Suite 220
 Mission Viejo, CA 92391

Date Form Completed: 3/25/20

Prepared by: Scott McGuirk
 Title: Chief Executive Officer

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 External Database - CANS/ANSA	\$520	0%	\$0	100%	\$520.00	0	520
2 Advertising & Recruitment	\$512	0%	\$0	100%	\$512.00		512
3 Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4 Computer & Equipment Expense	\$3,312	0%	\$0	100%	\$3,312.00		3,312
5 Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6 EHR Support Fees	\$296	0%	\$0	100%	\$296.00		296
7 Furniture Expense	\$372	0%	\$0	100%	\$372.00		372
8 Insurance-Liability	\$1,466	0%	\$0	100%	\$1,466.00		1,466
9 Interest Expense	\$1,000	0%	\$0	100%	\$1,000.00		1,000
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11 Office Expenses	\$2,500	0%	\$0	100%	\$2,500.00		2,500
12 Office Space/Occupancy	\$10,687	0%	\$0	100%	\$10,687.00		10,687
13 OMS - Billing Services	\$3,579	0%	\$0	100%	\$3,579.00		3,579
14 OMS - QA Services	\$5,564	0%	\$0	100%	\$5,564.00		5,564
15 OMS - Front Desk Svcs	\$5,816	0%	\$0	100%	\$5,816.00		5,816
16 OMS - Call Center	\$3,163	0%	\$0	100%	\$3,163.00		3,163
17 Program Expense: Other	\$229	0%	\$0	100%	\$229.00		229
18 Subcontractors (Psychiatrists)	\$27,692	0%	\$0	100%	\$27,692.00		27,692
19 Telephone & Internet	\$3,319	0%	\$0	100%	\$3,319.00		3,319
20 Training & Training Travel	\$173	0%	\$0	100%	\$173.00		173
21 Transportation Expense	\$1,165	0%	\$0	100%	\$1,165.00		1,165
22 Indirect Expense	\$21,429	0%	\$0	100%	\$21,429.00		21,429
23			\$0	100%	\$0.00		0
SUBTOTAL B:					\$92,794	0	92,794
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:							\$200,000

Schedule B

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

Contractor Name: South Coast Community Services
Provider # LE 00916
Contract/BPP# 16-430 A1
Address: 27281 Las Ramblas, Suite 220
Mission Viejo, CA 92691

Prepared by: Scott McGuirk
Title: Chief Executive Officer

Date Form Completed: 5/25/20
Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2021 - September 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with Docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay of the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employees Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County (Medi-Cal) billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$566 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense- Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budgeted based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE or Psychiatrist time.
19 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2021 - 2022				
Contractor Name: South Coast Community Services		Date Form Completed: 3/25/20		
Provider # LE 00916				
Contract/RFP# 16-430 A1				
Address: 27261 Las Ramblas, Suite 220				
Mission Viejo, CA 92391				
Client Service Projections for: July 1, 2021 - September 30, 2021				
	Jul-21	Aug-21	Sep-21	TOTAL
Units of Service (Minutes)	20,347	20,347	20,347	61,040
Projected Cost per Unit				
Case Management (01-09)	\$2,000	\$2,000	\$2,000	\$6,000
Mental Health Services (10-50)	\$50,000	\$50,000	\$50,000	\$150,000
Medication Support (60)	\$13,333	\$13,333	\$13,333	\$40,000
Crisis Intervention (70)	\$1,333	\$1,333	\$1,333	\$4,000
Number of Unduplicated Clients Served	90	10	10	110

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE "B" STAFFING DETAIL**

Schedule B		FY 2020 - 2021		July 1, 2020 - June 30, 2021		(12 months)				
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME: South Coast Community Services										
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	12,885	66	10,920	1,966
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	32,573	249	27,604	4,969
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	55.21%	55,374	629	46,927	8,447
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	16.44%	15,524	181	13,156	2,368
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	4,824	66	4,088	736
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	49,088	2,080	41,600	7,488
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(50,625)		(42,903)	(7,722)
Vacancy Factor		Vacancy Factor	(26,402)	(4,752)	(31,154)	100%	(31,154)		(26,402)	(4,752)
TOTAL COST:							428,824		363,411	65,415

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

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

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

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B									
FY 2020 - 2021									
South Coast Community									
Contractor Name: Services									
Provider # LE 00916									
Contract/RFP# 16-430 A1									
Address: 27261 Las Ramblas, Suite 220									
Mission Viejo, CA 92391									
Date Form Completed: 3/25/20									
July 1, 2020 - June 30, 2021									
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget	Budget Revision	
1 External Database - CANS/ANSA	\$2,080	0%	\$0	100%	\$2,080.00	0	2,080		
2 Advertising & Recruitment	\$2,047	0%	\$0	100%	\$2,047.25		2,047		
3 Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0		
4 Computer & Equipment Expense	\$13,248	0%	\$0	100%	\$13,247.59		13,248		
5 Dues & Publications	\$0	0%	\$0	100%	\$0.00		0		
6 EHR Support Fees	\$1,186	0%	\$0	100%	\$1,185.81		1,186		
7 Furniture Expense	\$1,489	0%	\$0	100%	\$1,488.91		1,489		
8 Insurance-Liability	\$5,865	0%	\$0	100%	\$5,864.50		5,865		
9 Interest Expense	\$4,000	0%	\$0	100%	\$4,000.00		4,000		
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0		
11 Office Expenses	\$10,000	0%	\$0	100%	\$10,000.00		10,000		
12 Office Space/Occupancy	\$42,750	0%	\$0	100%	\$42,749.75		42,750		
13 OMS - Billing Services	\$14,316	0%	\$0	100%	\$14,315.72		14,316		
14 OMS - QA Services	\$22,257	0%	\$0	100%	\$22,256.82		22,257		
15 OMS - Front Desk Svcs	\$23,264	0%	\$0	100%	\$23,264.24		23,264		
16 OMS - Call Center	\$12,654	0%	\$0	100%	\$12,653.86		12,654		
17 Program Expense: Other	\$909	0%	\$0	100%	\$908.56		909		
18 Subcontractors (Psychiatrists)	\$110,769	0%	\$0	100%	\$110,769.23		110,769		
19 Telephone & Internet	\$13,276	0%	\$0	100%	\$13,275.63		13,276		
20 Training & Training Travel	\$693	0%	\$0	100%	\$693.44		693		
21 Transportation Expense	\$4,660	0%	\$0	100%	\$4,660.11		4,660		
22 Indirect Expense	\$85,714	0%	\$0	100%	\$85,714.00		85,714		
23			\$0	100%	\$0.00		0		
SUBTOTAL B:					\$371,175	0	371,175		
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$800,000				

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.

Prepared by: Scott McGuirk
Title: Chief Executive Officer

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
CERULES
BUDGET NARRATIVE
FY 2020 - 2021

Contractor Name: South Coast Community Services
Order # LE 00915
Contract/RFQ#: 18-430 A1
Address: 27281 Las Ramblas, Suite 220
Mission Viejo, CA 92691
Date Form Completed: 3/22/20

Prepared by: Scott McGurk
Title: Chief Executive Officer

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

July 1, 2020 - June 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea., Laptop Computers for mobile providers with Docking stations @ \$1,500 ea., 1 workgroup printer @ \$1,500 ea., workgroup scanners @ \$1,500 ea., and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HPAAs secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to earning costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$368 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$189 per supported user (direct service provider) per month.
17 Program Expenses: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budgeted based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
19 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Releas) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which includes travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any program or cost center. These costs have been calculated by using the salary allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 15% of direct program costs and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/Sick/Holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2020 - 2021													
											Contractor Name: South Coast Community Services		
											Provider # LE 00916		
											Contract/RFP# 16-430 A1		
											Address: 27261 Las Ramblas, Suite 220		
											Mission Viejo, CA 92391		
											Date Form Completed: 3/25/20		
Client Service Projections for: July 1, 2020 - June 30, 2021													
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	20,347	244,164
Projected Cost per Unit													
Case Management (01-09)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$24,000
Mental Health Services (10-50)	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$600,000
Medication Support (60)	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$13,333	\$160,000
Crisis Intervention (70)	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$1,333	\$16,000
Number of Unduplicated Clients Served	90	50	10	10	20	10	20	10	20	10	10	10	270

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: South Coast Community Service	
Actual Cost Contract (cost reimbursement)		GMH-Upland		Contract/RFP# 16-430 A1		Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2020 - 2021		Address: 27261 Las Ramblas, Suite 220		Mission Viejo, CA 92391	
Title: Chief Executive Officer		July 1, 2020 - June 30, 2021		Date Form Completed: 3/25/20		Date Form Revised:	
Mix %	Distribution %	3.00%	75.00%	36.00%	2.00%	TOTAL	
LINE	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL	
#	SERVICE FUNCTION					TOTAL	
EXPENSES							
1	SALARIES	11,295	282,392	75,305	7,530	376,523	
2	BENEFITS	2,033	50,831	13,555	1,355	67,774	
3	(1+2 must equal total staffing costs)	13,329	333,223	88,859	8,886	444,297	
4	OPERATING EXPENSES	12,261	306,527	81,741	8,174	408,703	
4	TOTAL EXPENSES (1+2+3)	25,590	639,750	170,600	17,060	853,000	
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MEDICARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0
10	CONTRACT AMOUNT (4-9)	25,590	639,750	170,600	17,060	853,000	
FUNDING							
11	MEDI-CAL (FFP)	10,876	271,894	72,505	7,251	362,526	
12	EPSDT (2011 REALIGNMENT)	784	19,593	5,225	522	26,124	
13	1991 REALIGNMENT MATCH	10,091	252,301	67,280	6,728	336,400	
14							0
15	1991 REALIGNMENT - NET COUNTY	3,838	95,963	25,590	2,559	127,950	
17							0
18	FUNDING TOTAL	25,590	639,750	170,600	17,060	853,000	
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	
20	STATE FUNDING (Including Realignment)	10,875	271,894	72,505	7,250	362,524	
21	FEDERAL FUNDING	14,714	367,857	98,095	9,810	490,476	
22	TOTAL FUNDING	25,590	639,750	170,600	17,060	853,000	
23	MAXIMUM COUNTY CONTRACT RATE (CCR)	2.20	2.99	5.56	4.20		
24	TARGET COST PER UNIT OF SERVICE	2.20	2.99	5.56	4.20		
25	UNITS OF TIME (Minutes)	11,632	213,963	30,683	4,062	260,340	

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: South Coast Community Service	
Actual Cost Contract (cost reimbursement)		GMH-Upland		Contract/RFP# 16-430 A1		Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2021 - 2022		Address: 27261 Las Ramblas, Suite 220		(3 months)	
Title: Chief Executive Officer		July 1, 2021 - September 30, 2021		Mission Viejo, CA 92391		Date Form Completed: 3/25/20	
Date Form Revised:							
100%	Distribution %	3.00%	75.00%	20.00%	2.00%	TOTAL	
LINE	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		
#	SERVICE FUNCTION						
EXPENSES							
1	SALARIES	2,824	70,598	18,826	1,883	94,130	
2	BENEFITS	508	12,708	3,389	339	16,944	
3	(1+2 must equal total staffing costs)	3,332	83,306	22,215	2,221	111,074	
4	OPERATING EXPENSES	3,065	76,632	20,435	2,044	102,176	
4	TOTAL EXPENSES (1+2+3)	6,398	159,938	42,650	4,265	213,250	
AGENCY REVENUES							
5	PATIENT FEES						0
6	PATIENT INSURANCE						0
7	MEDI-CARE						0
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0
10	CONTRACT AMOUNT (4-9)	6,398	159,938	42,650	4,265	213,250	
FUNDING							
	Mix %	Share %					
11	85.00% MEDICAL (FFP)	2,719	67,973	18,126	1,813	90,631	
12	0.00% EPSDT (2011 REALIGNMENT)	196	4,898	1,306	131	6,531	
13	1991 REALIGNMENT MATCH	2,523	63,076	16,821	1,681	84,101	
14							0
15							0
16	5.00% 1991 REALIGNMENT - NET COUNTY	960	23,991	6,398	640	31,988	
17							0
18	FUNDING TOTAL	6,398	159,938	42,650	4,265	213,250	
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	
20	STATE FUNDING (Including Realignment)	2,719	67,974	18,127	1,812	90,632	
21	FEDERAL FUNDING	3,679	91,964	24,524	2,453	122,619	
22	TOTAL FUNDING	6,398	159,938	42,650	4,265	213,250	
23	MAXIMUM COUNTY CONTRACT RATE (CCR)	2.20	2.99	5.56	4.20		
24	TARGET COST PER UNIT OF SERVICE	2.20	2.99	5.56	4.20		
25	UNITS OF TIME (Minutes)	2,908	53,491	7,671	1,016	65,086	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH											
SCHEDULE "B" STAFFING DETAIL											
FY 2020 - 2021											
July 1, 2020 - June 30, 2021											
(12 months)											
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)											
CONTRACTOR NAME: South Coast Community Services											
Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	12,885	66	10,920	1,965	
Amy Graves, LMFT Supervisor	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	32,573	249	27,604	4,969	
Clinical Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	69.74%	69,946	629	59,276	10,670	
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	17.40%	16,424	181	13,919	2,505	
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	4,824	66	4,088	736	
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979	
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979	
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979	
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	49,088	2,080	41,600	7,488	
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(50,625)		(42,903)	(7,722)	
Vacancy Factor		Vacancy Factor	(26,402)	(4,752)	(31,154)	100%	(31,154)		(26,402)	(4,752)	
TOTAL COST:								376,523		67,774	
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits											

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

Schedule B

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

FY 2020 - 2021

Contractor Name: South Coast Community Services
 Provider # LE 00916
 Contract/RFP#: 16-430 A1
 Address: 27261 Las Ramblas, Suite 220
 Mission Viejo, CA 92391

Date Form Completed: 3/25/20

Prepared by: Scott McGuirk
 Title: Chief Executive Officer

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 External Database - CANS/ANSA	\$2,218	0%	\$0	100%	\$2,217.80	0	2,218
2 Advertising & Recruitment	\$2,047	0%	\$0	100%	\$2,047.25		2,047
3 Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4 Computer & Equipment Expense	\$13,248	0%	\$0	100%	\$13,247.59		13,248
5 Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6 EHR Support Fees	\$1,186	0%	\$0	100%	\$1,185.81		1,186
7 Furniture Expense	\$1,489	0%	\$0	100%	\$1,488.91		1,489
8 Insurance-Liability	\$5,865	0%	\$0	100%	\$5,864.50		5,865
9 Interest Expense	\$4,265	0%	\$0	100%	\$4,265.00		4,265
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11 Office Expenses	\$11,932	0%	\$0	100%	\$11,931.67		11,932
12 Office Space/Occupancy	\$70,536	0%	\$0	100%	\$70,536.25		70,536
13 OMS - Billing Services	\$14,316	0%	\$0	100%	\$14,315.72		14,316
14 OMS - QA Services	\$22,257	0%	\$0	100%	\$22,256.82		22,257
15 OMS - Front Desk Svcs	\$23,264	0%	\$0	100%	\$23,264.24		23,264
16 OMS - Call Center	\$12,654	0%	\$0	100%	\$12,653.86		12,654
17 Program Expense: Other	\$2,636	0%	\$0	100%	\$2,636.45		2,636
18 Subcontractors (Psychiatrists)	\$110,769	0%	\$0	100%	\$110,769.23		110,769
19 Telephone & Internet	\$13,276	0%	\$0	100%	\$13,275.63		13,276
20 Training & Training Travel	\$693	0%	\$0	100%	\$693.44		693
21 Transportation Expense	\$4,660	0%	\$0	100%	\$4,660.11		4,660
22 Indirect Expense	\$91,393	0%	\$0	100%	\$91,393.00		91,393
23			\$0	100%	\$0.00		0
SUBTOTAL B:					\$408,703	0	408,703
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$853,000		

Schedule B

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2020 - 2021

Contractor Name: South Coast Community Services
 Provider # LE 00918
 Contract/RFP#: 16-430 A1
 Address: 27261 Las Rumbas, Suite 220
 Milpion Vtjo, CA 92381
 Date Form Completed: 3/25/20

Prepared by: Scott McGuirk
 Title: Chief Executive Officer

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

ITEM	Justification of Cost
1 External Database - CANS/ANSAs	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability, Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Medi-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, from the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$366 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling those clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Mode 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Sub-contractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrists time.
19 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf of the program. Currently budgeted at \$.50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

Schedule B

SAN BERNARDINO COUNTY	
DEPARTMENT OF BEHAVIORAL HEALTH	
SCHEDULE B	
FY 2020 - 2021	
Contractor Name:	South Coast Community Services
Provider #	LE 00916
Contract/RFP#	16-430 A1
Address:	27261 Las Ramblas, Suite 220 Mission Viejo, CA 92391
Date Form Completed:	3/25/20

Client Service Projections for:	July 1, 2020 - June 30, 2021												
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	21,695	260,340
Projected Cost per Unit													
Case Management (01-09)	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$2,132	\$25,590
Mental Health Services (10-50)	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$53,313	\$639,750
Medication Support (60)	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$14,217	\$170,600
Crisis Intervention (70)	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$1,422	\$17,060
Number of Unduplicated Clients Served	90	50	10	10	20	10	20	10	20	10	10	10	270

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE "B" STAFFING DETAIL**

Schedule B **Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)** **FY 2021 - 2022** **July 1, 2021 - September 30, 2021** **(3 months)**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Pringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	3,221	38	2,729	492
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	8,143	144	6,901	1,242
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	69.74%	17,487	363	14,819	2,668
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	17.40%	4,106	90	3,480	626
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	1,206	38	1,022	184
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	12,272	520	10,400	1,872
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(12,656)		(10,738)	(1,931)
Vacancy Factor		Vacancy Factor	(26,402)	(4,752)	(31,154)	100%	(7,788)		(6,509)	(1,188)
							TOTAL COST:		94,130	16,944

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

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

Schedule B

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

FY 2021 - 2022

Contractor Name: South Coast Community Services
 Provider # LE 00916
 Contract/RFP# 16-430 A1
 Address: 27261 Las Ramblas, Suite 220
 Mission Viejo, CA 92391

Date Form Completed: 3/25/20

Prepared by: Scott McGuirk
 Title: Chief Executive Officer

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

July 1, 2021 - September 30, 2021

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 External Database - CANS/ANSA	\$554	0%	\$0	100%	\$554.00	0	554
2 Advertising & Recruitment	\$512	0%	\$0	100%	\$512.00		512
3 Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4 Computer & Equipment Expense	\$3,312	0%	\$0	100%	\$3,312.00		3,312
5 Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6 EHR Support Fees	\$296	0%	\$0	100%	\$296.00		296
7 Furniture Expense	\$372	0%	\$0	100%	\$372.00		372
8 Insurance-Liability	\$1,466	0%	\$0	100%	\$1,466.00		1,466
9 Interest Expense	\$1,066	0%	\$0	100%	\$1,066.00		1,066
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11 Office Expenses	\$2,983	0%	\$0	100%	\$2,983.00		2,983
12 Office Space/Occupancy	\$17,634	0%	\$0	100%	\$17,634.00		17,634
13 OMS - Billing Services	\$3,579	0%	\$0	100%	\$3,579.00		3,579
14 OMS - QA Services	\$5,564	0%	\$0	100%	\$5,564.00		5,564
15 OMS - Front Desk Svcs	\$5,816	0%	\$0	100%	\$5,816.00		5,816
16 OMS - Call Center	\$3,163	0%	\$0	100%	\$3,163.00		3,163
17 Program Expense: Other	\$662	0%	\$0	100%	\$662.00		662
18 Subcontractors (Psychiatrists)	\$27,692	0%	\$0	100%	\$27,692.00		27,692
19 Telephone & Internet	\$3,319	0%	\$0	100%	\$3,319.00		3,319
20 Training & Training Travel	\$173	0%	\$0	100%	\$173.00		173
21 Transportation Expense	\$1,165	0%	\$0	100%	\$1,165.00		1,165
22 Indirect Expense	\$22,848	0%	\$0	100%	\$22,848.00		22,848
23			\$0	100%	\$0.00		0
SUBTOTAL B:					\$102,176	0	102,176
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$213,250		

Schedule B

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

Contractor Name: South Coast Community Services
Provider # LE 00916
Contract # PPA 1E-430 A1
Address: 27261 Las Ramblas, Suite 220
Mission Viejo, CA 92691
Date Form Completed: 3/25/20

Prepared by: Scott McGuirk
Title: Chief Executive Officer

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

July 1, 2021 - September 30, 2021

ITEM	Justification of Cost
1 External Database - CANIS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Flex Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$500 ea. We also included the costs of the servers and networking equipment. EIMR, email and security software and maintenance. Also includes license fees for HPAA secure services to facilitate Telehealth services. We used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay off the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
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18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
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Schedule B

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

Contractor Name: South Coast Community Services
 Provider # LE 00916
 Contract/RFP# 16-430 A1
 Address: 27261 Las Ramblas, Suite 220
 Mission Viejo, CA 92391

Date Form Completed: 3/25/20

Client Service Projections for:	July 1, 2021 - September 30, 2021	July 1, 2021 - September 30, 2021	Aug-21	Sep-21	TOTAL
Units of Service (Minutes)	21,695	21,695	21,695	21,695	65,086
Projected Cost per Unit					
Case Management (01-09)	\$2,133	\$2,133	\$2,133	\$2,133	\$6,398
Mental Health Services (10-50)	\$53,313	\$53,313	\$53,313	\$53,313	\$159,938
Medication Support (60)	\$14,217	\$14,217	\$14,217	\$14,217	\$42,650
Crisis Intervention (70)	\$1,422	\$1,422	\$1,422	\$1,422	\$4,265
Number of Unduplicated Clients Served	90	10	10	10	110

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: South Coast Community Services	
Actual Cost Contract (cost reimbursement)		GMH- Yucaipa		Contract/RFP# 16-430 A1		Provider # LE 00916	
Prepared by: Scott McGuirk		FY 2020 - 2021		Address: 27261 Las Ramblas, Suite 220		Mission Viejo, CA 92391	
Title: Chief Executive Officer		July 1, 2020 - June 30, 2021		Date Form Completed:		Date Form Revised:	
100%	Distribution %	3.00%	78.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	16-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL	
#	SERVICE FUNCTION						
EXPENSES							
1	SALARIES	8,588	214,698	57,253	5,725	286,264	
2	BENEFITS	1,546	38,646	10,306	1,031	51,528	
3	(1+2 must equal total staffing costs)	10,134	253,344	67,558	6,756	337,792	
4	OPERATING EXPENSES	10,386	259,656	69,242	6,924	346,208	
4	TOTAL EXPENSES (1+2+3)	20,520	513,000	136,800	13,680	684,000	
AGENCY REVENUES							
5	PATIENT FEES					0	
6	PATIENT INSURANCE					0	
7	MEDI-CARE					0	
8	GRANTS/OTHER					0	
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	
10	CONTRACT AMOUNT (4-9)	20,520	513,000	136,800	13,680	684,000	
FUNDING							
11	MEDI-CAL (FFP)	8,721	218,025	58,140	5,814	290,700	
12	EPSDT (2011 REALIGNMENT)	628	15,711	4,190	419	20,948	
13	1991 REALIGNMENT MATCH	8,093	202,314	53,950	5,395	269,752	
14						0	
15						0	
16	1991 REALIGNMENT - NET COUNTY	3,078	76,950	20,520	2,052	102,600	
17						0	
18	FUNDING TOTAL	20,520	513,000	136,800	13,680	684,000	
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	
20	STATE FUNDING (including Realignment)	8,721	218,025	58,140	5,814	290,700	
21	FEDERAL FUNDING	11,799	294,975	78,660	7,866	393,300	
22	TOTAL FUNDING	20,520	513,000	136,800	13,680	684,000	
23	MAXIMUM COUNTY CONTRACT RATE (CCR)	2.20	2.99	5.56	4.20	208,760	
24	TARGET COST PER UNIT OF SERVICE	2.20	2.99	5.56	4.20		
25	UNITS OF TIME (Minutes)	9,327	171,572	24,604	3,257		

Schedule A

SCHEDULE A - Planning Estimates		SAN BERNARDINO COUNTY		DEPARTMENT OF BEHAVIORAL HEALTH		Contractor Name: South Coast Community Service	
Actual Cost Contract (cost reimbursement)		GMH- Yucaipa		Provider # LE 00916		Contract/RFP# 16-430 A1	
Prepared by: Scott McGuirk		FY 2021 - 2022		Address: 27261 Las Ramblas, Suite 220		Mission Viejo, CA 92391	
Title: Chief Executive Officer		July 1, 2021 - September 30, 2021		Date Form Completed: 3/25/20		Date Form Revised:	
100%	Distribution %	3.00%	75.00%	20.00%	2.00%		
LINE	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL	
#	SERVICE FUNCTION						
EXPENSES							
1	SALARIES	2,147	53,675	14,313	1,431		71,566
2	BENEFITS	386	9,662	2,576	258		12,882
3	(1+2 must equal total staffing costs)	2,533	63,336	16,890	1,689		84,448
4	OPERATING EXPENSES	2,597	64,914	17,310	1,731		86,552
5	TOTAL EXPENSES (1+2+3)	5,130	128,250	34,200	3,420		171,000
AGENCY REVENUES							
6	PATIENT FEES						0
7	PATIENT INSURANCE						0
8	MEDI-CARE						0
9	GRANTS/OTHER						0
10	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0		0
11	CONTRACT AMOUNT (4-9)	5,130	128,250	34,200	3,420		171,000
FUNDING							
12	MEDICAL (FFP)	2,180	54,506	14,535	1,454		72,675
13	EPSDT (2011 REALIGNMENT)	157	3,928	1,047	105		5,237
14	1991 REALIGNMENT MATCH	2,023	50,579	13,488	1,348		67,438
15	1991 REALIGNMENT - NET COUNTY	769	19,238	5,130	513		25,650
16	FUNDING TOTAL	5,130	128,250	34,200	3,420		171,000
17	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0		0
18	STATE FUNDING (Including Realignment)	2,180	54,507	14,535	1,453		72,675
19	FEDERAL FUNDING	2,949	73,744	19,665	1,967		98,325
20	TOTAL FUNDING	5,130	128,250	34,200	3,420		171,000

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE "B" STAFFING DETAIL**

Schedule B

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

July 1, 2020 - June 30, 2021 (12 months)

CONTRACTOR NAME: South Coast Community Services

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits *	Total Full Time Salaries & Benefits *	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	5.91%	10,454	66	8,858	1,595
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	22.40%	26,427	249	22,396	4,031
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	44.79%	44,926	629	38,073	6,853
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	12.33%	11,643	181	9,867	1,776
Admin Assistant		Admin Assistant	56,160	10,109	66,269	5.91%	3,914	66	3,317	597
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Clinician	MFT Int/ASW	Clinician	72,105	12,979	85,084	100.0%	85,084	2,080	72,105	12,979
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	49,088	2,080	41,600	7,488
Bilingual/License Rate Variable			(33,529)	(6,035)	(39,564)	100%	(39,564)		(33,529)	(6,035)
Vacancy Factor		Vacancy Factor	(20,633)	(3,714)	(24,347)	100%	(24,347)		(20,633)	(3,714)
TOTAL									386,264	51,528
COST:									337,792	

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

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

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

Schedule B

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

FY 2020 - 2021

Contractor Name: South Coast Community Services
 Provider # LE 00916
 Contract/RFPI # 16-430 A1
 Address: 27261 Las Ramblas, Suite 220
Mission Viejo, CA 92391

Prepared by: Scott McGuirk
 Title: Chief Executive Officer
 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.

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 External Database - CANS/ANSA	\$1,778	0%	\$0	100%	\$1,778.40	0	1,778
2 Advertising & Recruitment	\$1,661	0%	\$0	100%	\$1,660.98		1,661
3 Client Flex Funds	\$0	0%	\$0	100%	\$0.00		0
4 Computer & Equipment Expenses	\$10,748	0%	\$0	100%	\$10,748.04		10,748
5 Dues & Publications	\$0	0%	\$0	100%	\$0.00		0
6 EHR Support Fees	\$962	0%	\$0	100%	\$962.07		962
7 Furniture Expense	\$1,208	0%	\$0	100%	\$1,207.99		1,208
8 Insurance-Liability	\$5,349	0%	\$0	100%	\$5,349.46		5,349
9 Interest Expense	\$3,420	0%	\$0	100%	\$3,420.00		3,420
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0.00		0
11 Office Expenses	\$9,680	0%	\$0	100%	\$9,680.41		9,680
12 Office Space/Occupancy	\$44,023	0%	\$0	100%	\$44,022.68		44,023
13 OMS - Billing Services	\$11,615	0%	\$0	100%	\$11,614.64		11,615
14 OMS - QA Services	\$18,057	0%	\$0	100%	\$18,057.42		18,057
15 OMS - Front Desk Svcs	\$18,875	0%	\$0	100%	\$18,874.76		18,875
16 OMS - Call Center	\$10,266	0%	\$0	100%	\$10,266.34		10,266
17 Program Expense: Other	\$37,088	0%	\$0	100%	\$37,087.95		37,088
18 Subcontractors (Psychiatrists)	\$83,077	0%	\$0	100%	\$83,076.92		83,077
19 Telephone & Internet	\$10,771	0%	\$0	100%	\$10,770.80		10,771
20 Training & Training Travel	\$563	0%	\$0	100%	\$562.60		563
21 Transportation Expense	\$3,781	0%	\$0	100%	\$3,780.85		3,781
22 Indirect Expense	\$73,286	0%	\$0	100%	\$73,286.00		73,286
23			\$0	100%	\$0.00		0
14			\$0	100%	\$0.00		0
15							0
SUBTOTAL B:					\$346,208	0	346,208
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$694,000		

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2020 - 2021

Contractor Name: South Coast Community Services
Provider # LE 00916
Contract/RFPI#: 16-430 A1
Address: 27261 Las Ramblas, Suite 220
Mission Viejo, CA 92691

Date Form Completed: _____

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July 1, 2020 - June 30, 2021

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Schedule B

SAN BERNARDINO COUNTY	
DEPARTMENT OF BEHAVIORAL HEALTH	
SCHEDULE B	
FY 2020 - 2021	
Contractor Name: South Coast Community Services	
Provider # LE 00916	
Contract/RFP# 16-430 A1	
Address: 27261 Las Ramblas, Suite 220	
Mission Viejo, CA 92391	

Client Service Projections for:	Date Form Completed:													
	July 1, 2020 - June 30, 2021	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	17,397	208,760
Projected Cost per Unit														
Case Management (01-09)	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$1,710	\$20,520
Mental Health Services (10-50)	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$42,750	\$513,000
Medication Support (60)	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$11,400	\$136,800
Crisis Intervention (70)	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$1,140	\$13,680
Number of Unduplicated Clients Served	90	50	10	10	20	10	20	10	20	10	20	10	10	270

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH											
SCHEDULE "B" STAFFING DETAIL											
FY 2021 - 2022											
July 1, 2021 - September 30, 2021 (3 months)											
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)											
CONTRACTOR NAME:	South Coast Community Services										
Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	
Jennifer Yang, LMFT	MFT/LCSW	Program Director	150,000	27,000	177,000	7.28%	3,221	38	2,729	492	
Amy Graves, LMFT	MFT/LCSW	Program Manager	100,000	18,000	118,000	27.60%	8,143	144	6,901	1,242	
Supervisor	MFT/LCSW	Supervisor	85,000	15,300	100,300	69.74%	17,487	363	14,819	2,668	
Clinical Supervisor	MFT/LCSW	Clinical Supervisor	80,000	14,400	94,400	17.40%	4,106	90	3,480	626	
Admin Assistant		Admin Assistant	56,160	10,109	66,269	7.28%	1,206	38	1,022	184	
Clinician		Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245	
Clinician		Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245	
Clinician		Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245	
Clinician		Clinician	72,105	12,979	85,084	100.0%	21,271	520	18,026	3,245	
Peer&Family Advocate		Peer&Family Advocate	41,600	7,488	49,088	100.00%	12,272	520	10,400	1,872	
Bilingual/License Rate Variable			(42,903)	(7,722)	(50,625)	100%	(12,656)		(10,726)	(1,931)	
Vacancy Factor		Vacancy Factor	(26,402)	(4,752)	(31,154)	100%	(7,788)		(6,600)	(1,188)	
TOTAL									94,130	16,944	
COST:											
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits											

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

Schedule B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2021 - 2022

Contractor Name: South Coast Community Services
 Provider # LE 00916
 Contract/RFP# 16-430 A1
 Address: 27261 Las Ramblas, Suite 220
 Mission Viejo, CA 92391

Prepared by: Scott McGuirk
 Title: Chief Executive Officer

Date Form Completed: 3/25/20

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 External Database - CANS/ANSA	\$445	0%	\$0	100%	\$445	0	445
2 Advertising & Recruitment	\$415	0%	\$0	100%	\$415		415
3 Client Flex Funds	\$0	0%	\$0	100%	\$0		0
4 Computer & Equipment Expenses	\$2,687	0%	\$0	100%	\$2,687		2,687
5 Dues & Publications	\$0	0%	\$0	100%	\$0		0
6 EHR Support Fees	\$241	0%	\$0	100%	\$241		241
7 Furniture Expense	\$302	0%	\$0	100%	\$302		302
8 Insurance-Liability	\$1,337	0%	\$0	100%	\$1,337		1,337
9 Interest Expense	\$855	0%	\$0	100%	\$855		855
10 Leased Vehicle Expense	\$0	0%	\$0	100%	\$0		0
11 Office Expenses	\$2,420	0%	\$0	100%	\$2,420		2,420
12 Office Space/Occupancy	\$11,006	0%	\$0	100%	\$11,006		11,006
13 OMS - Billing Services	\$2,904	0%	\$0	100%	\$2,904		2,904
14 OMS - QA Services	\$4,514	0%	\$0	100%	\$4,514		4,514
15 OMS - Front Desk Svcs	\$4,719	0%	\$0	100%	\$4,719		4,719
16 OMS - Call Center	\$2,567	0%	\$0	100%	\$2,567		2,567
17 Program Expense: Other	\$9,270	0%	\$0	100%	\$9,270		9,270
18 Subcontractors (Psychiatrists)	\$20,769	0%	\$0	100%	\$20,769		20,769
19 Telephone & Internet	\$2,693	0%	\$0	100%	\$2,693		2,693
20 Training & Training Travel	\$141	0%	\$0	100%	\$141		141
21 Transportation Expense	\$945	0%	\$0	100%	\$945		945
22 Indirect Expense	\$18,322	0%	\$0	100%	\$18,322		18,322
23			\$0	100%	\$0		0
SUBTOTAL B:					\$86,552	0	86,552
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$171,000		

Schedule B

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

Contractor Name: South Coast Community Services
 Provider # LE 00918
 Contract/IRFP# 18-430 A1
 Address: 27281 Las Ramblas, Suite 220
 Mission Viejo, CA 92694

Date Form Completed: 1/28/20
 Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2021 - September 30, 2021

ITEM	Justification of Cost
1 External Database - CANS/ANSA	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
3 Client Exit Funds	N/A
4 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equipment, supplies, and employee costs related to the maintenance of communication. These costs include Computer Equipment of Desktop Computers with loaded software @ \$1,200 ea.; Laptop Computers for mobile providers with docking stations @ \$1,500 ea.; 1 workgroup printer @ \$1,500 ea.; workgroup scanners @ \$1,500 ea.; and electronic signature pads @ \$300 ea. We also included the costs of the servers and networking equipment, EMR, email and security software and maintenance. Also includes license fees for HIPAA secure services to facilitate Telehealth services. We Used Actual Cost as our cost basis. Equipment is leased and spread over the life of the contract.
5 Dues & Publications	N/A
6 EHR Support Fees	Even though SCCS owns the software rights to the Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support. The amount charged to us on a monthly basis is upon a set fee per user. The fees charged for administrative staff is charged to a cost center that does not calculate to indirect.
7 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
8 Insurance-Liability	This line item includes contract-required coverages including Comprehensive General Liability with broad form property damage and contractual liability, Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability.
9 Interest Expense	This line item is included in the budget to cover financing costs on funds borrowed for expenditures incurred during the life of the contract. Program costs commence July 1 but historically, the first interim payments are not received by SCCS until three to four months into the fiscal year. This requires that interest costs be incurred on a line of credit to implement the program for several months before funds are available to us as the contractor. This would include interest expenses directly related to covering costs from the first date of the contract or contract expansion until adequate reimbursement funds are received to maintain the program and pay of the line of credit related to the program.
10 Leased Vehicle Expense	N/A
11 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
12 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program.
13 OMS - Billing Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) monitors documentation entered into the SCCS County Med-Cal billing platforms and other health insurance companies. OMS monitor accuracy of every claim submitted, including follow up on the payment of claims. The contract rate is a flat fee of \$225 per supported user (direct service provider) per month.
14 OMS - QA Services	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides Clinical and Technical Quality Assurance functions of for programs. OMS provide guidance and coordination towards satisfying agency standards and requirements for quality improvement and quality assurance. The contract rate is a flat fee of \$350 per supported user (direct service provider) per month.
15 OMS - Front Desk Svcs	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) provides for smooth operations of the client experience, the front door to when the client leaves each visit. Provide a high level of customer services in all administrative functions, and improving relations with current and prospective clients, vendors, contractors, and other agencies. The contract rate is a flat fee of \$388 per supported user (direct service provider) per month.
16 OMS - Call Center	These are services contracted to SCCS, for which obtain permission previously in FY2018-2019. Outsource Management Services (OMS) is responsible for receiving inbound communications from clients and potential clients of SCCS, and scheduling these clients into the most appropriate SCCS program for the client, within the shortest amount of time possible. Target appointments are from same day to no more than three business days hence. The contract rate is a flat fee of \$199 per supported user (direct service provider) per month.
17 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training aids, handbooks, and other supplies. Client flexible spending are also included in this line item. Direct client needs budgeted under Meas 60 SF 72. A 1.5% allocation of total contract is budget based on historical spending.
18 Subcontractors (Psychiatrists)	Budgeted for a fractional FTE of Psychiatrist time.
19 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access.
20 Training & Training Travel	This line item is for training costs via training videos (Radian) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
21 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$50 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commutes mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
22 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the OMB Circular A-122 and follow the guidelines in the federal government's OMB Circular No. 133 as an approved method of allocation. This cost is calculated at 13% of direct program costs to provide for administrative support, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Quality Control, and IT. The amount includes Salaries and all applicable benefits such as: Vacations/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation.

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2021 - 2022				
Contractor Name: South Coast Community Services		Provider # LE 00916		
Contract/RFP# 16-430 A1		Address: 27261 Las Ramblas, Suite 220 Mission Viejo, CA 92391		
Date Form Completed: 3/25/20				
Client Service Projections for: July 1, 2021 - September 30, 2021				
	Jul-21	Aug-21	Sep-21	TOTAL
Units of Service (Minutes)	17,397	17,397	17,397	52,190
Projected Cost per Unit				
Case Management (01-09)	\$1,710	\$1,710	\$1,710	\$5,130
Mental Health Services (10-50)	\$42,750	\$42,750	\$42,750	\$128,250
Medication Support (60)	\$11,400	\$11,400	\$11,400	\$34,200
Crisis Intervention (70)	\$1,140	\$1,140	\$1,140	\$3,420
Number of Unduplicated Clients Served	90	10	10	110