



Contract Number

20-608 A-4

SAP Number

4400014665

Department of Behavioral Health

Department Contract Representative	<u>Eric Williams</u>
Telephone Number	<u>(909) 388-0951</u>
Contractor	<u>Helping Hearts California, LLC</u>
Contractor Representative	<u>Ynez Cross</u>
Telephone Number	<u>(661) 305-9406</u>
Contract Term	<u>July 1, 2020 – June 30, 2025</u>
Original Contract Amount	<u>\$36,749,300</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>\$36,749,300</u>
Cost Center	<u>9209242200</u>

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Helping Hearts California, LLC referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 20-608** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Adult Residential Facilities with Social Rehabilitation Program Services, which Contract first became effective July 1, 2020, the following changes are hereby made and agreed to, effective October 11, 2023:

- I. "Referenced Contract Provisions" is hereby amended to read as follows:

REFERENCED CONTRACT PROVISIONS

Term: July 1, 2020 through June 30, 2025, inclusive.

Maximum Obligation:

FY 2020-2021	\$6,168,500
FY 2021-2022	\$6,059,000
FY 2022-2023	\$6,782,800
FY 2023-2024	\$8,869,500
FY 2024-2025	\$8,869,500

Basis for Reimbursement:

Fee for Service

Payment Method:

Fee for Service

Payment/Reimbursement Rate:

County Authorized Basic Service Day

Daily rate per bed \$450.00

Notices to County and Contractor:

COUNTY:

San Bernardino County
 Department of Behavioral Health
 Contracts Development Unit
 303 E. Vanderbilt Way
 San Bernardino, CA 92415-0026

CONTRACTOR:

Helping Hearts California, LLC
 1845 Business Center Dr.
 Suite 112
 San Bernardino, CA 92408
 909-292-8997

LOCATION OF SERVICES:

ACACIA SITE 1767 N. Acacia Avenue Rialto, CA 92376	EUCLID SITE 747 N. Euclid Avenue Ontario, CA 91761
AURORA SITE 13132 Aurora Avenue Victorville, CA 92392	KERN SITE 2421 W. Kern Street San Bernardino, CA 92407
BLACKWOOD SITE 11253 Blackwood Street Fontana, CA 92337	ROBIN SITE 6272 Robin Lane San Bernardino, CA. 92407
BONANZA SITE 14516 Bonanza Road Victorville, CA 92392	VISCONTI SITE 1288 Visconti Drive Colton, CA 92324

II. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraph K is hereby added to read as follows:

K. The allowable funding sources for this Contract include Medi-Cal and Mental Health Services Act. Contractor cannot use any funding from this contract as match funds to draw down Federal funding.

III. ARTICLE VI PROVISIONAL PAYMENT, Paragraph A is hereby amended, Paragraph C.2 is hereby deleted, and Paragraph W is hereby added to read as follows:

A. During the term of this agreement, the County shall make interim payments to Contractor on a monthly basis at the Payment/Reimbursement Rate specified in the Referenced Contract Provisions for each DBH authorized patient. All beds shall be billed as one (1) Basic Service Day. Maximum billing per bed, per day, shall not exceed one (1) Basic Service Day. All payments are subject to the funding and budgetary restrictions limitations described in Article V Funding and Budgetary Restrictions, Paragraph A.

W. Prior to facility location becoming eligible for payments as an existing facility, Contractor is required to provide Certificate of Occupancy, proof of compliance with all Federal, State, County and/or Local requirements and licensure for a Residential Treatment Facility.

IV. ARTICLE XVII PERSONNEL, paragraph J, is hereby amended and paragraphs L and M, are hereby added to read as follows:

J. Iran Contracting Act

IRAN CONTRACTING ACT OF 2010, Public Contract Code sections 2200 et seq. (Applicable for all Contracts of one million dollars (\$1,000,000) or more) In accordance with Public Contract Code Section 2204(a), the Contractor certifies that at the time the Contract is signed, the Contractor signing the Contract is not identified on a list created pursuant to subdivision (b) of Public Contract Code Section 2203 as a person [as defined in Public Contract Code Section 2202(e)] engaging in investment activities in Iran described in subdivision (a) of Public Contract Code Section 2202.5, or as a person described in subdivision (b) of Public Contract Code Section 2202.5, as applicable.

Contractors are cautioned that making a false certification may subject the Contractor to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code Section 2205.

L. Executive Order N-6-22 Russia Sanctions

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

advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

M. Campaign Contribution Disclosure (SB 1439)

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

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

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

V. ADDENDUM I "ADULT RESIDENTIAL FACILITIES WITH LONG TERM and TRANSITIONAL SOCIAL REHABILITATION TREATMENT SERVICES" Section II "PERSONS TO BE SERVED", Paragraph B. "Consumer Access Management", Number 4 has been removed and Paragraph B.1., is hereby amended to read as follows:

B.1. Contractor shall respond to all DBH's request within seventy-two (72) hours unless indicated otherwise within this SOW. In addition, responses to referrals timeframe scheduling of admission or readmission, and outcome of interviews shall occur within seventy-two (72) hours. Furthermore, the contractor shall communicate with DBH staff to timely evaluate appropriateness of admission for consumers in need of further stabilization as deemed appropriate.

VI. ADDENDUM I "ADULT RESIDENTIAL FACILITIES WITH LONG TERM and TRANSITIONAL SOCIAL REHABILITATION TREATMENT SERVICES" Section III "DESCRIPTION OF SPECIFIC SERVICES TO BE PROVIDED", Paragraph A. "DEFINITIONS", Number 4, "Mental Health Services", subparagraph b, "Assessment", is hereby amended to read as follows:

4.b. Prior to admission, consumers will be pre-screened and referred to DBH discharge/placement team by an acute psychiatric hospital treatment team, other adult locked residential facilities treatment teams, or internal/external agencies. Then, DBH discharge/placement team will refer appropriate consumers to be considered by the Contractor's treatment team for placement into the long-term or transitional residential facilities. Contractor shall conduct necessary assessment during admission. The Contractor shall respond to all DBH's request within seventy-two (72) hours unless indicated otherwise within this Scope of Work. In addition, responses to referrals timeframe scheduling of admission or readmission, and outcome of interviews shall occur within seventy-two (72) hours.

VII. ADDENDUM I "ADULT RESIDENTIAL FACILITIES WITH LONG TERM and TRANSITIONAL SOCIAL REHABILITATION TREATMENT SERVICES" Section IV "BILLING UNIT", is hereby amended to read as follows:

This is a fee for service with Medi-Cal billable services within the schedules. Each bed day is billable only once. DBH is reserving all beds as identified in Section III. "DESCRIPTION OF SPECIFIC SERVICES TO BE PROVIDED" at the rate specified in the "REFERENCED CONTRACT PROVISIONS".

- VIII. This amendment hereby incorporates Budget Schedules A and B for FY 2023/24 and FY 2024/25. All previously approved schedules remain in effect.
- IX. ATTACHMENT III "CAMPAIGN CONTRIBUTION DISCLOSURE (SB1439)", is hereby added.

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

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

SAN BERNARDINO COUNTY

Helping Hearts California, LLC

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

►

Dawn Rowe, Chair, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

Name Ynez Cross
(Print or type name of person signing contract)

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

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address 1845 Business Center Dr. Suite 112
San Bernardino, CA 92408

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Dawn Martin, Deputy County Counsel	► Natalie Kessee, Contracts Manager	► Georgina Yoshioka, Director
Date _____	Date _____	Date _____

Helping Hearts Extension FY 23-24 & 24-25

Total: \$ 8,869,500
 (54 beds) @ \$450/bed day

		Medi-Cal 90%	MHSA MATCH	MHSA 10%		Current # of beds	
Aurora Victorville	Aurora 3603AR	985,500	443,475	443,475	98,550	985,500	6
Blackwood Fontana	Blackwood 3621AR	985,500	443,475	443,475	98,550	985,500	6
Bonanza Victorville	Bonanza 36JJAR	1,642,500	739,125	739,125	164,250	1,642,500	10
Euclid Ontario	Euclid 36IJAR	821,250	369,563	369,563	82,125	821,250	5
Visconti Colton	Colton 36HJAR	985,500	443,475	443,475	98,550	985,500	6
Kern San Bernardino (continued for now)		1,478,250	665,213	665,213	147,825	1,478,250	9
Acacia Rialto (new location)*		985,500	443,475	443,475	98,550	985,500	6
Robin San Bernardino (new location)*		985,500	443,475	443,475	98,550	985,500	6
\$ 8,869,500		3,991,275	3,991,275	886,950	8,869,500	54	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-808**
 Address: **13132 Aurora Ave
Victorville, CA 92392**
 Legal Entity No.: **01984 RU 3603AR**
 Date: **2/17/2023**
 Updated

Prepared by: **Ynez Cross**
 Title: **CEO**

**Adult Residential Facilities with Social Rehab. Program Services
FY 2023 - 2024
July 1, 2023 to June 30, 2024**

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE		05	05	05			TOTAL
#	SERVICE FUNCTION		20-29	65-79	65-79			
EXPENSES								
1	SALARIES			-	520,005			520,005
2	BENEFITS			-	124,803			124,803
	TOTAL SALARIES AND BENEFITS				644,808			644,808
3	OPERATING EXPENSES		-	-	340,692			340,692
4	TOTAL EXPENSES (1+2+3)				985,500			985,500
AGENCY REVENUES								
5	PATIENT FEES							-
6	PATIENT INSURANCE							-
7	MEDI-CARE							-
8	GRANTS/OTHER							-
9	TOTAL AGENCY REVENUES (5+6+7+8)							-
10	CONTRACT AMOUNT (4-9)				985,500			985,500
11	CONTRACT DAYS		-		365			365
12	CONTRACT MONTHS		-		12			12
13	NUMBER OF BEDS				6			6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	164,250			
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	13,688			
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	450,00			
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	82,125			82,125
19	TOTAL AMOUNT (11*13*17)		-	-	985,500			985,500
FUNDING:								
20	MEDI-CAL	FFP Mix %	90%		443,475			443,475
21	PATH							-
22	SAMSHA							-
23	MHSA (Non-Medi-Cal)			-	98,550			98,550
24	MHSA MATCH			-	443,475			443,475
25	REALIGNMENT							-
26	OTHER:							-
	TOTAL FUNDING				985,500			985,500

APPROVED:

	5/18/23		4-18-23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2023 - 2024

July 1, 2023 to June 30, 2024 (12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hampton	MA	Executive Director	182,000	43,680	225,680	9.38%	21,158	195	17,063	4,095
Christopher Lloyd	BA	Senior Director of Operations	130,000	31,200	161,200	9.38%	15,113	195	12,188	2,925
Brian Sproat	LMFT	Head of Service	125,000	30,000	155,000	9.38%	14,531	195	11,719	2,813
Blythe McClanahan		Clinical Coordinator	87,500	21,000	108,500	9.38%	10,172	195	8,203	1,969
Haidy Bonilla or designee		Community Liaison	65,000	15,600	80,600	9.38%	7,556	195	6,094	1,463
Brian Whitworth or designee		Weekday Program Coordinator	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Anthony Rodriguez or designee		Weekend Program Coordinator	67,500	16,200	83,700	9.38%	7,847	195	6,328	1,519
Kathy Boyle or designee	BA	Health Information Manager	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Jennifer Lara or designee	SUD	SUD Counselor	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
TBD	LCSW	Clinical Supervisor	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Dr Allie Perez	PsyD	Intern Clinical Supervisor	90,000	21,600	111,600	9.38%	10,463	195	8,438	2,025
TBD	LMFT	Clinician	85,000	20,400	105,400	9.38%	9,881	195	7,969	1,913
Miguel Amaya or designee		Administrative Support Specialist	43,680	10,483	54,163	9.38%	5,078	195	4,095	983
Jessica Zepeda or designee		Employee Staff Developer	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Lisa Vann	LVN	Medication oversight/training/care	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Kathy Adams		Quality Assurance	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Jessica Zepeda or designee		Employee on-site training and com	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
TBD		Transitional BHT-2	41,500	9,950	51,450	100.00%	51,460	2,080	41,500	9,960
TBD		Program Director	65,000	15,600	80,600	100.00%	80,600	2,080	65,000	15,600
TBD		WDD BHT-2	45,000	10,800	55,800	100.00%	55,800	2,080	45,000	10,800
TBD		WED BHT-2	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WDD BHT-1	42,000	10,080	52,080	100.00%	52,080	2,080	42,000	10,080
TBD		WED BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WDN BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WEN BHT-1	47,000	11,280	58,280	100.00%	58,280	2,080	47,000	11,280
Contract Nurse Practitioner	NP		65,000	15,600	80,600	9.38%	7,556	195	6,094	1,463
									520,005	124,802

Total Program:	2,364,903	TOTAL COST:	644,808
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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.

APPROVED:  5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE
 Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)

 4.18.23
 DBH FISCAL SERVICES DATE
 Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)

 03/24/23
 DBH PROGRAM MANAGER DATE
 Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608

Address: 13132 Aurora Ave
Victorville, CA 92392

Date Form Completed: 2/17/2023

Updated: _____


Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$49,872	100.00%	0.00%	\$49,872
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$108,032	100.00%	0.00%	\$108,032
11				
SUBTOTAL B:	\$340,692			\$340,692
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

	5/18/23		4.18.23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 13132 Aurora Ave
Victorville, CA 92392
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
.2. Transportation Costs	Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments activities and other treatment
3. Rent	Rent for facility at \$1 500 per member per month and includes all taxes, property insurance and all maintenance excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity gas water garbage cable internet and phone
5. Clinical Support	Electronic health record system computer support office supplies continued education for clinical staff license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting executive compensation and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4-18-23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608
13132 Aurora Ave
Prepared by: Ynez Cross
Date Form Completed: **2/17/2023**
Updated

<i>Client Service Projections for: July 1, 2023 to June 30, 2024</i>													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

**NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**

Contract #: **20-808**

Address: **11253 Blackwood St**

Fontana, CA 92337

Legal Entity No.: **01984 RU 3621AR**

Date: **2/17/2023**

Updated

Prepared by: **Ynez Cross**
Title: **CEO**


**Adult Residential Facilities with Social Rehab. Program Services
FY 2023 - 2024
July 1, 2023 to June 30, 2024**

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	65-79	65-79			
EXPENSES							
1	SALARIES		-	520,005			520,005
2	BENEFITS		-	124,803			124,803
	TOTAL SALARIES AND BENEFITS			644,808			644,808
3	OPERATING EXPENSES	-	-	340,692			340,692
4	TOTAL EXPENSES (1+2+3)			985,500			985,500
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)			985,500			985,500
11	CONTRACT DAYS	-		365			365
12	CONTRACT MONTHS	-		12			12
13	NUMBER OF BEDS			6			6
14	TOTAL CLIENT DAYS (11 * 13)	-	-	2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	164,250			
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	13,688			
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	450.00			
18	TOTAL MONTHLY AMOUNT (16 * 13)	-	-	82,125			82,125
19	TOTAL AMOUNT (11*13*17)	-	-	985,500			985,500
FUNDING:							
20	MEDI-CAL	90%	-	443,475			443,475
21	PATH						-
22	SAMSHA						-
23	MHSA (Non-Medi-Cal)		-	98,550			98,550
24	MHSA MATCH		-	443,475			443,475
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			985,500			985,500

APPROVED:

 5/18/23
PROVIDER AUTHORIZED SIGNATURE DATE

 4.18.23
DBH FISCAL SERVICES DATE

 03/24/23
DBH PROGRAM MANAGER DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Jennifer L. Muñoz
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2023 - 2024

July 1, 2023 to June 30, 2024

(12 months)

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




CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hampton	MA	Executive Director	182,000	43,690	225,690	9.38%	21,158	195	17,063	4,095
Christopher Lloyd	BA	Senior Director of Operations	130,000	31,200	161,200	9.38%	15,113	195	12,188	2,925
Brian Sproat	LMFT	Head of Service	125,000	30,000	155,000	9.38%	14,531	195	11,719	2,813
Blayne McClanahan		Clinical Coordinator	87,500	21,000	108,500	9.38%	10,172	195	8,203	1,969
Hardy Bonilla or designee		Community Liaison	65,000	15,600	80,600	9.38%	7,556	195	6,094	1,463
Brian Whitworth or designee		Weekday Program Coordinator	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Anthony Rodriguez or designee		Weekend Program Coordinator	67,500	16,200	83,700	9.38%	7,847	195	6,328	1,519
Kathy Boyle or designee	BA	Health Informator, Manager	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Jennifer Lara or designee	SUD	SUD Counselor	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
TBD	LCSW	Clinical Supervisor	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Dr. Allie Perez	PsyD	Intern Clinical Supervisor	90,000	21,600	111,600	9.38%	10,463	195	8,438	2,025
TBD	LMFT	Clinician	85,000	20,400	105,400	9.38%	9,881	195	7,969	1,913
Miguel Amaya or designee		Administrative Support Specialist	43,680	10,423	54,103	9.38%	5,078	195	4,095	983
Jessica Zepeda or designee		Employee Staff Developer	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Lisa Vanni	LVN	Medication oversight/training/care	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Katry Adams		Quality Assurance	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Jessica Zepeda or designee		Employee on-site training and comp	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
TBD		Transitional BHT-2	41,500	9,960	51,460	100.00%	51,460	2,080	41,500	9,960
TBD		Program Director	65,000	15,600	80,600	100.00%	80,600	2,080	65,000	15,600
TBD		WDD BHT-2	45,000	10,800	55,800	100.00%	55,800	2,080	45,000	10,800
TBD		WED BHT-2	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WDD BHT-1	42,000	10,080	52,080	100.00%	52,080	2,080	42,000	10,080
TBD		WED BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WDN BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WEN BHT-1	47,000	11,280	58,280	100.00%	58,280	2,080	47,000	11,280
Contract Nurse Practitioner	NP		65,000	15,600	80,600	9.38%	7,556	195	6,094	1,463

Total Program:	2,364,903	TOTAL COST:	644,808
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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.

APPROVED:		5/18/23		4-18-23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	Ynez Cross	Jennifer L. Muñoz		Christina Entz, PM II		
		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)		

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608

Address: 11253 Blackwood St
Fontana, CA 92337

Date Form Completed: 2/17/2023

Updated: _____

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$49,872	100.00%	0.00%	\$49,872
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$108,032	100.00%	0.00%	\$108,032
11				
SUBTOTAL B:	\$340,692			\$340,692
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

 5/18/23 |
  4.18.23 |
  03/24/23
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Jennifer L. Muñoz
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 11253 Blackwood St
Fontana, CA 92337
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract.
.2. Transportation Costs	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment.
3. Rent	Rent for facility at \$1 500 per member per month and includes all taxes, property insurance and all maintenace, excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs.
11.	

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4.18.23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
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Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)	Jennifer L. Muñoz DBH FISCAL SERVICES (PRINT NAME)	Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)
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**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608
11253 Blackwood St
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2023 to June 30, 2024													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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Schedule B

STAFFING DETAIL

FY 2023 - 2024

July 1, 2023 to June 30, 2024

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC


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
Christal Hampton	MA	Executive Director	182,000	43,680	225,680	15.63%	35,263	325	26,438	6,825
Christopher Lloyd	BA	Senior Director of Operations	139,000	31,200	161,200	15.63%	25,188	325	20,313	4,875
Brian Siroat	LMFT	Head of Service	125,000	30,000	155,000	15.63%	24,219	325	19,531	4,688
Blythe McManahan		Clinical Coordinator	87,500	21,000	108,500	15.63%	16,953	325	13,672	3,281
Haley Bonita or designee		Community Liaison	65,000	15,600	80,600	15.63%	12,584	325	10,156	2,438
Brian Whitworth or designee		Weekday Program Coordinator	70,000	16,800	86,800	15.63%	13,563	325	10,938	2,625
Anthony Rodriguez or designee		Weekend Program Coordinator	87,500	16,200	83,700	15.63%	13,078	325	10,547	2,531
Kathy Boyle or designee	BA	Health Information Manager	70,000	16,800	86,800	15.63%	13,563	325	10,938	2,625
Jennifer Lara or designee	SUD	SUD Counselor	70,000	16,800	86,800	15.63%	13,563	325	10,938	2,625
TBD	LCSW	Clinical Supervisor	109,000	24,000	124,000	15.63%	19,375	325	15,625	3,750
Dr. Alissa Perez	PsyD	Intern Clinical Supervisor	90,000	21,600	111,600	15.63%	17,438	325	14,062	3,375
TBD	LMFT	Clinician	85,000	20,400	105,400	15.63%	16,489	325	13,281	3,188
Miguel Amaya or designee		Administrative Support Specialist	43,680	10,483	54,163	15.63%	8,463	325	6,825	1,638
Jessica Zepeda or designee		Employee Staff Developer	50,000	14,400	74,400	15.63%	11,625	325	9,375	2,250
Lisa Vanni	LVN	Medication oversight/training/care	100,000	24,000	124,000	15.63%	19,375	325	15,625	3,750
Kathy Adams		Quality Assurance	60,000	14,400	74,400	15.63%	11,625	325	9,375	2,250
Jessica Zepeda or designee		Employee on-site training and com	80,000	14,400	74,400	15.63%	11,625	325	9,375	2,250
TBD		Program Director	70,000	16,800	86,800	100.00%	86,800	2,080	70,000	16,800
TBD		WDD Lead BHT	52,000	12,480	64,480	100.00%	64,480	2,080	52,000	12,480
TBD		WDD BHT-2	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WDD BHT-1	45,000	10,800	55,800	100.00%	55,800	2,080	45,000	10,800
TBD		WDN BHT-1	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WDN BHT-1	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WED Lead BHT	55,000	13,200	68,200	100.00%	68,200	2,080	55,000	13,200
TBD		WED BHT-2	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WED BHT-1	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WEN BHT-1	51,000	12,240	63,240	100.00%	63,240	2,080	51,000	12,240
TBD		WEN BHT-1	51,000	12,240	63,240	100.00%	63,240	2,080	51,000	12,240
TBD		Transitional BHT-2	47,500	11,400	58,900	100.00%	58,900	2,080	47,500	11,400
Contract Nurse Practitioner	NP		65,000	15,600	80,600	15.63%	12,584	325	10,156	2,438
									850,671	204,112


Total Program:	2,656,303	TOTAL COST:	1,054,833
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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

APPROVED:

 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE

 4.18.23
 DBH FISCAL SERVICES DATE

 03/24/23
 DBH PROGRAM MANAGER DATE

Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608

Address: 14516 Bonanza St
Victorville, CA 92392

Date Form Completed: 2/17/2023




Updated _____

Prepared by: Ynez Cross
Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,250	100.00%	0.00%	\$6,250
2 Transportation Costs	\$30,000	100.00%	0.00%	\$30,000
3 Rent	\$180,000	100.00%	0.00%	\$180,000
4 Utilities	\$28,500	100.00%	0.00%	\$28,500
5 Clinical Support	\$35,000	100.00%	0.00%	\$35,000
6 Food and Supplies	\$92,700	100.00%	0.00%	\$92,700
7 Client Activities and Misc Client Costs	\$13,983	100.00%	0.00%	\$13,983
8 Repair and Maintenance - Client Damage	\$16,500	100.00%	0.00%	\$16,500
9 Interest Expense	\$14,250	100.00%	0.00%	\$14,250
10 Administrative Expense	\$170,484	100.00%	0.00%	\$170,484
11				\$0
SUBTOTAL B:	\$587,667			\$587,667
GROSS COSTS TOTAL A + B:	\$1,642,500			\$1,642,500

APPROVED:					
	5/18/23		4.18.23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024




Contractor Name: Helping Hearts California, LLC
20-608
 Address: 14516 Bonanza St
Victorville, CA 92392
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM		Justification of Cost
1.	Professional Liability	Professional liability insurance as required per contract
2.	Transportation Costs	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments activities and other treatment
3.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4.	Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5.	Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6.	Food and Supplies	Food and supplies for clients
7.	Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8.	Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9.	Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10.	Administrative Expense	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.		

APPROVED:  PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4.18.23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608
14516 Bonanza St
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2023 to June 30, 2024													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-608**
 Address: **747 N Euclid Ave
Ontano, CA 91762**
 Legal Entity No.: **01983 RU36IJAR**
 Date: **2/17/2023**
 Updated

Prepared by: **Ynez Cross**
 Title: **CEO**

**Adult Residential Facilities with Social Rehab. Program Services
 FY 2023 - 2024
 July 1, 2023 to June 30, 2024**

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	65-79	65-79			
EXPENSES							
1	SALARIES			444,974			444,974
2	BENEFITS			106,793			106,793
	TOTAL SALARIES AND BENEFITS			551,767			551,767
3	OPERATING EXPENSES			269,483			269,483
4	TOTAL EXPENSES (1+2+3)			821,250			821,250
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)			821,250			821,250
11	CONTRACT DAYS			365			365
12	CONTRACT MONTHS			12			12
13	NUMBER OF BEDS			5			5
14	TOTAL CLIENT DAYS (11 * 13)			1,825			1,825
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250			-
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688			-
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450.00			-
18	TOTAL MONTHLY AMOUNT (16 * 13)			68,438			68,438
19	TOTAL AMOUNT (11*13*17)			821,250			821,250
FUNDING:							
20	MEDI-CAL	90%		369,563			369,563
21	PATH						-
22	SAMSHA						-
23	MHSA			82,124			82,124
24	MHSA MATCH			369,563			369,563
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			821,250			821,250

APPROVED:

	5/18/23		4-18-23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE

Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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Schedule B

STAFFING DETAIL

FY 2023 - 2024

July 1, 2023 to June 30, 2024

(12 months)

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


CONTRACTOR NAME: Helping Hearts California, LLC

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
Crystal Hampton	MA	Executive Director	191,100	45,864	236,964	7.81%	18,513	163	14,930	3,583
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	7.81%	13,223	163	10,664	2,559
Brian Sprout	LMFT	Head of Service	131,250	31,500	162,750	7.81%	12,715	163	10,254	2,461
Bytne McCianahan		Clinical Coordinator	91,875	22,050	113,925	7.81%	8,900	163	7,178	1,723
Hardy Bondia or designee		Community Liaison	68,250	16,380	84,630	7.81%	6,612	163	5,332	1,280
Brian Whitworth or designee		Weekend Program Coordinator	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
Anthony Rodriguez or designee		Weekend Program Coordinator	73,875	17,610	87,885	7.81%	6,866	163	5,537	1,329
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	7.81%	10,172	163	8,203	1,969
Dr. Althe Perez	Ps/D	Intern Clinical Supervisor	94,500	22,680	117,180	7.81%	9,155	163	7,383	1,772
TBD	LMFT	Clinician	89,250	21,420	110,670	7.81%	8,646	163	6,973	1,673
Miguel Amaya or designee		Administrative Support Specialist	45,864	11,007	56,871	7.81%	4,443	163	3,583	860
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
Lisa Vanni	LVN	Medication oversight/training care of	105,000	25,200	130,200	7.81%	10,172	163	8,203	1,969
Kathy Adams		Quality Assurance	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
Jessica Zepeda or designee		Employee on-site training and comp	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
TBD		Program Director	73,500	17,640	91,140	50.00%	45,570	1,040	36,750	8,820
TBD		WDD Lead BHT	54,800	13,104	67,704	50.00%	33,852	1,040	27,300	6,552
TBD		WDD BHT-2	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WDD BHT-1	47,250	11,340	58,590	50.00%	29,295	1,040	23,625	5,670
TBD		WDN BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WDN BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WED Lead BHT	55,001	13,200	68,201	50.00%	34,101	1,040	27,501	6,600
TBD		WED BHT-2	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WED BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WEN BHT-1	53,550	12,852	66,402	50.00%	33,201	1,040	26,775	6,426
TBD		WEN BHT-1	53,550	12,852	66,402	50.00%	33,201	1,040	26,775	6,426
TBD		Transitional BHT-2	49,675	11,970	61,645	50.00%	30,923	1,040	24,936	5,985
Contract Nurse Practitioner	NP		65,001	15,600	80,601	7.81%	6,297	163	5,078	1,219
									144,974	106,793

Total Program:	2,781,681	TOTAL COST:	551,767
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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.

APPROVED:  5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE
 4.18.23
 03/24/23
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 747 N Euclid Ave
Ontario, CA 91762
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 5 DBH Clients for total)	\$4,250	100.00%	0.00%	\$4,250
2 Transportation Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	\$10,000	100.00%	0.00%	\$10,000
3 Rent (expressed on per client basis multiplied times 5 DBH Clients for total)	\$90,000	100.00%	0.00%	\$90,000
4 Utilities (expressed on per client basis multiplied times 5 DBH Clients for total)	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support (expressed on per client basis multiplied times 5 DBH Clients for total)	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies (expressed on per client basis multiplied times 5 DBH Clients for total)	\$53,598	100.00%	0.00%	\$53,598
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	\$8,056	100.00%	0.00%	\$8,056
8 Repair and Maintance - Client Damage (expressed on per client basis multiplied times 5 DBH Clients for total)	\$4,750	100.00%	0.00%	\$4,750
9 Interest Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	\$8,750	100.00%	0.00%	\$8,750
10 Administrative Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	\$56,079	100.00%	0.00%	\$56,079
11				\$0
SUBTOTAL B:	\$269,483			\$269,483
GROSS COSTS TOTAL A + B:	\$821,250			\$821,250

APPROVED: 	5/18/23		4.18.23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 747 N Euclid Ave
Ontario, CA 91762
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	ITEM	Justification of Cost
1.	Professional Liability (expressed on per client basis multiplied times 5 DBH Clients for total)	Professional liability insurance as required per contract
2.	Transportation Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment
3.	Rent (expressed on per client basis multiplied times 5 DBH Clients for total)	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4.	Utilities (expressed on per client basis multiplied times 5 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5.	Clinical Support (expressed on per client basis multiplied times 5 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6.	Food and Supplies (expressed on per client basis multiplied times 5 DBH Clients for total)	Food and supplies for clients
7.	Client Activities and Misc Client Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health
8.	Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 5 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9.	Interest Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10.	Administrative Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.		

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4.18.23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
 Address: 20-808
 747 N Euclid Ave
 Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

<i>Client Service Projections for: July 1, 2023 to June 30, 2024</i>													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	5	5	5	5	5	5	5	5	5	5	5	5	60
Projected Bed Days	155	155	150	155	150	155	155	140	155	150	155	150	1,825

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A
Adult Residential Facilities with Social Rehab. Program Services
FY 2023 - 2024
July 1, 2023 to June 30, 2024**


Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-608**
 Address: **1288 Visconti Dr
Colton, CA 92324**
 Legal Entity No.: **01984 RU 36HJAR**
 Date: **10/7/2021**
 Updated: **2/17/2023**


Prepared by: **Ynez Cross**
 Title: **CEO**

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	65-79	65-79			
EXPENSES							
1	SALARIES		-	533,968			533,968
2	BENEFITS		-	128,157			128,157
	TOTAL SALARIES AND BENEFITS			662,126			662,126
3	OPERATING EXPENSES		-	323,374			323,374
4	TOTAL EXPENSES (1+2+3)			985,500			985,500
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)			985,500			985,500
11	CONTRACT DAYS			365			365
12	CONTRACT MONTHS			12			12
13	NUMBER OF BEDS			6			6
14	TOTAL CLIENT DAYS (11 * 13)			2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250			-
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688			-
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450.00			-
18	TOTAL MONTHLY AMOUNT (16 * 13)			82,125			82,125
19	TOTAL AMOUNT (11*13*17)			985,500			985,500
FUNDING:							
20	MEDI-CAL	90%		443,475			443,475
21	PATH						-
22	SAMSHA						-
23	MHSA			98,550			98,550
24	MHSA MATCH			443,475			443,475
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			985,500			985,500

APPROVED:

 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE

 4.18.23
 DBH FISCAL SERVICES DATE

 03/24/23
 DBH PROGRAM MANAGER DATE

Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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Schedule B

STAFFING DETAIL

FY 2023 - 2024

July 1, 2023 to June 30, 2024

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hampton	MA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	9.38%	15,868	195	12,797	3,071
Brian Siroof	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953
Blythe McClanahan		Clinical Coordinator	91,875	22,050	113,925	9.38%	10,680	195	8,613	2,067
Hardy Bonifia or designee		Community Liaison	66,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,645	1,595
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Dr Allie Perez	PsyD	Intern Clinical Supervisor	64,500	22,680	117,180	9.38%	10,966	195	8,859	2,126
TBD	LMFT	Clinician	89,250	21,420	110,670	9.38%	10,375	195	8,367	2,008
Miquel Amaya or designee		Administrative Support Specialist	45,864	11,007	56,871	9.38%	5,332	195	4,300	1,032
Jessica Zeneda or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Lisa Vanni	LVN	Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessica Zeneda or designee		Employee on-site training and comp	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Program Director	73,500	17,640	91,140	60.00%	54,684	1,248	44,100	10,584
TBD		WDD Lead BHT	54,500	13,104	67,704	60.00%	40,622	1,248	32,760	7,862
TBD		WDD BHT-2	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WDD BHT-1	47,250	11,340	58,590	60.00%	35,154	1,248	28,350	6,804
TBD		WDN BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WDN BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WFD Lead BHT	55,001	13,200	68,201	60.00%	40,921	1,248	33,001	7,920
TBD		WED BHT-2	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WED BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WEN BHT-1	53,550	12,852	66,402	60.00%	39,841	1,248	32,130	7,711
TBD		WEN BHT-1	53,550	12,852	66,402	60.00%	39,841	1,248	32,130	7,711
TBD		Transitional BHT-2	45,875	11,670	61,845	60.00%	37,107	1,248	29,925	7,182
Contract Nurse Practitioner	NP		65,001	15,600	80,601	9.38%	7,556	195	6,094	1,463
									533,969	128,157

Total Program:	2,781,681	TOTAL COST:	662,126
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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.

APPROVED:

 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE

 4.18.23
 DBH FISCAL SERVICES DATE

 03/24/23
 DBH PROGRAM MANAGER DATE

Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2023 - 2024




Contractor Name: Helping Hearts California, LLC
20-608
 Address: 1288 Visconti Dr
Colton, CA 92324
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 6 DBH Clients for total)	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	\$12,000	100.00%	0.00%	\$12,000
3 Rent (expressed on per client basis multiplied times 6 DBH Clients for total)	\$108,000	100.00%	0.00%	\$108,000
4 Utilities (expressed on per client basis multiplied times 6 DBH Clients for total)	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support (expressed on per client basis multiplied times 6 DBH Clients for total)	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies (expressed on per client basis multiplied times 6 DBH Clients for total)	\$54,000	100.00%	0.00%	\$54,000
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	\$25,000	100.00%	0.00%	\$25,000
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 6 DBH Clients for total)	\$8,500	100.00%	0.00%	\$8,500
9 Interest Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	\$66,374	100.00%	0.00%	\$66,374
11				\$0
SUBTOTAL B:	\$323,374			\$323,374
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:				
	5/18/23		4.18.23	
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER
				03/24/23
Ynez Cross		Anthony Altamirano		Christina Entz, PM II
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**




Contractor Name: Helping Hearts California, LLC
20-608
 Address: 1288 Visconti Dr
Colton, CA 92324
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability (expressed on per client basis multiplied times 6 DBH Clients for total)	Professional liability insurance as required per contract
2. Transportation Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment
3. Rent (expressed on per client basis multiplied times 6 DBH Clients for total)	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities (expressed on per client basis multiplied times 6 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support (expressed on per client basis multiplied times 6 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies (expressed on per client basis multiplied times 6 DBH Clients for total)	Food and supplies for clients
7. Client Activities and Misc Client Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 6 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4/18/23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)		Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)		Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
Address: 20-608
1288 Visconti Dr
Prepared by: Ynez Cross
Date Form Completed: 10/7/2021
Updated 2/17/2023

<i>Client Service Projections for: July 1, 2023 to June 30, 2024</i>													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**




Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-608**
 Address: **2421 Kern St**
San Bernardino, CA 92407
 Legal Entity No.: **01984 RU 36J8AR**
 Date: **10/7/2021**
 Updated: **2/17/2023**

Prepared by: **Ynez Cross**
 Title: **CEO**

Adult Residential Facilities with Social Rehab. Program Services
FY 2023 - 2024
 July 1, 2023 to June 30, 2024

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	40-49	65-79			
EXPENSES							
1	SALARIES			800,952			800,952
2	BENEFITS			192,228			192,228
	TOTAL SALARIES AND BENEFITS			993,180			993,180
3	OPERATING EXPENSES	-	-	485,070			485,070
4	TOTAL EXPENSES (1+2+3)			1,478,250			1,478,250
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)			1,478,250			1,478,250
CONTRACT DETAILS							
11	CONTRACT DAYS	-	-	365			365
12	CONTRACT MONTHS	-	-	12			12
13	NUMBER OF BEDS	-	-	9			9
14	TOTAL CLIENT DAYS (11 * 13)			3,285			3,285
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250			
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688			
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450.00			
18	TOTAL MONTHLY AMOUNT (16 * 13)			123,188			123,188
19	TOTAL AMOUNT (11*13*17)			1,478,250			1,478,250
FUNDING:							
20	MEDI-CAL	90%		665,213			665,213
21	PATH						-
22	SAMSHA						-
23	MHSA			147,824			147,824
24	MHSA MATCH			665,213			665,213
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			1,478,250			1,478,250

APPROVED:

	5/18/23		4-18-23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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Schedule B

STAFFING DETAIL
FY 2023 - 2024

July 1, 2023 to June 30, 2024

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hampton	MA	Executive Director	191,100	45,854	236,954	14.06%	33,323	293	26,873	6,450
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,780	169,280	14.06%	23,802	293	19,195	4,607
Brian Siroat	LMFT	Head of Service	131,250	31,500	162,750	14.06%	22,887	293	18,457	4,430
By the McClanahan		Clinical Coordinator	91,875	22,050	113,925	14.06%	16,021	293	12,920	3,101
Haidy Bonilla or designee		Community Liaison	68,250	16,380	84,630	14.06%	11,901	293	9,598	2,303
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	14.06%	12,817	293	10,336	2,481
Anthony Rodriguez or designee		Weekend Program Coordinator	70,675	17,010	87,685	14.06%	12,359	293	9,967	2,392
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	14.06%	12,817	293	10,336	2,481
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	14.06%	12,817	293	10,336	2,481
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	14.06%	18,309	293	14,766	3,544
Dr Allie Perez	Ps.D	Intern Clinical Supervisor	94,500	22,680	117,180	14.06%	16,478	293	13,289	3,189
TBD	LMFT	Clinician	89,250	21,420	110,670	14.06%	15,563	293	12,551	3,012
Miguel Amaya or designee		Administrative Support Specialist	45,854	11,007	56,861	14.06%	7,998	293	6,450	1,543
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	14.06%	10,986	293	8,859	2,126
Lisa Vanni	LVN	Medication oversight training/care	105,000	25,200	130,200	14.06%	18,309	293	14,766	3,544
Kathy Adams		Quality Assurance	63,000	15,120	78,120	14.06%	10,986	293	8,859	2,126
Jessica Zepeda or designee		Employee on-site training and com	63,000	15,120	78,120	14.06%	10,986	293	8,859	2,126
TBD		Program Director	73,500	17,640	91,140	90.00%	82,026	1,872	66,150	15,876
TBD		WDD Lead BHT	54,500	13,104	67,604	90.00%	60,934	1,872	49,140	11,794
TBD		WDD BHT-2	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WDD BHT-1	47,250	11,340	58,590	90.00%	52,731	1,872	42,525	10,206
TBD		WDN BHT-1	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		W/DN BHT-1	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WED Lead BHT	55,001	13,200	68,201	90.00%	61,381	1,872	49,501	11,880
TBD		WED BHT-2	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WED BHT-1	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WEN BHT-1	53,550	12,852	66,402	90.00%	59,762	1,872	48,195	11,567
TBD		WEN BHT-1	53,550	12,852	66,402	90.00%	59,762	1,872	48,195	11,567
TBD		Transitional BHT-2	49,875	11,970	61,845	90.00%	55,661	1,872	44,888	10,773
Contract Nurse Practitioner	NP		65,001	15,600	80,601	14.06%	11,335	293	9,141	2,194
									900,952	192,228

Total Program:	2,781,681	TOTAL COST:	993,180
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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.

APPROVED:


PROVIDER AUTHORIZED SIGNATURE

5/18/23
DATE


DBH FISCAL SERVICES

4.18.23
DATE


DBH PROGRAM MANAGER

03/24/23
DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2023 - 2024




Contractor Name: Helping Hearts California, LLC
20-608
 Address: 2421 Kern St
San Bernardino, CA 92407
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 9 DBH Clients for total)	\$6,250	100.00%	0.00%	\$6,250
2 Transportation Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	\$30,000	100.00%	0.00%	\$30,000
3 Rent (expressed on per client basis multiplied times 9 DBH Clients for total)	\$162,000	100.00%	0.00%	\$162,000
4 Utilities (expressed on per client basis multiplied times 9 DBH Clients for total)	\$28,500	100.00%	0.00%	\$28,500
5 Clinical Support (expressed on per client basis multiplied times 9 DBH Clients for total)	\$35,000	100.00%	0.00%	\$35,000
6 Food and Supplies (expressed on per client basis multiplied times 9 DBH Clients for total)	\$81,000	100.00%	0.00%	\$81,000
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	\$13,983	100.00%	0.00%	\$13,983
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 9 DBH Clients for total)	\$16,500	100.00%	0.00%	\$16,500
9 Interest Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	\$14,250	100.00%	0.00%	\$14,250
10 Administrative Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	\$97,587	100.00%	0.00%	\$97,587
11				\$0
SUBTOTAL B:	\$485,070			\$485,070
GROSS COSTS TOTAL A + B:	\$1,478,250			\$1,478,250

APPROVED:			
	5/18/23		4.18.23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE
			03/24/23
		DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano	Christina Entz, PM II
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)	DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 2421 Kern St
San Bernardino, CA 92407
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability (expressed on per client basis multiplied times 9 DBH Clients for total)	Professional liability insurance as required per contract
2. Transportation Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment.
3. Rent (expressed on per client basis multiplied times 9 DBH Clients for total)	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities (expressed on per client basis multiplied times 9 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support (expressed on per client basis multiplied times 9 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies (expressed on per client basis multiplied times 9 DBH Clients for total)	Food and supplies for clients
7. Client Activities and Misc Client Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 9 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4.18.23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608
2421 Kern St
Prepared by: Ynez Cross
Date Form Completed: 10/7/2021
Updated 2/17/2023

<i>Client Service Projections for: July 1, 2023 to June 30, 2024</i>													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	9	9	9	9	9	9	9	9	9	9	9	9	108
Projected Bed Days	279	279	270	279	270	279	279	252	279	270	279	270	3,285

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-808**
 Address: **1767 N Acacia Ave**
Rialto, CA 92376
 Legal Entity No.: **01984 RU**
 Date: **2/17/2023**
 Updated

Prepared by: **Ynez Cross**
 Title: **CEO**

Adult Residential Facilities with Social Rehab. Program Services
FY 2023 - 2024
 July 1, 2023 to June 30, 2024

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	65-79	65-79			
EXPENSES							
1	SALARIES		-	520,005			520,005
2	BENEFITS		-	124,803			124,803
	TOTAL SALARIES AND BENEFITS			644,808			644,808
3	OPERATING EXPENSES	-	-	340,692			340,692
4	TOTAL EXPENSES (1+2+3)			985,500			985,500
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)	-	-	985,500			985,500
11	CONTRACT DAYS	-		365			365
12	CONTRACT MONTHS	-		12			12
13	NUMBER OF BEDS			6			6
14	TOTAL CLIENT DAYS (11 * 13)	-	-	2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	164,250			
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	13,688			
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	450.00			
18	TOTAL MONTHLY AMOUNT (16 * 13)	-	-	82,125			82,125
19	TOTAL AMOUNT (11*13*17)	-	-	985,500			985,500
FUNDING:							
20	MEDI-CAL	90%		443,475			443,475
21	PATH						-
22	SAMSHA						-
23	MHSA (Non-Medi-Cal)			98,550			98,550
24	MHSA MATCH			443,475			443,475
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			985,500			985,500

APPROVED:

		
5/18/23	4.18.23	03/24/23
PROVIDER AUTHORIZED SIGNATURE	DBH FISCAL SERVICES	DBH PROGRAM MANAGER
DATE	DATE	DATE
Ynez Cross	Anthony Altamirano	Christina Entz, PM II
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCAL SERVICES (PRINT NAME)	DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2023 - 2024

July 1, 2023 to June 30, 2024

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hampton	MA	Executive Director	182,000	43,680	225,680	9.38%	21,158	195	17,063	4,095
Christopher Lloyd	BA	Senior Director of Operations	130,000	31,200	161,200	9.38%	15,113	195	12,188	2,925
Brian Sproat	LMFT	Head of Service	125,000	30,000	155,000	9.38%	14,531	195	11,719	2,813
Blithe McClanahan		Clinical Coordinator	57,500	21,000	108,500	9.38%	10,172	195	8,203	1,969
Hady Bonilla or designee		Community Liaison	65,000	15,600	80,600	9.38%	7,556	195	6,094	1,463
Brian Whitworth or designee		Weekday Program Coordinator	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Anthony Rodriguez or designee		Weekend Program Coordinator	57,500	16,200	83,700	9.38%	7,847	195	6,328	1,519
Kathy Boyle or designee	BA	Health Information Manager	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Jennifer Lara or designee	SUD	SUD Counselor	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
TBD	LCSW	Clinical Supervisor	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Dr Allie Perez	PsyD	Intern Clinical Supervisor	90,000	21,600	111,600	9.38%	10,463	195	8,436	2,025
TBD	LMFT	Clinician	85,000	20,400	105,400	9.38%	9,881	195	7,969	1,913
Miguel Amaya or designee		Administrative Support Specialist	43,680	10,483	54,163	9.38%	5,078	195	4,095	983
Jessica Zepeda or designee		Employee Staff Developer	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Lisa Vann	LVN	Medication oversight/training/care c	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Kathy Adams		Quality Assurance	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Jessica Zepeda or designee		Employee on-site training and comp	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
TBD		Transitional BHT-2	41,500	9,960	51,460	100.00%	51,460	2,080	41,500	9,960
TBD		Program Director	65,000	15,600	80,600	100.00%	80,600	2,080	55,000	15,600
TBD		WDD BHT-2	45,000	10,800	55,800	100.00%	55,800	2,080	45,000	10,800
TBD		WED BHT-2	49,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WDD BHT-1	42,000	10,080	52,080	100.00%	52,080	2,080	42,000	10,080
TBD		WED BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WDN BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WEN BHT-1	47,000	11,280	58,280	100.00%	58,280	2,080	47,000	11,280
Contract Nurse Practitioner	NP		65,000	15,600	80,600	9.38%	7,556	195	6,094	1,463
									520,005	124,803

Total Program:	2,364,903	TOTAL COST	644,808
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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.

APPROVED:

	5/18/23		4.18.23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

FY 2023 - 2024

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 1767 N Acacia Ave
Rialto, CA 92376
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$49,872	100.00%	0.00%	\$49,872
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$108,032	100.00%	0.00%	\$108,032
11				
SUBTOTAL B:	\$340,692			\$340,692
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4-18-23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
20-608
Address: 1767 N Acacia Ave
Rialto, CA 92376
Date Form Completed: 2/17/2023
Updated _____

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract.
.2 Transportation Costs	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment.
3. Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs.
11.	

APPROVED:

 _____ PROVIDER AUTHORIZED SIGNATURE	5/18/23 _____ DATE	 _____ DBH FISCAL SERVICES	4-18-23 _____ DATE	 _____ DBH PROGRAM MANAGER	03/24/23 _____ DATE
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Ynez Cross _____ PROVIDER AUTHORIZED SIGNER (PRINT NAME)	Anthony Altamirano _____ DBH FISCAL SERVICES (PRINT NAME)	Christina Entz, PM II _____ DBH PROGRAM MANAGER (PRINT NAME)
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**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608
1767 N Acacia Ave
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2023 to June 30, 2024													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**

Contract #: **20-808**

Address: **6272 Robin Lane**

San Bernardino, CA 92407

Legal Entity No.: **01984 RU**

Date: **2/17/2023**

Updated

Prepared by: **Ynez Cross**
Title: **CEC**

Adult Residential Facilities with Social Rehab. Program Services

FY 2023 - 2024


July 1, 2023 to June 30, 2024

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE		05	05	05			TOTAL
#	SERVICE FUNCTION		20-29	65-79	85-79			
EXPENSES								
1	SALARIES			-	520,005			520,005
2	BENEFITS			-	124,803			124,803
	TOTAL SALARIES AND BENEFITS				644,808			644,808
3	OPERATING EXPENSES		-	-	340,692			340,692
4	TOTAL EXPENSES (1+2+3)				985,500			985,500
AGENCY REVENUES								
5	PATIENT FEES							-
6	PATIENT INSURANCE							-
7	MEDI-CARE							-
8	GRANTS/OTHER							-
9	TOTAL AGENCY REVENUES (5+6+7+8)							-
10	CONTRACT AMOUNT (4-9)				985,500			985,500
11	CONTRACT DAYS		-		365			365
12	CONTRACT MONTHS		-		12			12
13	NUMBER OF BEDS		-		6			6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	164,250			
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	13,688			
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	450.00			
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	82,125			82,125
19	TOTAL AMOUNT (11*13*17)		-	-	985,500			985,500
FUNDING:								
20	MEDI-CAL	FFP Mix %	90%		443,475			443,475
21	PATH							-
22	SAMSHA							-
23	MHSA (Non-Medi-Cal)			-	98,550			98,550
24	MHSA MATCH			-	443,475			443,475
25	REALIGNMENT							-
26	OTHER:							-
	TOTAL FUNDING				985,500			985,500

APPROVED:

 5/18/23
PROVIDER AUTHORIZED SIGNATURE DATE

 4/18/23
DBH FISCAL SERVICES DATE

 03/24/23
DBH PROGRAM MANAGER DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2023 - 2024

July 1, 2023 to June 30, 2024

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC


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
Christal Hampton	MA	Executive Director	162,000	43,680	225,680	9.38%	21,158	195	17,063	4,095
Christopher Lloyd	BA	Senior Director of Operations	130,000	31,200	161,200	9.38%	15,113	195	12,188	2,925
Brian Siroga	LMFT	Head of Service	125,000	30,000	155,000	9.38%	14,531	195	11,719	2,813
Bythe McCleanahan		Clinical Coordinator	87,500	21,000	108,500	9.38%	10,172	195	8,203	1,969
Hadly Bonilla or designee		Community Liaison	65,000	15,600	80,600	9.38%	7,556	195	6,094	1,463
Brian Whitworth or designee		Weekday Program Coordinator	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Anthony Rodriguez or designee		Weekend Program Coordinator	67,500	16,200	83,700	9.38%	7,847	195	6,328	1,519
Kathy Boyle or designee	BA	Health Information Manager	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
Jennifer Lara or designee	SUD	SUD Counselor	70,000	16,800	86,800	9.38%	8,138	195	6,563	1,575
TBD	LCSW	Clinical Supervisor	100,000	24,000	124,000	9.38%	11,625	195	9,375	2,250
Dr Alita Perez	PsyD	Intern Clinical Supervisor	90,000	21,600	111,600	9.38%	10,463	195	8,430	2,025
TBD	LMFT	Clinician	85,000	20,400	105,400	9.38%	9,881	195	7,969	1,913
Miguel Amaya or designee		Administrative Support Specialist	43,680	10,483	54,163	9.38%	5,078	195	4,095	983
Jessica Zepeda or designee		Employee Staff Developer	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Lisa Vanni	LVN	Medication oversight/training/care	105,000	24,000	129,000	9.38%	11,625	195	9,375	2,250
Kathy Adams		Quality Assurance	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
Jessica Zepeda or designee		Employee on-site training and comp	60,000	14,400	74,400	9.38%	6,975	195	5,625	1,350
TBD		Transitional BHT-2	41,500	9,960	51,460	100.00%	51,460	2,080	41,500	9,960
TBD		Program Director	65,000	15,600	80,600	100.00%	80,600	2,080	65,000	15,600
TBD		WDD BHT-2	45,000	10,800	55,800	100.00%	55,800	2,080	45,000	10,800
TBD		WED BHT-2	48,000	11,520	59,520	100.00%	59,520	2,080	48,000	11,520
TBD		WDD BHT-1	42,000	10,080	52,080	100.00%	52,080	2,080	42,000	10,080
TBD		WED BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WDN BHT-1	44,000	10,560	54,560	100.00%	54,560	2,080	44,000	10,560
TBD		WEN BHT-1	47,000	11,280	58,280	100.00%	58,280	2,080	47,000	11,280
Contract Nurse Practitioner	NP		65,000	15,600	80,600	9.38%	7,556	195	6,094	1,463
									520,005	124,803


Total Program:	2,364,903	TOTAL COST:	644,808
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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.

APPROVED:

 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE
 Ynez Cross
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)

 4-18-23
 DBH FISCAL SERVICES DATE
 Anthony Altamirano
 DBH FISCAL SERVICES (PRINT NAME)

 03/24/23
 DBH PROGRAM MANAGER DATE
 Christina Entz, PM II
 DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2023 - 2024


Contractor Name: Helping Hearts California, LLC
20-608
 Address: 6272 Robin Lane
San Bernardino, CA 92407
 Date Form Completed: 2/17/2023
 Updated _____


Prepared by: Ynez Cross
 Title: CEO


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, 2023 to June 30, 2024

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$49,872	100.00%	0.00%	\$49,872
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$108,032	100.00%	0.00%	\$108,032
11				
SUBTOTAL B:	\$340,692			\$340,692
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:  5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

 4.18.23
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME)

 03/24/23
 DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 6272 Robin Lane
San Bernardino, CA 92407
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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, 2023 to June 30, 2024

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract. mileage expense at IRS rate related to client appointments, activities and other treatment
3. Rent	Rent for facility at \$1 500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	DATE	 DBH FISCAL SERVICES	DATE	 DBH PROGRAM MANAGER	DATE
		4-18-23			03/24/23

Ynez Cross	Anthony Altamirano	Christina Entz, PM II
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCAL SERVICES (PRINT NAME)	DBH PROGRAM MANAGER (PRINT NAME)

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2023 - 2024**

Contractor Name: Helping Hearts California, LLC
Address: 20-608
6272 Robin Lane
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

<i>Client Service Projections for: July 1, 2023 to June 30, 2024</i>													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

Helping Hearts Extension FY 23-24 & 24-25

Total: \$ 8,869,500
 (54 beds) @ \$450/bed day

		Medi-Cal 90%	MHSA MATCH	MHSA 10%		Current # of beds	
Aurora Victorville	Aurora 3603AR	985,500	443,475	443,475	98,550	985,500	6
Blackwood Fontana	Blackwood 3621AR	985,500	443,475	443,475	98,550	985,500	6
Bonanza Victorville	Bonanza 36JJAR	1,642,500	739,125	739,125	164,250	1,642,500	10
Euclid Ontario	Euclid 36IJAR	821,250	369,563	369,563	82,125	821,250	5
Visconti Colton	Colton 36HJAR	985,500	443,475	443,475	98,550	985,500	6
Kern San Bernardino (continued for now)		1,478,250	665,213	665,213	147,825	1,478,250	9
Acacia Rialto (new location)*		985,500	443,475	443,475	98,550	985,500	6
Robin San Bernardino (new location)*		985,500	443,475	443,475	98,550	985,500	6
\$ 8,869,500		3,991,275	3,991,275	886,950	8,869,500	54	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-608**
 Address: **13132 Aurora Ave
Victorville, CA 92382**
 Legal Entity No.: **01984 RU 3603AR**
 Date: **2/17/2023**
 Updated

Prepared by: **Ynez Cross**
 Title: **CEO**

**Adult Residential Facilities with Social Rehab. Program Services
 FY 2024 - 2025
 July 1, 2024 to June 30, 2025**

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	65-79	65-79			
EXPENSES							
1	SALARIES		-	546,002			546,002
2	BENEFITS		-	131,044			131,044
	TOTAL SALARIES AND BENEFITS			677,046			677,046
3	OPERATING EXPENSES		-	308,454			308,454
4	TOTAL EXPENSES (1+2+3)			985,500			985,500
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)			985,500			985,500
11	CONTRACT DAYS			365			365
12	CONTRACT MONTHS			12			12
13	NUMBER OF BEDS			6			6
14	TOTAL CLIENT DAYS (11 * 13)			2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)			164,250			-
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688			-
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450.00			-
18	TOTAL MONTHLY AMOUNT (16 * 13)			82,125			82,125
19	TOTAL AMOUNT (11*13*17)			985,500			985,500
FUNDING:							
20	MEDI-CAL	FFP Mix %		443,475			443,475
21	PATH	90%					-
22	SAMSHA						-
23	MHSA (Non-Medi-Cal)			98,550			98,550
24	MHSA MATCH			443,475			443,475
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			985,500			985,500

APPROVED:

	5/18/23		4-18-23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC


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
Christa Hampton	MA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	9.38%	15,868	195	12,797	3,071
Brian Sproat	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953
Blythe McClanahan		Clinical Coordinator	91,875	22,050	113,925	9.38%	10,680	195	8,613	2,067
Hady Bonilla or designee		Community Liaison	56,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,645	1,595
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Dr Allie Perez	PsyD	Intern Clinical Supervisor	94,500	22,680	117,180	9.38%	10,986	195	8,859	2,126
TBD	LMFT	Clinician	85,250	21,420	110,670	9.38%	10,375	195	8,367	2,008
Miguel Amaya or designee		Administrative Support Specialist	45,864	11,007	56,871	9.38%	5,332	195	4,300	1,032
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Lisa Vanni	LVN	Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessca Zepeda or designee		Employee on-site training and comp	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Transitional BHT-2	43,575	10,458	54,033	100.00%	54,033	2,080	43,575	10,458
TBD		Program Director	68,250	16,380	84,630	100.00%	84,630	2,080	68,250	16,380
TBD		WDD BHT-2	47,250	11,340	58,590	100.00%	58,590	2,080	47,250	11,340
TBD		WFD BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDD BHT-1	44,100	10,584	54,684	100.00%	54,684	2,080	44,100	10,584
TBD		WED BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WED BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WEN BHT-1	49,350	11,844	61,194	100.00%	61,194	2,080	49,350	11,844
TBD		WEN BHT-1	49,350	11,844	61,194	100.00%	61,194	2,080	49,350	11,844
Contract Nurse Practitioner	NP		68,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
									54,000	14,000

Total Program:	2,483,148	TOTAL COST:	677,046
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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.

APPROVED:

	5/18/23		4-18-23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 13132 Aurora Ave
Victorville, CA 92392
 Date Form Completed: 2/17/2023
 Updated _____




Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$43,562	100.00%	0.00%	\$43,562
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$82,104	100.00%	0.00%	\$82,104
11				
SUBTOTAL B:	\$308,454			\$308,454
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

	5/18/23		4.18.23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

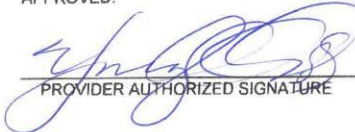


Contractor Name: Helping Hearts California, LLC
20-608
 Address: 13132 Aurora Ave
Victorville, CA 92392
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

**Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.
 July 1, 2024 to June 30, 2025**

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract mileage expense at IRS rate related to client appointments activities and other treatment
3. Rent	Rent for facility at \$1 500 per member per month and includes all taxes, property insurance and ail maintenace excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity gas water garbage cable internet and phone
5. Clinical Support	Electronic health record system, computer support office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activies and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4-18-23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608
13132 Aurora Ave
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**

Contract #: **20-608**

Address: **11253 Blackwood St**

Fontana, GA 92337

Legal Entity No.: **01984 RU 3621AR**

Date: **2/17/2023**

Updated

Prepared by: **Ynez Cross**
Title: **CEO**

Adult Residential Facilities with Social Rehab. Program Services

FY 2024 - 2025

July 1, 2024 to June 30, 2025

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE #	MODE OF SERVICE SERVICE FUNCTION	06	05	05			TOTAL
		20-29	65-79	65-79			
EXPENSES							
1	SALARIES		-	546,002			546,002
2	BENEFITS		-	131,044			131,044
	TOTAL SALARIES AND BENEFITS			677,046			677,046
3	OPERATING EXPENSES		-	308,454			308,454
4	TOTAL EXPENSES (1+2+3)			985,500			985,500
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)			985,500			985,500
11	CONTRACT DAYS			365			365
12	CONTRACT MONTHS			12			12
13	NUMBER OF BEDS			6			6
14	TOTAL CLIENT DAYS (11 * 13)			2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)			184,250			-
16	MONTHLY AMOUNT PER BED (15 / 12)			13,688			-
17	*NEGOTIATED DAILY BED RATE (10 / 14)			450.00			-
18	TOTAL MONTHLY AMOUNT (16 * 13)			82,125			82,125
19	TOTAL AMOUNT (11*13*17)			985,500			985,500
FUNDING:							
20	MEDI-CAL	FFP Mix %	90%	443,475			443,475
21	PATH						-
22	SAMSHA						-
23	MHSA (Non-Medi-Cal)			98,550			98,550
24	MHSA MATCH			443,475			443,475
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			985,500			985,500

APPROVED:

 5/18/23
PROVIDER AUTHORIZED SIGNATURE DATE

 4.18.23
DBH FISCAL SERVICES DATE

 03/24/23
DBH PROGRAM MANAGER DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	6/11/2020 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
Christal Hamilton	MA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lloyd	BA	Senior Director of Operations	126,500	32,760	169,260	9.38%	15,868	195	12,797	3,071
Brian Sproat	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953
Blythe McCianahan		Clinical Coordinator	91,875	22,050	113,925	9.38%	10,680	195	8,613	2,067
Mady Bonilla or designee		Community Liaison	68,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,645	1,595
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Dr. Alie Perez	PsyD	Intern Clinical Supervisor	94,500	22,880	117,380	9.38%	10,886	195	8,859	2,126
TBD	LMFT	Clinician	89,250	21,420	110,670	9.38%	10,375	195	8,367	2,008
Miguel Amaya or designee		Administrative Support Specialist	46,864	11,007	58,871	9.38%	5,332	195	4,300	1,032
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Lisa Mann	LVN	Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessica Zepeda or designee		Employee on-site training and com	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Transitional BHT-2	43,575	10,458	54,033	100.00%	54,033	2,080	43,575	10,458
TBD		Program Director	68,250	16,380	84,630	100.00%	84,630	2,080	68,250	16,380
TBD		WDD BHT-2	47,250	11,340	58,590	100.00%	58,590	2,080	47,250	11,340
TBD		WED BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDD BHT-1	44,100	10,584	54,684	100.00%	54,684	2,080	44,100	10,584
TBD		WED BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WDN BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WEN BHT-1	49,350	11,844	61,194	100.00%	61,194	2,080	49,350	11,844
Contract Nurse Practitioner	NP		68,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
									46,007	131,044

Total Program:	2,483,148	TOTAL COST:	677,046
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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

APPROVED:

 5/18/23

PROVIDER AUTHORIZED SIGNATURE
Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

 4.18.23

DBH FISCAL SERVICES
Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)



DBH PROGRAM MANAGER
Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

03/24/23
DATE

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

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 11253 Blackwood St
Fontana, CA 92337
 Date Form Completed: 2/17/2023
 Updated _____

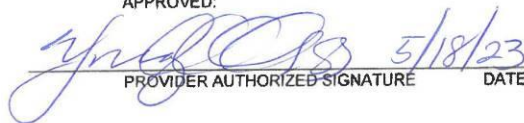

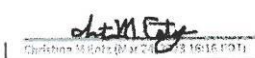
Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs	\$13,500	100.00%	0.00%	\$13,500
3 Rent	\$108,000	100.00%	0.00%	\$108,000
4 Utilities	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies	\$43,562	100.00%	0.00%	\$43,562
7 Client Activities and Misc Client Costs	\$6,288	100.00%	0.00%	\$6,288
8 Repair and Maintenance - Client Damage	\$5,500	100.00%	0.00%	\$5,500
9 Interest Expense	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense	\$82,104	100.00%	0.00%	\$82,104
11				
SUBTOTAL B:	\$308,454			\$308,454
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

			
5/18/23	4.18.23	03/24/23	
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE
DBH PROGRAM MANAGER	DATE		
Ynez Cross	Anthony Altamirano	Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCAL SERVICES (PRINT NAME)	DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
20-608
Address: 11253 Blackwood St
Fontana, CA 92337
Date Form Completed: 2/17/2023
Updated _____




Prepared by: Ynez Cross
Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability	Professional liability insurance as required per contract
2. Transportation Costs	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment
3. Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies	Food and supplies for clients
7. Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs.
11.	

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4.18.23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608
11253 Blackwood St
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A
Adult Residential Facilities with Social Rehab. Program Services
FY 2024 - 2025
July 1, 2024 to June 30, 2025

Contractor Name: Helping Hearts California, LLC
Contract #: 20-808
Address: 14516 Bonanza St
Victorville, CA 92382
Legal Entity No.: 01884 RU36JJAR
Date: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	65-79	65-79			
EXPENSES							
1	SALARIES		-	890,350			890,350
2	BENEFITS		-	213,683			213,683
	TOTAL SALARIES AND BENEFITS			1,104,033			1,104,033
3	OPERATING EXPENSES	-	-	538,467			538,467
4	TOTAL EXPENSES (1+2+3)			1,642,500			1,642,500
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)			1,642,500			1,642,500
11	CONTRACT DAYS	-	-	365			365
12	CONTRACT MONTHS	-	-	12			12
13	NUMBER OF BEDS	-	-	10			10
14	TOTAL CLIENT DAYS (11 * 13)	-	-	3,650			3,650
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	164,250			-
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	13,688			-
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	450.00			-
18	TOTAL MONTHLY AMOUNT (16 * 13)	-	-	136,875			136,875
19	TOTAL AMOUNT (11*13*17)	-	-	1,642,500			1,642,500
FUNDING:							
20	MEDI-CAL	FFP Mix %	90%	-	739,125		739,125
21	PATH						-
22	SAMSHA						-
23	MHSA (Non-Medi-Cal)			-	164,250		164,250
24	MHSA MATCH			-	739,125		739,125
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING				1,642,500		1,642,500

APPROVED:  5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE
 4.18.23
 DBH FISCAL SERVICES DATE

 DBH PROGRAM MANAGER DATE
 03/24/23
 Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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Schedule B

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)




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

CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hamton	MA	Executive Director	191,100	45,864	236,964	15.65%	37,085	328	29,907	7,178
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	15.65%	26,489	328	21,362	5,127
Brian Sproat	LMFT	Head of Service	131,250	31,500	162,750	15.65%	25,470	328	20,541	4,930
Blythe McClanahan		Clinical Coordinator	91,875	22,050	113,925	15.65%	17,829	328	14,378	3,451
Hardy Bonifa or designee		Community Liaison	68,250	16,380	84,630	15.65%	13,245	328	10,681	2,563
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	15.65%	14,263	328	11,503	2,761
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	15.65%	13,754	328	11,092	2,662
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	15.65%	14,263	328	11,503	2,761
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	15.65%	14,263	328	11,503	2,761
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	15.65%	20,376	328	16,433	3,944
Dr Allie Perez	PsyD	Intern Clinical Supervisor	94,500	22,680	117,180	15.65%	18,339	328	14,789	3,549
TBD	LMFT	Clinician	89,250	21,420	110,670	15.65%	17,320	328	13,968	3,352
Miguel Amaya or designee		Administrative Support Specialist	45,864	11,007	56,871	15.65%	8,900	328	7,178	1,723
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	15.65%	12,226	328	9,860	2,366
Lisa Vanni	LVN	Medication oversight/training/care	105,000	25,200	130,200	15.65%	20,376	328	16,433	3,944
Kathy Adams		Quality Assurance	63,000	15,120	78,120	15.65%	12,226	328	9,860	2,366
Jessica Zepeda or designee		Employee on-site training and com	63,000	15,120	78,120	15.65%	12,226	328	9,860	2,366
TBD		Program Director	73,500	17,640	91,140	100.00%	91,140	2,080	73,500	17,640
TBD		WDD Lead BHT	54,600	13,104	67,704	100.00%	67,704	2,080	54,600	13,104
TBD		WDD BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDD BHT-1	47,250	11,340	58,590	100.00%	58,590	2,080	47,250	11,340
TBD		WDN BHT-1	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDN BHT-1	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WED Lead BHT	55,001	13,200	68,201	100.00%	68,201	2,080	55,001	13,200
TBD		WED BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WED BHT-1	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WEN BHT-1	53,550	12,852	66,402	100.00%	66,402	2,080	53,550	12,852
TBD		WEN BHT-1	53,550	12,852	66,402	100.00%	66,402	2,080	53,550	12,852
TBD		Transitional BHT-2	49,875	11,970	61,845	100.00%	61,845	2,080	49,875	11,970
Contract Nurse Practitioner	NP		65,001	15,600	80,601	15.65%	12,614	328	10,173	2,441
									390,390	713,653

Total Program:	2,781,681	TOTAL COST:	1,104,033
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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

APPROVED:  5/18/23  4.18.23  03/24/23

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

Ynez Cross **Anthony Altamirano** **Christina Entz, PM II**

PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608

Address: 14516 Bonanza St
Victorville, CA 92392

Date Form Completed: 2/17/2023

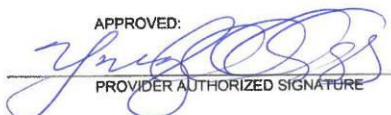


Updated _____

Prepared by: Ynez Cross
Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability	\$6,250	100.00%	0.00%	\$6,250
2 Transportation Costs	\$25,000	100.00%	0.00%	\$25,000
3 Rent	\$180,000	100.00%	0.00%	\$180,000
4 Utilities	\$22,500	100.00%	0.00%	\$22,500
5 Clinical Support	\$35,000	100.00%	0.00%	\$35,000
6 Food and Supplies	\$90,000	100.00%	0.00%	\$90,000
7 Client Activities and Misc Client Costs	\$1,250	100.00%	0.00%	\$1,250
8 Repair and Maintenance - Client Damage	\$8,250	100.00%	0.00%	\$8,250
9 Interest Expense	\$14,250	100.00%	0.00%	\$14,250
10 Administrative Expense	\$ 155,967	100.00%	0.00%	\$155,967
11				\$0
SUBTOTAL B:	\$538,467			\$538,467
GROSS COSTS TOTAL A + B:	\$1,642,500			\$1,642,500

APPROVED:					
	<u>5/18/23</u>		<u>4.18.23</u>		<u>03/24/23</u>
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 14516 Bonanza St
Victorville, CA 92392
 Date Form Completed: 2/17/2023
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM		Justification of Cost
1.	Professional Liability	Professional liability insurance as required per contract.
2.	Transportation Costs	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments activities and other treatment.
3.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage.
4.	Utilities	Annual utilities including electricity, gas, water, garbage, cable, internet and phone.
5.	Clinical Support	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD.
6.	Food and Supplies	Food and supplies for clients.
7.	Client Activities and Misc Client Costs	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance.
8.	Repair and Maintenance - Client Damage	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling.
9.	Interest Expense	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH.
10.	Administrative Expense	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs.
11.		

APPROVED:  PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4.18.23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 14516 Bonanza St
 Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**

Contract #: **20-509**

Address: **747 N Euclid Ave**

Ontario, CA 91762

Legal Entity No.: **01983 RU36IJAR**

Date: **2/17/2023**

Updated

Prepared by: **Ynez Cross**
Title: **CEO**

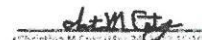
**Adult Residential Facilities with Social Rehab. Program Services
FY 2024 - 2025
July 1, 2024 to June 30, 2025**

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE #	MODE OF SERVICE SERVICE FUNCTION	05 20-29	05 65-79	05 65-79			TOTAL
EXPENSES							
1	SALARIES		-	444,974			444,974
2	BENEFITS		-	106,793			106,793
	TOTAL SALARIES AND BENEFITS			551,767			551,767
3	OPERATING EXPENSES	-	-	269,483			269,483
4	TOTAL EXPENSES (1+2+3)			821,250			821,250
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						
10	CONTRACT AMOUNT (4-9)	-	-	821,250		-	821,250
CONTRACT DETAILS							
11	CONTRACT DAYS	-		365			365
12	CONTRACT MONTHS	-		12			12
13	NUMBER OF BEDS			5			5
14	TOTAL CLIENT DAYS (11 * 13)	-	-	1,825		-	1,825
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	164,250		-	
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	13,688		-	
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	450.00		-	
18	TOTAL MONTHLY AMOUNT (16 * 13)	-	-	68,438		-	68,438
19	TOTAL AMOUNT (11*13*17)	-	-	821,250		-	821,250
FUNDING							
			FFP Mix %				
20	MEDI-CAL		90%	369,563			369,563
21	PATH						-
22	SAMSHA						-
23	MHSA			82,124			82,124
24	MHSA MATCH			369,563			369,563
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			821,250			821,250

APPROVED:

 5/18/23
PROVIDER AUTHORIZED SIGNATURE DATE

 4.18.23
DBH FISCAL SERVICES DATE

 03/24/23
DBH PROGRAM MANAGER DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hampton	MA	Executive Director	191,100	45,864	236,964	7.81%	18,513	163	14,930	3,583
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	7.81%	13,223	163	10,664	2,559
Brian Sproat	LMFT	Head of Service	131,250	31,500	162,750	7.81%	12,715	163	10,254	2,461
Blythe McClanahan		Clinical Coordinator	91,875	22,050	113,925	7.81%	8,900	163	7,178	1,723
Haidy Bonilla or designee		Community Liaison	68,250	16,380	84,630	7.81%	6,612	163	5,332	1,280
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	7.81%	6,868	163	5,537	1,329
Kathy Boye or designee	BA	Health Information Manager	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	7.81%	7,120	163	5,742	1,378
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	7.81%	10,172	163	8,203	1,969
Dr Alvie Perez	PsyD	Intern Clinical Supervisor	94,500	22,880	117,380	7.81%	9,155	163	7,383	1,772
TBD	LMFT	Clinician	89,250	21,420	110,670	7.81%	8,646	163	6,973	1,673
Miguel Amaya or designee		Administrative Support Specialist	45,864	11,007	56,871	7.81%	4,443	163	3,583	860
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
Lisa Vann	LVN	Medication oversight/training/care of	105,000	25,200	130,200	7.81%	10,172	163	8,203	1,969
Kathy Adams		Quality Assurance	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
Jessica Zepeda or designee		Employee on-site training and comp	63,000	15,120	78,120	7.81%	6,103	163	4,922	1,181
TBD		Program Director	73,500	17,640	91,140	50.00%	45,570	1,040	36,750	8,820
TBD		WDD Lead BHT	54,600	13,104	67,704	50.00%	33,852	1,040	27,300	6,552
TBD		WDD BHT-2	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WDD BHT-1	47,250	11,340	58,590	50.00%	29,295	1,040	23,625	5,670
TBD		WDN BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WDN BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WED Lead BHT	55,001	13,200	68,201	50.00%	34,101	1,040	27,501	6,800
TBD		WED BHT-2	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WED BHT-1	50,400	12,096	62,496	50.00%	31,248	1,040	25,200	6,048
TBD		WEN BHT-1	53,550	12,852	66,402	50.00%	33,201	1,040	26,775	6,426
TBD		WEN BHT-1	53,550	12,852	66,402	50.00%	33,201	1,040	26,775	6,426
TBD		Transitional BHT-2	49,875	11,970	61,845	50.00%	30,923	1,040	24,936	5,985
Contract Nurse Practitioner	NP		65,001	15,600	80,601	7.81%	6,297	163	5,078	1,219
									144,974	106,793

Total Program:	2,781,681	TOTAL COST:	551,767
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

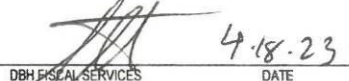
% Time

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

APPROVED:


PROVIDER AUTHORIZED SIGNATURE

5/18/23
DATE


DBH FISCAL SERVICES DATE


DBH PROGRAM MANAGER

03/24/23
DATE

Ynez Cross
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II
DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2024 - 2025

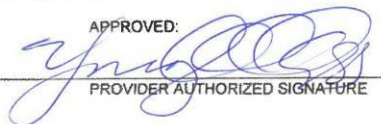


Contractor Name: Helping Hearts California, LLC
20-608
 Address: 747 N Euclid Ave
Ontario, CA 91762
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 5 DBH Clients for total)	\$4,250	100.00%	0.00%	\$4,250
2 Transportation Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	\$10,000	100.00%	0.00%	\$10,000
3 Rent (expressed on per client basis multiplied times 5 DBH Clients for total)	\$90,000	100.00%	0.00%	\$90,000
4 Utilities (expressed on per client basis multiplied times 5 DBH Clients for total)	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support (expressed on per client basis multiplied times 5 DBH Clients for total)	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies (expressed on per client basis multiplied times 5 DBH Clients for total)	\$53,598	100.00%	0.00%	\$53,598
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	\$8,056	100.00%	0.00%	\$8,056
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 5 DBH Clients for total)	\$4,750	100.00%	0.00%	\$4,750
9 Interest Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	\$8,750	100.00%	0.00%	\$8,750
10 Administrative Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	\$56,079	100.00%	0.00%	\$56,079
11				\$0
SUBTOTAL B:	\$269,483			\$269,483
GROSS COSTS TOTAL A + B:	\$821,250			\$821,250

APPROVED:		821250	\$0
			
5/18/23	4.18.23	03/24/23	
PROVIDER AUTHORIZED SIGNATURE	DBH FISCAL SERVICES	DBH PROGRAM MANAGER	DATE
Ynez Cross	Anthony Altamirano	Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCAL SERVICES (PRINT NAME)	DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
20-808
 Address: 747 N Euclid Ave
Ontario, CA 91762
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability (expressed on per client basis multiplied times 5 DBH Clients for total)	Professional liability insurance as required per contract
2. Transportation Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment
3. Rent (expressed on per client basis multiplied times 5 DBH Clients for total)	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities (expressed on per client basis multiplied times 5 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support (expressed on per client basis multiplied times 5 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies (expressed on per client basis multiplied times 5 DBH Clients for total)	Food and supplies for clients
7. Client Activities and Misc Client Costs (expressed on per client basis multiplied times 5 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health
8. Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 5 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense (expressed on per client basis multiplied times 5 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  PROVIDER AUTHORIZED SIGNATURE Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)	5/18/23 DATE	 DBH FISCAL SERVICES Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)	4-18-23 DATE	 DBH PROGRAM MANAGER Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)	03/24/23 DATE
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 747 N Euclid Ave
 Prepared by: Ynez Cross
 Date Form Completed: 2/17/2023
 Updated

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	5	5	5	5	5	5	5	5	5	5	5	5	60
Projected Bed Days	155	155	150	155	150	155	155	140	155	150	155	150	1,825

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-608**
 Address: **1288 Visconti Dr
 Cotton, CA 92324**
 Legal Entity No.: **01984 RU 36HJAR**
 Date: **10/7/2021**
 Updated: **2/17/2023**

Prepared by: **Ynez Cross**
 Title: **CEO**

**Adult Residential Facilities with Social Rehab. Program Services
 FY 2024 - 2025
 July 1, 2024 to June 30, 2025**

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	65-79	65-79			
EXPENSES							
1	SALARIES		-	533,969			533,969
2	BENEFITS		-	128,157			128,157
	TOTAL SALARIES AND BENEFITS			662,126			662,126
3	OPERATING EXPENSES	-	-	323,374			323,374
4	TOTAL EXPENSES (1+2+3)			985,500			985,500
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)	-	-	985,500		-	985,500
11	CONTRACT DAYS	-		365			365
12	CONTRACT MONTHS	-		12			12
13	NUMBER OF BEDS			6			6
14	TOTAL CLIENT DAYS (11 * 13)	-	-	2,190		-	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	164,250		-	
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	13,688		-	
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	450.00		-	
18	TOTAL MONTHLY AMOUNT (16 * 13)	-	-	82,125		-	82,125
19	TOTAL AMOUNT (11*13*17)	-	-	985,500		-	985,500
FUNDING:							
20	MEDI-CAL	90%		443,475			443,475
21	PATH						-
22	SAMSHA						-
23	MHSA			98,550			98,550
24	MHSA MATCH			443,475			443,475
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			985,500			985,500

APPROVED:

			
5/18/23	4-18-23	03/24/23	
PROVIDER AUTHORIZED SIGNATURE	DBH FISCAL SERVICES	DBH PROGRAM MANAGER	DATE
Ynez Cross	Anthony Altamirano	Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCAL SERVICES (PRINT NAME)	DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025 (12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC




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
Christal Hampton	MA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	9.38%	15,868	195	12,797	3,071
Brian Siroat	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953
Bythe McClanahan		Clinical Coordinator	91,875	22,050	113,925	9.38%	10,680	195	8,613	2,067
Haidy Bonilla or designee		Community Liaison	68,250	15,380	84,630	9.38%	7,934	195	6,398	1,536
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,645	1,595
Kathy Bowie or designee	BA	Health Information Manager	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Dr Allie Perez	PsyD	Intern Clinical Supervisor	94,500	22,680	117,180	9.38%	10,986	195	8,859	2,126
TBD	LMFT	Clinician	89,250	21,420	110,670	9.38%	10,375	195	8,367	2,008
Miguel Amaya or designee		Administrative Support Specialist	45,864	11,007	56,871	9.38%	5,332	195	4,300	1,032
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Lisa Vanni	LVN	Medication oversight training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessica Zepeda or designee		Employee on-site training and comp	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Program Director	73,500	17,640	91,140	60.00%	54,684	1,248	44,100	10,584
TBD		WDD Lead BHT	54,500	13,104	67,604	60.00%	40,622	1,248	32,760	7,862
TBD		WDD BHT-2	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WDD BHT-1	47,250	11,340	58,590	60.00%	35,154	1,248	28,350	6,804
TBD		WDN BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WDN BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WED Lead BHT	55,001	13,200	68,201	60.00%	40,921	1,248	33,001	7,920
TBD		WED BHT-2	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WED BHT-1	50,400	12,096	62,496	60.00%	37,498	1,248	30,240	7,258
TBD		WEN BHT-1	53,550	12,852	66,402	60.00%	39,841	1,248	32,130	7,711
TBD		WEN BHT-1	53,550	12,852	66,402	60.00%	39,841	1,248	32,130	7,711
TBD		Transitional BHT-2	49,875	11,970	61,845	60.00%	37,107	1,248	29,925	7,182
Contract Nurse Practitioner	NP		65,000	15,600	80,600	9.38%	7,556	195	6,054	1,463

Total Program:	2,781,681	TOTAL COST:	662,126
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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

APPROVED:

 5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE
 4.18.23
 DBH FISCAL SERVICES DATE
 03/24/23
 DBH PROGRAM MANAGER DATE
 Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 1288 Visconti Dr
Colton, CA 92324
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 6 DBH Clients for total)	\$6,000	100.00%	0.00%	\$6,000
2 Transportation Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	\$12,000	100.00%	0.00%	\$12,000
3 Rent (expressed on per client basis multiplied times 6 DBH Clients for total)	\$108,000	100.00%	0.00%	\$108,000
4 Utilities (expressed on per client basis multiplied times 6 DBH Clients for total)	\$16,000	100.00%	0.00%	\$16,000
5 Clinical Support (expressed on per client basis multiplied times 6 DBH Clients for total)	\$18,000	100.00%	0.00%	\$18,000
6 Food and Supplies (expressed on per client basis multiplied times 6 DBH Clients for total)	\$54,000	100.00%	0.00%	\$54,000
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	\$25,000	100.00%	0.00%	\$25,000
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 6 DBH Clients for total)	\$8,500	100.00%	0.00%	\$8,500
9 Interest Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	\$9,500	100.00%	0.00%	\$9,500
10 Administrative Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	\$66,374	100.00%	0.00%	\$66,374
11				\$0
SUBTOTAL B:	\$323,374			\$323,374
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:  5/18/23
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

 4-18-23
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

 03/24/23
 PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)
 Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)

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

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 1288 Visconti Dr
Colton, CA 92324
 Date Form Completed: 10/7/2021
 Updated 2/17/2023




Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability (expressed on per client basis multiplied times 6 DBH Clients for total)	Professional liability insurance as required per contract
2. Transportation Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	Includes auto insurance at levels required per contract. mileage expense at IRS rate related to client appointments, activities and other treatment
3. Rent (expressed on per client basis multiplied times 6 DBH Clients for total)	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities (expressed on per client basis multiplied times 6 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support (expressed on per client basis multiplied times 6 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies (expressed on per client basis multiplied times 6 DBH Clients for total)	Food and supplies for clients
7. Client Activities and Misc Client Costs (expressed on per client basis multiplied times 6 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 6 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense (expressed on per client basis multiplied times 6 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)	5/18/23 DATE	 DBH FISCAL SERVICES Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)	4-18-23 DATE	 DBH PROGRAM MANAGER Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)	03/24/23 DATE
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
 Address: 20-608
 1288 Visconti Dr
 Prepared by: Ynez Cross
 Date Form Completed: 10/7/2021
 Updated 2/17/2023

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**




Contractor Name: **Helping Hearts California, LLC**
 Contract #: **20-808**
 Address: **2421 Kern St
San Bernardino, CA 92407**
 Legal Entity No.: **01984 RU 36J8AR**
 Date: **10/7/2021**
 Updated: **2/17/2023**

Prepared by: **Ynez Cross**
 Title: **CEO**

**Adult Residential Facilities with Social Rehab. Program Services
FY 2024 - 2025
July 1, 2024 to June 30, 2025**

100.00%	DISTRIBUTION	0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE	05	05	05			TOTAL
#	SERVICE FUNCTION	20-29	40-49	65-79			
EXPENSES							
1	SALARIES			800,952			800,952
2	BENEFITS			192,228			192,228
	TOTAL SALARIES AND BENEFITS			993,180			993,180
3	OPERATING EXPENSES	-	-	485,070			485,070
4	TOTAL EXPENSES (1+2+3)			1,478,250			1,478,250
AGENCY REVENUES							
5	PATIENT FEES						-
6	PATIENT INSURANCE						-
7	MEDI-CARE						-
8	GRANTS/OTHER						-
9	TOTAL AGENCY REVENUES (5+6+7+8)						-
10	CONTRACT AMOUNT (4-9)			1,478,250			1,478,250
CONTRACT DETAILS							
11	CONTRACT DAYS	-	-	365			365
12	CONTRACT MONTHS	-	-	12			12
13	NUMBER OF BEDS	-	-	9			9
14	TOTAL CLIENT DAYS (11 * 13)	-	-	3,285			3,285
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	164,250			-
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	13,688			-
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	450.00			-
18	TOTAL MONTHLY AMOUNT (16 * 13)	-	-	123,188			123,188
19	TOTAL AMOUNT (11*13*17)			1,478,250			1,478,250
FUNDING:							
20	MEDI-CAL			665,213			665,213
21	PATH						-
22	SAMSHA						-
23	MHSA			147,824			147,824
24	MHSA MATCH			665,213			665,213
25	REALIGNMENT						-
26	OTHER:						-
	TOTAL FUNDING			1,478,250			1,478,250

APPROVED:

		
5/18/23	4-18-23	03/24/23
PROVIDER AUTHORIZED SIGNATURE	DBH FISCAL SERVICES	DBH PROGRAM MANAGER
DATE	DATE	DATE
Ynez Cross	Anthony Altamirano	Christina Entz, PM II
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCAL SERVICES (PRINT NAME)	DBH PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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Schedule B

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hampton	MA	Executive Director	191,100	45,864	236,964	14.06%	33,323	293	26,873	6,450
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	14.06%	23,802	293	19,195	4,607
Brian Sproat	LMFT	Head of Service	131,250	31,500	162,750	14.06%	22,887	293	18,457	4,430
Blythe McClanahan		Clinical Coordinator	91,875	22,050	113,925	14.06%	16,021	293	12,920	3,101
Hedy Bonilla or designee		Community Liaison	68,250	16,380	84,630	14.06%	11,901	293	9,598	2,303
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	14.06%	12,817	293	10,335	2,481
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,910	87,885	14.06%	12,359	293	9,967	2,392
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	14.06%	12,817	293	10,336	2,481
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	14.06%	12,817	293	10,336	2,481
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	14.06%	18,309	293	14,766	3,544
Dr Allie Perez	PsyD	Intern Clinical Supervisor	94,500	22,680	117,180	14.06%	16,478	293	13,289	3,189
TBD	LMFT	Clinician	89,250	21,420	110,670	14.06%	15,563	293	12,551	3,012
Miquel Amaya or designee		Administrative Support Specialist	49,954	11,997	56,871	14.06%	7,998	293	6,450	1,548
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	14.06%	10,986	293	8,859	2,126
Lisa Vanni	LVN	Medication oversight/training/care	105,000	25,200	130,200	14.06%	18,309	293	14,766	3,544
Kathy Adams		Quality Assurance	63,000	15,120	78,120	14.06%	10,986	293	8,859	2,126
Jessica Zepeda or designee		Employee on-site training and com	63,000	15,120	78,120	14.06%	10,986	293	8,859	2,126
TBD		Program Director	73,500	17,640	91,140	90.00%	82,026	1,872	66,150	15,876
TBD		WDD Lead BHT	54,600	13,104	67,704	90.00%	60,934	1,872	49,140	11,794
TBD		WDD BHT 2	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WDD BHT-1	47,250	11,340	58,590	90.00%	52,731	1,872	42,525	10,206
TBD		WDN BHT-1	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WDN BHT-1	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WED Lead BHT	55,001	13,200	68,201	90.00%	61,381	1,872	49,501	11,880
TBD		WED BHT 2	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WED BHT-1	50,400	12,096	62,496	90.00%	56,246	1,872	45,360	10,886
TBD		WEN BHT-1	53,550	12,852	66,402	90.00%	59,762	1,872	48,195	11,567
TBD		WEN BHT-1	53,550	12,852	66,402	90.00%	59,762	1,872	48,195	11,567
TBD		Transitional BHT-2	49,875	11,970	61,845	90.00%	55,661	1,872	44,885	10,773
Contract Nurse Practitioner	NP		65,001	15,600	80,601	14.06%	11,335	293	9,141	2,194
									800,952	192,228

Total Program:	2,781,681	TOTAL COST:	993,180
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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

APPROVED:

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Ynez Cross

Anthony Altamirano

Christina Entz, PM II

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

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

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 2421 Kern St
San Bernardino, CA 92407
 Date Form Completed: 10/7/2021
 Updated 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Professional Liability (expressed on per client basis multiplied times 9 DBH Clients for total)	\$6,250	100.00%	0.00%	\$6,250
2 Transportation Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	\$30,000	100.00%	0.00%	\$30,000
3 Rent (expressed on per client basis multiplied times 9 DBH Clients for total)	\$162,000	100.00%	0.00%	\$162,000
4 Utilities (expressed on per client basis multiplied times 9 DBH Clients for total)	\$28,500	100.00%	0.00%	\$28,500
5 Clinical Support (expressed on per client basis multiplied times 9 DBH Clients for total)	\$35,000	100.00%	0.00%	\$35,000
6 Food and Supplies (expressed on per client basis multiplied times 9 DBH Clients for total)	\$81,000	100.00%	0.00%	\$81,000
7 Client Activities and Misc Client Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	\$13,983	100.00%	0.00%	\$13,983
8 Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 9 DBH Clients for total)	\$16,500	100.00%	0.00%	\$16,500
9 Interest Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	\$14,250	100.00%	0.00%	\$14,250
10 Administrative Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	\$97,587	100.00%	0.00%	\$97,587
11				\$0
SUBTOTAL B:	\$485,070			\$485,070
GROSS COSTS TOTAL A + B:	\$1,478,250			\$1,478,250

APPROVED: 	<u>5/18/23</u>		<u>4-18-23</u>		<u>03/24/23</u>
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 2421 Kern St
San Bernardino, CA 92407
 Date Form Completed: 10/7/2021
 Updated: 2/17/2023

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	Justification of Cost
1. Professional Liability (expressed on per client basis multiplied times 9 DBH Clients for total)	Professional liability insurance as required per contract
2. Transportation Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	Includes auto insurance at levels required per contract, mileage expense at IRS rate related to client appointments, activities and other treatment.
3. Rent (expressed on per client basis multiplied times 9 DBH Clients for total)	Rent for facility at \$1,500 per member per month and includes all taxes, property insurance and all maintenance, excessive wear and tear and repairs other than direct client damage
4. Utilities (expressed on per client basis multiplied times 9 DBH Clients for total)	Annual utilities including electricity, gas, water, garbage, cable, internet and phone
5. Clinical Support (expressed on per client basis multiplied times 9 DBH Clients for total)	Electronic health record system, computer support, office supplies, continued education for clinical staff, license fees to CCLD
6. Food and Supplies (expressed on per client basis multiplied times 9 DBH Clients for total)	Food and supplies for clients
7. Client Activities and Misc Client Costs (expressed on per client basis multiplied times 9 DBH Clients for total)	Cost of client activities and miscellaneous fees for clients including first aid and medical expenses not covered by health insurance
8. Repair and Maintenance - Client Damage (expressed on per client basis multiplied times 9 DBH Clients for total)	Damage to furniture and repairs needed due to client negligence and replacement of furniture such as mattresses due to excessive soiling
9. Interest Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	Interest paid to Citizens Bank to cover payroll and expenses due to payment lag from DBH
10. Administrative Expense (expressed on per client basis multiplied times 9 DBH Clients for total)	Administrative expense includes audit and accounting, executive compensation, and IT fees not to exceed 15% of modified direct costs
11.	

APPROVED:  PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4-18-23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)		Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)		Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608
2421 Kern St
Prepared by: Ynez Cross
Date Form Completed: 10/7/2021
Updated 2/17/2023

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Unduplicated Clients Served	9	9	9	9	9	9	9	9	9	9	9	9	108
Projected Bed Days	279	279	270	279	270	279	279	252	279	270	279	270	3,285

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A**

Contractor Name: **Helping Hearts Califorma LLC**
 Contract #: **20-608**
 Address: **1767 N Acacia Ave
Rialto, CA 92376**
 Legal Entity No.: **01984 RU**
 Date: **2/17/2023**
 Updated

Prepared by: **Ynez Cross**
 Title: **CEO**

**Adult Residential Facilities with Social Rehab. Program Services
 FY 2024 - 2025
 July 1, 2024 to June 30, 2025**

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE		05	05	05			TOTAL
#	SERVICE FUNCTION		20-29	65-79	65-79			
EXPENSES								
1	SALARIES			-	546,002			546,002
2	BENEFITS			-	131,044			131,044
	TOTAL SALARIES AND BENEFITS				677,046			677,046
3	OPERATING EXPENSES		-	-	308,454			308,454
4	TOTAL EXPENSES (1+2+3)				985,500			985,500
AGENCY REVENUES								
5	PATIENT FEES							-
6	PATIENT INSURANCE							-
7	MEDI-CARE							-
8	GRANTS/OTHER							-
9	TOTAL AGENCY REVENUES (5+6+7+8)							-
10	CONTRACT AMOUNT (4-9)				985,500			985,500
11	CONTRACT DAYS		-		365			365
12	CONTRACT MONTHS		-		12			12
13	NUMBER OF BEDS				6			6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	164,250			-
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	13,688			-
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	450.00			-
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	82,125			82,125
19	TOTAL AMOUNT (11*13*17)		-	-	985,500			985,500
FUNDING:								
20	MEDI-CAL	FFP Mix %	90%		443,475			443,475
21	PATH							-
22	SAMSHA							-
23	MHSA (Non-Medi-Cal)				98,550			98,550
24	MHSA MATCH				443,475			443,475
25	REALIGNMENT							-
26	OTHER:							-
	TOTAL FUNDING				985,500			985,500

APPROVED:

			03/24/23
PROVIDER AUTHORIZED SIGNATURE	DBH FISCAL SERVICES	DBH PROGRAM MANAGER	DATE
Ynez Cross	Anthony Altamirano	Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCAL SERVICES (PRINT NAME)	DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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Schedule B

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC

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
Christal Hampton	MA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,760	169,260	9.38%	15,868	195	12,797	3,071
Brian Sproat	LMFT	Head of Service	131,250	31,560	162,750	9.38%	15,258	195	12,305	2,953
Blithe McCarahan		Clinical Coordinator	91,875	22,050	113,925	9.38%	10,680	195	8,613	2,067
Hady Bonilla or designee		Community Liaison	68,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,645	1,595
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,640	91,140	9.38%	8,544	195	6,891	1,654
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Dr Ailie Perez	PsyD	Intern Clinical Supervisor	94,500	22,680	117,180	9.38%	10,986	195	8,859	2,126
TBD	LMFT	Clinician	89,250	21,420	110,670	9.38%	10,375	195	8,367	2,008
Miguel Amaya or designee		Administrative Support Specialist	45,864	11,007	56,871	9.38%	5,332	195	4,300	1,032
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Lisa Vanni	LVN	Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessica Zepeda or designee		Employee on-site training and comp	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Transitional BHT-2	43,575	10,458	54,033	100.00%	54,033	2,080	43,575	10,458
TBD		Program Director	68,250	16,380	84,630	100.00%	84,630	2,080	68,250	16,380
TBD		WDD BHT-2	47,250	11,340	58,590	100.00%	58,590	2,080	47,250	11,340
TBD		WED BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDD BHT-1	44,100	10,584	54,684	100.00%	54,684	2,080	44,100	10,584
TBD		WED BHT-1	45,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WDN BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WEN BHT-1	45,350	11,844	61,194	100.00%	61,194	2,080	49,350	11,844
Contract Nurse Practitioner	NP		68,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
									546,002	131,044

Total Program:	2,483,148	TOTAL COST:	677,046
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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.

APPROVED:

	5/18/23		4-18-23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 1767 N Acacia Ave
Rialto, CA 92376
 Date Form Completed: 2/17/2023
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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10 Administrative Expense	\$82,104	100.00%	0.00%	\$82,104
11				
SUBTOTAL B:	\$308,454			\$308,454
GROSS COSTS TOTAL A + B:	\$985,500			\$985,500

APPROVED:

	5/18/23		4.18.23		03/24/23
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
20-608
 Address: 1767 N Acacia Ave
Rialto, CA 92376
 Date Form Completed: 2/17/2023
 Updated _____



Prepared by: Ynez Cross
 Title: CEO

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

July 1, 2024 to June 30, 2025

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11.		

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE	5/18/23 DATE	 DBH FISCAL SERVICES	4.18.23 DATE	 DBH PROGRAM MANAGER	03/24/23 DATE
Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Contractor Name: Helping Hearts California, LLC
Address: 20-608
1767 N Acacia Ave
Prepared by: Ynez Cross
Date Form Completed: 2/17/2023
Updated

Client Service Projections for: July 1, 2024 to June 30, 2025													
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	188	186	180	186	180	2,190

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE AMOUNT
PLANNING ESTIMATES
SCHEDULE A
Adult Residential Facilities with Social Rehab. Program Services
FY 2024 - 2025
July 1, 2024 to June 30, 2025

Contractor Name: Helping Hearts California, LLC
Contract #: 20-508
Address: 6272 Robin Lane
San Bernardino, 92407
Legal Entity No.: 01984 RU
Date: 2/17/2023
Updated

Prepared by: Ynez Cross
Title: CEO

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%			
LINE	MODE OF SERVICE		05	05	05			TOTAL
#	SERVICE FUNCTION		20-29	65-79	65-79			
EXPENSES								
1	SALARIES			-	546,002			546,002
2	BENEFITS			-	131,044			131,044
	TOTAL SALARIES AND BENEFITS				677,046			677,046
3	OPERATING EXPENSES		-	-	308,454			308,454
4	TOTAL EXPENSES (1+2+3)				985,500			985,500
AGENCY REVENUES								
5	PATIENT FEES							-
6	PATIENT INSURANCE							-
7	MEDI-CARE							-
8	GRANTS/OTHER							-
9	TOTAL AGENCY REVENUES (5+6+7+8)							-
10	CONTRACT AMOUNT (4-9)		-	-	985,500			985,500
11	CONTRACT DAYS		-		365			365
12	CONTRACT MONTHS		-		12			12
13	NUMBER OF BEDS				6			6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190			2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	184,250			-
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	13,688			-
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	450.00			-
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	82,125			82,125
19	TOTAL AMOUNT (11*13*17)		-	-	985,500			985,500
FUNDING:								
20	MEDI-CAL	FFP Mix %	90%		443,475			443,475
21	PATH							-
22	SAMSHA							-
23	MHSA (Non-Medi-Cal)				98,550			98,550
24	MHSA MATCH				443,475			443,475
25	REALIGNMENT							-
26	OTHER:							-
	TOTAL FUNDING				985,500			985,500

APPROVED:

 PROVIDER AUTHORIZED SIGNATURE Ynez Cross PROVIDER AUTHORIZED SIGNER (PRINT NAME)	5/18/23 DATE  DBH FISCAL SERVICES Anthony Altamirano DBH FISCAL SERVICES (PRINT NAME)	4-18-23 DATE  DBH PROGRAM MANAGER Christina Entz, PM II DBH PROGRAM MANAGER (PRINT NAME)
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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL - PAGE NOT FOR PUBLIC RELEASE

Schedule B

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 to June 30, 2025

(12 months)

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

CONTRACTOR NAME: Helping Hearts California, LLC



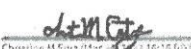
Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Christal Hampton	MA	Executive Director	191,100	45,864	236,964	9.38%	22,215	195	17,916	4,300
Christopher Lloyd	BA	Senior Director of Operations	136,500	32,780	169,280	9.38%	15,868	195	12,797	3,071
Brian Sproat	LMFT	Head of Service	131,250	31,500	162,750	9.38%	15,258	195	12,305	2,953
Blythe McClanahan		Clinical Coordinator	91,875	22,050	113,925	9.38%	10,680	195	8,513	2,067
Haidy Bonilla or designee		Community Liaison	58,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
Brian Whitworth or designee		Weekday Program Coordinator	73,500	17,540	91,140	9.38%	8,544	195	6,891	1,654
Anthony Rodriguez or designee		Weekend Program Coordinator	70,875	17,010	87,885	9.38%	8,239	195	6,645	1,595
Kathy Boyle or designee	BA	Health Information Manager	73,500	17,540	91,140	9.38%	8,544	195	6,891	1,654
Jennifer Lara or designee	SUD	SUD Counselor	73,500	17,540	91,140	9.38%	8,544	195	6,891	1,654
TBD	LCSW	Clinical Supervisor	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Dr Allie Perez	PsyD	Intern Clinical Supervisor	94,500	22,680	117,180	9.38%	10,986	195	8,859	2,126
TBD	LMFT	Clinician	89,250	21,420	110,670	9.38%	10,375	195	8,367	2,008
Miguel Amaya or designee		Administrative Support Specialist	45,864	11,007	56,871	9.38%	5,332	195	4,300	1,032
Jessica Zepeda or designee		Employee Staff Developer	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Lisa Vanni	LVN	Medication oversight/training/care	105,000	25,200	130,200	9.38%	12,206	195	9,844	2,363
Kathy Adams		Quality Assurance	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
Jessica Zepeda or designee		Employee on-site training and comm	63,000	15,120	78,120	9.38%	7,324	195	5,906	1,418
TBD		Transitional BHT-2	43,575	10,458	54,033	100.00%	54,033	2,080	43,575	10,458
TBD		Program Director	58,250	16,380	84,630	100.00%	84,630	2,080	68,250	16,380
TBD		WDD BHT-2	47,250	11,340	58,590	100.00%	58,590	2,080	47,250	11,340
TBD		WED BHT-2	50,400	12,096	62,496	100.00%	62,496	2,080	50,400	12,096
TBD		WDD BHT-1	44,100	10,584	54,684	100.00%	54,684	2,080	44,100	10,584
TBD		WED BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WDN BHT-1	46,200	11,088	57,288	100.00%	57,288	2,080	46,200	11,088
TBD		WEN BHT-1	49,350	11,844	61,194	100.00%	61,194	2,080	49,350	11,844
Contract Nurse Practitioner	NP		68,250	16,380	84,630	9.38%	7,934	195	6,398	1,536
									546,102	11,044

Total Program:	2,483,148	TOTAL COST	677,046
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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.

APPROVED:

	5/18/23		4.18.23		03/24/23
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Ynez Cross		Anthony Altamirano		Christina Entz, PM II	
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**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B**

FY 2024 - 2025

Contractor Name: Helping Hearts California, LLC

20-608

Address: 6272 Robin Lane

San Bernardino, 92407

Date Form Completed: 2/17/2023

Updated _____

Prepared by: Ynez Cross

Title: CEO

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Ynez Cross

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano

DBH FISCAL SERVICES (PRINT NAME)

Christina Entz, PM II

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

Contractor Name: Helping Hearts California, LLC
20-608
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**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2024 - 2025**

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Campaign Contribution Disclosure (SB 1439)

DEFINITIONS

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

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

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

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

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

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

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

1. Name of Contractor: _____
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
 Yes If yes, skip Question Nos. 3-4 and go to Question No. 5
 No
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: _____
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded (“closed corporation”), identify the major shareholder(s):_____
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Agent(s)

6. Name of agent(s) of Contractor:

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

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

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

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

Company Name	Individual(s) Name

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

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

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

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

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

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

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