



**Contract Number**

**18-344-A-3**

**SAP Number**

**4400008350**

**Department of Behavioral Health**

<b>Department Contract Representative</b>	Jesus Maciel
<b>Telephone Number</b>	909-388-0887
<b>Contractor</b>	Citrus Counseling Service, Inc. (formerly known as Christian Counseling Service of the East Valley, Inc.)
<b>Contractor Representative</b>	Roger Uminski II
<b>Telephone Number</b>	(909) 793-1078
<b>Contract Term</b>	July 1, 2018 – September 30, 2024
<b>Original Contract Amount</b>	\$13,312,554
<b>Amendment Amount</b>	\$644,145
<b>Total Contract Amount</b>	\$13,956,699
<b>Cost Center</b>	9203212200

THIS AMENDMENT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Citrus Counseling Services Inc. (formerly known as Christian Counseling Service of the East Valley, Inc.) referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 18-344** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for 0-5 Comprehensive Treatment Services: Screening, Assessment, Referral and Treatment and Early Intervention and Identification Services, which Contract first became effective July 1, 2018, the following changes are hereby made and agreed to:

- I. **ARTICLE IV FUNDING AND BUDGETARY RESTRICTIONS**, paragraphs E and K are hereby amended, and paragraph L is hereby added to read as follows:
  - E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later

than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.

K. The Contract amendment amount of \$644,145 shall increase the total contract amount from \$13,312,554 to \$13,956,699 for the contract term.

L. The allowable funding sources for this Contract may include: the Children and Families Commission for San Bernardino County (First 5), Federal Financial Participation Medi-Cal, and Mental Health Services Act Prevention and Early Intervention funds.

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

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

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

L. Executive Order N-6-22 Russia Sanctions

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

M. Campaign Contribution Disclosure (SB 1439)

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

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

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

IV. This amendment hereby adds Schedules A and B for FY 2024/25. All previously approved schedules remain in effect.

V. This amendment hereby adds ATTACHMENT III "Campaign Contribution Disclosure Form" (SB 1439).

VI. All other terms, conditions and covenants in Contract No. 18-344 remain in full force and effect.


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

SAN BERNARDINO COUNTY

CITRUS COUNSELING SERVICE, INC.  
(formerly known as Christian Counseling  
Service of the East Valley, Inc.)

*(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 \_\_\_\_\_  
*(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: \_\_\_\_\_  
101 E. Redlands Blvd. Ste. 215

Address \_\_\_\_\_  
Redlands, CA. 92373

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
 Dawn Martin, Deputy County Counsel	 Ellayna Hoatson, Contracts Supervisor	 Georgina Yoshioka, Director
Date _____	Date _____	Date _____

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

Early Identification and Intervention Services  
(EIIS)

Contractor Name: **Citrus Counseling Services, Inc.**  
 Provider RU # **36GIE**  
 Contract/RFP# **18-344**  
 Address: **101 E. Redlands Blvd. STE 215 Redlands, CA 92373**  
 Date Form Completed: **5/1/24**  
 Date Form Revised:

Actual Cost Contract (cost reimbursement)

FY 2024 - 2025

July 1, 2024 - September 30, 2024

Prepared by: Valerie Vega  
 Title: Financial Controller

LINE #	MODE OF SERVICE	SERVICE FUNCTION	Early Intervention Services					Prevention Services		TOTAL		
			Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	15-Outpatient Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	60 - Client Support Client Flexible Support (72)	Non-Medi-Cal Client Support (78)			
1	100%	Distribution %	31.06%	59.80%	0.25%	0.25%	0.64%		8.00%			
1	100%	Distribution %	31.06%	59.80%	0.25%	0.25%	0.64%	0.00%	8.00%			
<b>EXPENSES</b>												
2		SALARIES	0	44,760	86,177	360	360	922		11,529	144,109	
3		BENEFITS	0	6,714	12,926	54	54	138		1,729	21,615	
		<b>(2+3 must equal total staffing costs)</b>	0	51,474	99,103	414	414	1,061	0	13,258	165,724	
4		OPERATING EXPENSES	0	54,527	104,981	439	439	1,124	0	14,044	175,553	
5		TOTAL EXPENSES (2+3+4)	0	106,001	204,084	853	853	2,184	0	27,302	341,277	
<b>AGENCY REVENUES</b>												
6		PATIENT FEES									0	
7		PATIENT INSURANCE									0	
8		MEDI-CARE									0	
9		GRANTS/OTHER									0	
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0	0	
11		CONTRACT AMOUNT (5-10)	0	106,001	204,084	853	853	2,184	0	27,302	341,277	
<b>FUNDING</b>												
12	Mix %	MEDI-CAL (FFP)	Share %	50.00%	0	52,865	101,782	426	426	1,089		156,588
13	99.75%											
14		PEI Matching Funds (BHSA)	100.00%	0	52,865	101,782	426	426	1,089		156,588	
15		Provider Matching Funds (If applicable)		0	0	0	0	0	0		0	
16												
17		FIRST-5 (Non-Medi-Cal)	8.23%	0	270	519	2	2	6	0	27,302	28,101
18		FUNDING TOTAL		0	106,001	204,084	853	853	2,184	0	27,302	341,277
19		NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>		0	0	0	0	0	0	0	0	0
20		STATE FUNDING (Including Realignment)		0	52,865	101,782	426	426	1,089	0	0	156,588
21		AGENCY FUNDING (non-DBH)		0	0	0	0	0	0	0	0	0
22		FEDERAL FUNDING		0	53,135	102,302	428	428	1,095	0	27,302	184,689
23		TOTAL FUNDING		0	106,001	204,084	853	853	2,184	0	27,302	341,277
24		TARGET COST PER UNIT OF SERVICE			\$0.77	\$2.29	\$2.29	\$1.42	\$1.08			
25		UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))			137,847	89,055	372	603	2,028			229,905

Client Days 0

APPROVED:

Roger Uminski II  
 Roger Uminski II (May 13, 2024 13:04 PDT)

May 13, 2024

Anthony Altamirano  
 Anthony Altamirano (May 13, 2024 13:30 PDT)

May 13, 2024

Allison Cunningham LCSW SPM

May 13, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Roger Uminski II

Anthony Altamirano

Allison Cunningham

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

PREPARED BY:

DBH FISCAL SERVICES



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

FY 2024 - 2025

Prepared by: Valerie Vega  
Title: Financial Controller

Contractor Name: Citrus Counseling Services, Inc.  
 Provider RU# 36GIEI  
 Contract/RFP# 18-344  
 Address: 101 E. Redlands Blvd. STE 215  
Redlands, CA 92373  
 Date Form Completed: 5/1/24

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

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Office Equipment	\$6,750	67%	\$4,523	33%	\$2,228
2 Office Supplies	\$2,750	67%	\$1,848	33%	\$902
3 Program Supplies	\$18,250	37%	\$6,716	63%	\$11,534
4 Rent	\$56,250	67%	\$37,688	33%	\$18,563
5 Staff Development	\$18,750	35%	\$6,563	65%	\$12,188
6 Travel/Mileage Reimbursement	\$3,807	35%	\$1,332	65%	\$2,475
7 IT Management	\$52,500	67%	\$35,175	33%	\$17,325
8 Utilities	\$18,750	96%	\$18,056	4%	\$694
9 Insurance	\$31,250	67%	\$20,938	33%	\$10,313
10 Audit/Accounting Cost	\$16,250	67%	\$10,888	33%	\$5,363
11 Executive Support	\$59,246	55%	\$32,586	45%	\$26,661
12 Admin Support (HR, Fiscal)	\$50,658	55%	\$27,862	45%	\$22,796
16		100%	\$0		\$0
17		100%	\$0		\$0
18		100%	\$0		\$0
19		100%	\$0		\$0
20 Indirect Cost 15%	\$44,515	0%	\$0	100%	\$44,515
21		100%	\$0		\$0
22		100%	\$0		\$0
54		100%	\$0		\$0
55		100%	\$0		\$0
<b>SUBTOTAL B:</b>	<b>\$379,726</b>		<b>\$204,173</b>		<b>\$175,553</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$341,278</b>

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

Contractor Name: Citrus Counseling Services, Inc.  
 Provider RU# 36GIEI  
 Contract/RFP# 18-344  
 Address: 101 E. Redlands Blvd. STE 215  
Redlands, CA 92373  
 Date Form Completed: 5/1/24

Prepared by: Valerie Vega  
 Title: Financial Controller

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

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

ITEM	Justification of Cost
1 Office Equipment	Includes any major or minor equipment that has an identified service life of more than one year. May include equipment that is expensed solely to this program, equipment that is expensed to select multiple programs, and/or equipment that benefits all CCS programs and is proportionally allocated to the program based on the board approved allocation plan.
2 Office Supplies	Office supplies that are purchased to directly support the program. General supplies that benefit all CCS programs (paper, toner, etc.) are proportionally allocated to the program based on the board approved allocation plan. This line also include office set-up and furnishing costs for program staff.
3 Program Supplies	Items directly related to service delivery such as course curriculum, children's books, parenting materials, developmentally age appropriate toys, etc. Items purchased under this category directly benefit our clients; includes emergency goods and emergency travel vouchers. Cost associated directly with this project.
4 Rent	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
5 Staff Development	These costs are associated with registration fees, or other cost associated with attending staff training courses, conferences, seminars and other staff development activities. Costs associated directly with this project. Training is in addition to on-going staff training -- focus on working with program population and best practice treatment. Training is to keep current in model of family change and support.
6 Travel/Mileage Reimbursement	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
7 IT Management	Portion of agency costs to manage all phone, computer and system IT needs, including data runs for reporting. Manages client automated calls, and test scoring and tracking.
8 Utilities	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
9 Insurance	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
10 Audit/Accounting Cost	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
11 Executive Support	Portion of the agency costs of Executive support. CEO and CCD.
12 Admin Support (HR, Fiscal)	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
13	
14	
15	
16	
17	
18	
19	
20 Indirect Cost 15%	Indirect costs are those costs of general management that are agency-wide. Calculation( (STAFF + DIRECT OPERATING - RENT)*.15).General management costs consist of expenditures for administrative activities necessary for the general operation of the agency. These expenses align with CCS' Cost allocation plan and are spread among various contracts. Costs incurred include reception support staff and general administration costs, etc.
21	
54	
55	

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

Contractor Name:	Citrus Counseling Services, Inc.
Provider RU#	36GIEI
Contract/RFP#	18-344
Address:	101 E. Redlands Blvd. STE 215 Redlands, CA 92373
Date Form Completed:	5/1/24
Date Form Revised:	

<b>Productivity Expectation:</b> 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$3.02	\$9.00	\$5.56	\$4.23
Target Cost Per Unit of Service	\$0.77	\$2.29	\$1.42	\$1.08

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Starting Census		Monthly Census		
								Admissions (Episodes Opened)	Discharges (Episodes Closed)			
Jul-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182	4	3	107		
Aug-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182	6	4	109		
Sep-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182	4	3	110		
Oct-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
Nov-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
Dec-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
Jan-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
Feb-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
Mar-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
Apr-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
May-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
Jun-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$182			110		
<b>TOTAL</b>	<b>229,905</b>		<b>\$106,001</b>	<b>\$204,084</b>	<b>\$853</b>	<b>\$853</b>	<b>\$2,184</b>	<b>14</b>	<b>10</b>	<b>120</b>		
<b>Total Revenue</b>						<b>\$313,975</b>	<b>Unduplicated Clients Served</b>					
						<b>Estimated Cost Per Client:</b>	<b>\$2,616</b>					

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	137,847	89,428	603	2,028	<b>229,905</b>
Total Monthly Minutes of Services (Average)	11487	7452	50	169	<b>19159</b>
Dosage (minutes) per client per month	105	68	0	2	<b>175</b>
Dosage (hours) per client per month	1.75	1.13	0.01	0.03	<b>2.91</b>

**Total Hours Per Unduplicated Client for Duration of the Program: 8.73**

Avg Monthly Census	Expected Length of Program (months)
110	3

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

Screening, Assessment, Referral, and Treatment  
(SART)

Contractor Name:

Citrus Counseling Services Inc.

Provider RU #

36GIST

Contract/RFP#

18-344

Address:

101 E. Redlands Blvd. STE 215  
Redlands, CA 92373

Date Form Completed:

05/02/24

Date Form Revised:

Actual Cost Contract (cost reimbursement)

FY 2024 - 2025

July 1, 2024 - September 30, 2024

Prepared by: Valerie Vega  
Title: Financial Controller

LINE #	MODE OF SERVICE	Early Intervention Services					Prevention Services					TOTAL
		15-Outpatient					45 - Outreach		60 - Client Support			
	SERVICE FUNCTION	Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Mental Health Promotion (10-19)	Community Client Services (20-29)	Client Flexible Support (72)	Non-Medi-Cal Client Support (78)		
1	100% Distribution %	15.50%	56.47%	0.01%	0.01%	0.01%	5.00%	5.00%	0.00%	18.00%		
1	100% Distribution %	15.50%	56.47%	0.01%	0.01%	0.01%	5.00%	5.00%	0.00%	18.00%		
<b>EXPENSES</b>												
2	SALARIES	24,833	90,474	16	16	16	8,011	8,011		28,839	160,216	
3	BENEFITS	3,725	13,571	2	2	2	1,202	1,202		4,326	24,033	
	<b>(2+3 must equal total staffing costs)</b>	28,559	104,045	18	18	18	9,212	9,212		33,165	184,249	
4	OPERATING EXPENSES	18,386	66,984	12	12	12	5,931	5,931	0	21,351	118,619	
5	TOTAL EXPENSES (2+3+4)	46,944	171,029	30	30	30	15,143	15,143	0	54,516	302,868	
<b>AGENCY REVENUES</b>												
6	PATIENT FEES										0	
7	PATIENT INSURANCE										0	
8	MEDI-CARE										0	
9	GRANTS/OTHER										0	
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0	0	0	
11	CONTRACT AMOUNT (5-10)	46,944	171,029	30	30	30	15,143	15,143	0	54,516	302,868	
<b>FUNDING</b>												
12	Mix % MEDI-CAL (FFP) Share %	93.14%	50.00%									
12		21,863	79,651	14	14	14					101,556	
13											0	
13	Agency Match Funds (If applicable)	0.00%	0	0	0	0					0	
14	PEI Matching Funds (BHSA)	100.00%	21,863	79,651	14	14	14				101,556	
15	Prevention & Early Intervention (Non-MediCal)	75.00%	2,414	8,796	2	2	2	11,358	11,358	0	40,887	
16												
17	FIRST-5 (Non-Medi-Cal)	25.00%	805	2,932	1	1	1	3,786	3,786	0	13,629	
18	FUNDING TOTAL		46,944	171,029	30	30	30	15,143	15,143	0	54,516	
19	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>		0	0	0	0	0	0	0	0	0	
20	STATE FUNDING (Including Realignment)		25,082	91,378	16	16	16	15,143	15,143	0	54,516	
21	FEDERAL FUNDING		21,863	79,651	14	14	14	0	0	0	101,556	
22	TOTAL FUNDING		46,944	171,029	30	30	30	15,143	15,143	0	54,516	
23	TARGET COST PER UNIT OF SERVICE		\$ 0.69	\$ 2.06	\$ 2.06	\$ 1.28	\$ 0.96					
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))		67,764	82,841	15	24	31				150,675	

Client Days 67,764

APPROVED:

*Roger Uminski II*  
Roger Uminski II (May 13, 2024 13:08 PDT)

May 13, 2024

*Anthony Altamirano*  
Anthony Altamirano (May 13, 2024 13:30 PDT)

May 13, 2024 *Allison Cunningham LCSW SPM*

May 13, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Roger Uminski II

Anthony Altamirano

Allison Cunningham

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

PREPARED BY:

DBH FISCAL SERVICES



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

FY 2024 - 2025

Prepared by: Valerie Vega  
Title: Financial Controller

Contractor Name: Citrus Counseling Services Inc.  
 Provider RU# 36GIST  
 Contract/RFP# 18-344  
 Address: 101 E. Redlands Blvd. STE 215  
Redlands, CA 92373  
 Date Form Completed: 05/02/24

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

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Office Equipment	\$6,750	75%	\$5,063	25%	\$1,688
2 Office Supplies	\$2,750	77%	\$2,127	23%	\$623
3 Program Supplies	\$18,250	80%	\$14,600	20%	\$3,650
4 Rent	\$56,250	75%	\$42,188	25%	\$14,063
5 Staff Development	\$18,750	85%	\$15,938	15%	\$2,813
6 Travel/Mileage Reimbursement	\$3,807	97%	\$3,677	3%	\$130
7 IT Management	\$52,500	75%	\$39,375	25%	\$13,125
8 Utilities	\$18,750	97%	\$18,188	3%	\$563
9 Insurance	\$31,250	75%	\$23,438	25%	\$7,813
10 Audit/Accounting Cost	\$16,250	75%	\$12,188	25%	\$4,063
11 Executive Support	\$59,246	85%	\$50,360	15%	\$8,887
12 Admin Support (HR, Fiscal)	\$50,658	90%	\$45,592	10%	\$5,066
13 Clinical Contractor-Psychologist	\$37,669	90%	\$33,902	10%	\$3,767
14 Clinical Contractor-Psychologist	\$37,669	90%	\$33,902	10%	\$3,767
15 Clinical Contractor-Pediatrician	\$91,000	90%	\$81,900	10%	\$9,100
16		100%	\$0		\$0
17		100%	\$0		\$0
18		100%	\$0		\$0
19		100%	\$0		\$0
20 Indirect Cost 15%	\$39,505	0%	\$0	100%	\$39,505
21		100%	\$0		\$0
55		100%	\$0		\$0
<b>SUBTOTAL B:</b>	\$541,054		\$422,434		\$118,619
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$302,868

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

Contractor Name: Citrus Counseling Services Inc.  
 Provider RU# 36GIST  
 Contract/RFP# 18-344  
 Address: 101 E. Redlands Blvd. STE 215  
Redlands, CA 92373  
 Date Form Completed: 05/02/24

Prepared by: Valerie Vega  
 Title: Financial Controller

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

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

ITEM	Justification of Cost
1 Office Equipment	Includes any major or minor equipment that has an identified service life of more than one year. May include equipment that is expensed solely to this program, equipment that is expensed to select multiple programs, and/or equipment that benefits all CCS programs and is proportionally allocated to the program based on the board approved allocation plan.
2 Office Supplies	Office supplies that are purchased to directly support the program. General supplies that benefit all CCS programs (paper, toner, etc.) are proportionally allocated to the program based on the board approved allocation plan. This line also include office set-up and furnishing costs for program staff.
3 Program Supplies	Items directly related to service delivery such as course curriculum, children's books, parenting materials, developmentally age appropriate toys, etc. Items purchased under this category directly benefit our clients; includes emergency goods and emergency travel vouchers. Cost associated directly with this project.
4 Rent	Portion of agency expense to cover the rental/lease at site locations based on square board approved allocation plan.
5 Staff Development	These costs are associated with registration fees, or other cost associated with attending staff training courses, conferences, seminars and other staff development activities. Costs associated directly with this project. Training is in addition to on-going staff training -- focus on working with program population and best practice treatment. Training is to keep current in model of family change and support.
6 Travel/Mileage Reimbursement	Reimbursement to employee's for their mileage at the current IRS standard mileage rate (adjusted accordingly) and other travel-related costs such as hotel, airline, meals, parking, car rental, etc. Cost shall be directly associated to CCS work or training. Costs associated directly with this project.
7 IT Management	Portion of agency costs to manage all phone, computer and system IT needs, including data runs for reporting. Manages client automated calls, and test scoring and tracking.
8 Utilities	Portion of agency expense to cover the utility costs at site locations based on board approved allocation plan.
9 Insurance	Portion of the agency costs of general liability insurance. Provides coverage for general liability of the agency as required.
10 Audit/Accounting Cost	Portion of the agency costs of audit expenses. Provides single audit as required by contract.
11 Executive Support	Portion of the agency costs of Executive support. CEO and CCD.
12 Admin Support (HR, Fiscal)	Portion of the agency costs of Human Resources and Fiscal Controller/Payroll support.
13 Clinical Contractor-Psychologist	Subcontractors required by contract for additional clinical services
14 Clinical Contractor-Psychologist	Subcontractors required by contract for additional clinical services
15 Clinical Contractor-Pediatrician	Subcontractors required by contract for additional clinical services
16	
17	
18	
19	
20 Indirect Cost 15%	Indirect costs are those costs of general management that are agency-wide. Calculation( (STAFF + DIRECT OPERATING - RENT)*.15). General management costs consist of expenditures for administrative activities necessary for the general operation of the agency. These expenses align with CCS' Cost allocation plan and are spread among various contracts. Costs incurred include reception support staff and general administration costs, etc.
21	
54	
55	

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

Contractor Name:	Citrus Counseling Services Inc.
Provider #	36GIST
Contract/RFP#	18-344
Address:	101 E. Redlands Blvd. STE 215 Redlands, CA 92373
Date Form Completed:	05/02/24
Date Form Revised:	

<b>Productivity Expectation:</b> 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$3.02	\$9.00	\$5.56	\$4.20
Target Cost Per Unit of Service	\$0.69	\$2.06	\$1.28	\$0.96

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Starting Census		Monthly Census		
								Admissions (Episodes Opened)	Discharges (Episodes Closed)			
Jul-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	2	1	90		
Aug-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	4	2	92		
Sep-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	3	1	94		
Oct-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
Nov-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
Dec-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
Jan-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
Feb-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
Mar-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
Apr-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
May-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
Jun-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3			94		
<b>TOTAL</b>	150,675		\$46,944	\$171,029	\$30	\$30	\$30	9	4	98		
<b>Total Revenue</b>							\$218,065	<b>Unduplicated Clients Served</b>		98		
								<b>Estimated Cost Per Client:</b>	<b>\$2,225</b>			

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	67,764	82,856	24	31	<b>150,675</b>
Total Monthly Minutes of Services (Average)	5647	6905	2	3	<b>12556</b>
Dosage (minutes) per client per month	60	74	0	0	<b>134</b>
Dosage (hours) per client per month	1.01	1.23	0.00	0.00	<b>2.24</b>

**Total Hours Per Unduplicated Client for Duration of the Program: 6.71**

Avg Monthly Census	Expected Length of Program (months)
94	3



**Campaign Contribution Disclosure  
(SB 1439)**

**DEFINITIONS**

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

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

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

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

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

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

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

1. Name of Contractor: Citrus Counseling Services, Inc.
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: Roger Uminski II, CEO
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded (“closed corporation”), identify the major shareholder(s): N/A
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	N/A

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
Citrus Counseling Services, Inc.	Roger Uminski II	N/A

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

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

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

Company Name	Individual(s) Name
N/A	N/A

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: N/A

Name of Contributor: N/A

Date(s) of Contribution(s): N/A

Amount(s): N/A

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

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