

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



Contract Number

18-344-A-3

SAP Number

4400008350

Department of Behavioral Health

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

Dawn Rowe

Dawn Rowe, Chair, Board of Supervisors

Dated: ~~JUL 09 2024~~ JUN 25 2024

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

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



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

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

By *Roger Uminski II*
(Authorized signature - sign in blue ink)

Name Roger Uminski II
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: 6/17/2024

Address 101 E. Redlands Blvd. Ste. 215
Redlands, CA. 92373

FOR COUNTY USE ONLY

Approved by Legal Form
Dawn Martin
Dawn Martin, Deputy County Counsel
Date 6/17/2024

Reviewed by Contract Compliance
Ellayna Hoatson
Ellayna Hoatson, Contracts Supervisor
Date 6/17/2024

Reviewed/Approved by Department
Georgina Yoshioka
Georgina Yoshioka, Director
Date 6/17/2024

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Early Identification and Intervention Services (EIS)

Citrus Counseling Services, Inc.
Contractor Name:
Provider RU # 36GIEI
Contract/RFP# 18-344
Address: 101 E. Redlands Blvd STE 215
Redlands CA 92373
Date Form Completed: 5/11/24
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	
		Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Client Flexible Support (72)	Non-Medi-Cal Client Support (78)				
1	Distribution %	31.06%	58.80%	0.25%	0.25%	0.64%	0.64%	8.00%				
1	Distribution %	31.06%	58.80%	0.25%	0.25%	0.64%	0.64%	8.00%				
EXPENSES												
2	SALARIES	44,760	86,177	360	360	922	360	11,529				144,109
3	BENEFITS	0	6,714	54	54	138	54	1,729				21,615
(2+3 must equal total staffing costs)												
4	OPERATING EXPENSES	51,474	99,103	414	414	1,061	414	13,258				165,724
5	TOTAL EXPENSES (2+3+4)	106,001	204,084	853	853	2,184	853	27,302				341,277
AGENCY REVENUES												
6	PATIENT FEES											0
7	PATIENT INSURANCE											0
8	MEDI-CARE											0
9	GRANT/SOTHER											0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0				0
11	CONTRACT AMOUNT (5-10)	106,001	204,084	853	853	2,184	853	27,302				341,277
FUNDING												
12	MIX %	99.75%										
12	MEDI-CAL (FFP)	52,865	101,782	426	426	1,089	426	15,588				159,588
13	PEI Matching Funds (BHSA)	0	101,782	426	426	1,089	426	15,588				159,588
14	Provider Matching Funds (if applicable)	0	0	0	0	0	0	0				0
15	FIRST-5 (Non-Medi-Cal)	270	519	2	2	6	2	27,302				28,101
16	FUNDING TOTAL	106,001	204,084	853	853	2,184	853	27,302				341,277
17	NET COUNTY FUNDS (Local Cost)	0	0	0	0	0	0	0				0
18	STATE FUNDING (including Realignment)	52,865	101,782	426	426	1,089	426	15,588				159,588
19	AGENCY FUNDING (non-DBH)	0	0	0	0	0	0	0				0
20	FEDERAL FUNDING	53,136	102,302	428	428	1,095	428	27,302				184,689
21	TOTAL FUNDING	106,001	204,084	853	853	2,184	853	27,302				341,277
22	TARGET COST PER UNIT OF SERVICE	\$0.77	\$2.29	\$2.29	\$1.42	\$1.08	\$1.42					
23	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	137,847	89,055	372	603	2,028	603					229,905
24												0
25												0

APPROVED: Roger Uminski II
 PROVIDER AUTHORIZED SIGNATURE: Roger Uminski II
 DATE: May 13, 2024
 DBH FISCAL SERVICES: Anthony Altamirano
 DATE: May 13, 2024
 DBH PROGRAM MANAGER: Allison Cunningham
 DATE: May 13, 2024

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Roger Uminski II
 DBH FISCAL SERVICES (PRINT NAME): Anthony Altamirano
 DBH PROGRAM MANAGER (PRINT NAME): Allison Cunningham
 PREPARED BY: DBH FISCAL SERVICES

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

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**

Prepared by: **Valerie Vega**
Title: **Financial Controller**

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
SUBTOTAL B:	\$379,726		\$204,173		\$175,553
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$341,278

**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:

Productivity Expectation: 60%
 Agency Per Min Rates:
 CM Rate per Min. MHS Rate/Min. MSS Rate/Min. Crisis Rate/Min
 \$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)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	Ending Census
Jul-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182	4	3	106
Aug-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182	6	4	109
Sep-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182	4	3	110
Oct-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
Nov-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
Dec-22	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
Jan-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
Feb-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
Mar-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
Apr-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
May-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
Jun-23	19,159	6.70	\$8,833	\$17,007	\$71	\$71	\$71	\$182			110
TOTAL	229,905		\$106,001	\$204,084	\$853	\$853	\$853	\$2,184	14	10	120
Total Revenue								\$313,975	Unduplicated Clients Served		120
								Estimated Cost Per Client:	\$2,616		

SCHEDULE A - Planning Estimates

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

**Screening, Assessment, Referral, and Treatment
(SART)**

Actual Cost Contract (cost reimbursement)

FY 2024 - 2025
July 1, 2024 - September 30, 2024

Prepared by: Valerie Vega
Title: Financial Controller

Contractor Name:

Provider RU #
Contract/RFP#

Address:

Date Form Completed:
Date Form Revised:

Citrus Counseling Services Inc
38GIST
18-344
101 E. Redlands Blvd. STE 215
Redlands, CA 92373
05/02/24

LINE #	MODE OF SERVICE	Early Intervention Services						Prevention Services				TOTAL
		15-Outpatient		45 - Outreach		80 - Client Support		Mental Health Promotion (10-19)	Community Client Services (20-29)	Client Flexible Support (72)	Non-Medi-Cal Client Support (78)	
		Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)						
1	100% Distribution %	15.50%	56.47%	0.01%	0.01%	0.01%	0.01%	0.01%	5.00%	0.00%	18.00%	
1	100% Distribution %	15.50%	56.47%	0.01%	0.01%	0.01%	0.01%	0.01%	5.00%	0.00%	18.00%	
2	SALARIES	24,833	90,474	16	16	16	16	16	8,011	8,011	28,839	160,216
3	BENEFITS	3,725	13,571	2	2	2	2	2	1,202	1,202	4,326	24,033
	(2+3 must equal total staffing costs)	28,559	104,045	18	18	18	18	18	9,212	9,212	33,165	184,249
4	OPERATING EXPENSES	18,386	66,984	12	12	12	12	12	5,931	5,931	21,351	118,619
5	TOTAL EXPENSES (2+3+4)	46,944	171,029	30	30	30	30	30	15,143	15,143	54,516	302,868
	AGENCY REVENUES											
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	0
11	CONTRACT AMOUNT (5-10)	46,944	171,029	30	30	30	30	30	15,143	15,143	54,516	302,868
	FUNDING											
12	MEDI-CAL (FFP)	21,863	79,651	14	14	14	14	14				101,556
13	Agency Match Funds (if applicable)	0	0	0	0	0	0	0				0
14	PEI Matching Funds (BHSA)	21,863	79,651	14	14	14	14	14				101,556
15	Prevention & Early Intervention (Non-Medi-Cal)	2,414	8,796	2	2	2	2	2	11,358	11,358	40,887	74,817
16	FIRST-5 (Non-Medi-Cal)	805	2,932	1	1	1	1	1	3,786	3,786	13,629	24,939
17	FUNDING TOTAL	46,944	171,029	30	30	30	30	30	15,143	15,143	54,516	302,868
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	25,082	91,378	16	16	16	16	16	15,143	15,143	54,516	201,312
20	FEDERAL FUNDING	21,863	79,651	14	14	14	14	14	0	0	0	101,556
21	TOTAL FUNDING	46,944	171,029	30	30	30	30	30	15,143	15,143	54,516	302,868
22	TARGET COST PER UNIT OF SERVICE	\$ 0.69	\$ 2.06	\$ 2.06	\$ 1.28	\$ 0.96						
23	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))	67,764	82,941	15	24	31						67,764
24												Client Days

APPROVED:

Roger Uminski II
Signature

May 13, 2024
DATE

PROVIDER AUTHORIZED SIGNATURE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

May 13, 2024
DATE

Allison Cunningham LCSW SPH
Signature

DATE

May 13, 2024
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

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

Prepared by: Valerie Vega
 Title: Financial Controller

Date Form Completed: 05/02/24

July 1, 2024 - September 30, 2024

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

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
SUBTOTAL B:	\$541,054		\$422,434		\$118,619
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$302,868

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

Prepared by: Valerie Vega
Title: Financial Controller

Contractor Name: Citrus Counseling Services Inc.
Provider RUI# 386181
Contract/RFP# 18-244
Address: 101 E. Redlands Blvd, STE 215
Redlands, CA 92373

Date Form Completed: 05/02/24

July 1, 2024 - September 30, 2024

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

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:

Productivity Expectation: 60%
 Agency Per Min Rates: CM Rate per Min. \$3.02 MHS Rate/Min \$9.00 MSS Rate/Min \$5.56 Crisis Rate/Min \$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	Case Management and ICC (01-09)	Projected Revenue Generated by Service Type					Clients Served			
				Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Starting Census	Monthly Census	
Jul-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3	2	1	89	90
Aug-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3	4	2	92	92
Sep-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3	3	1	94	94
Oct-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
Nov-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
Dec-22	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
Jan-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
Feb-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
Mar-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
Apr-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
May-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
Jun-23	12,556	6.60	\$3,912	\$14,252	\$3	\$3	\$3	\$3			94	94
TOTAL	150,675		\$46,944	\$171,029	\$30	\$30	\$30	\$30	9	4		98
Total Revenue								\$218,065	Unduplicated Clients Served		\$2,225	
Estimated Cost Per Client:												

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention			
67,764	82,856	24	31			150,675
5647	6905	2	3			12556
60	74	0	0			134
1.01	1.23	0.00	0.00			2.24

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

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

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



Campaign Contribution Disclosure (SB 1439)

ATTACHMENT III

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.