

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

**Contract Number**

16-407 A-4

SAP Number

4400009490

Department of Behavioral Health

Department Contract Representative	Tammi Phillips
Telephone Number	(909) 388-0860
Contractor	Uplift Family Services
Contractor Representative	Gordon Richardson
Telephone Number	(916) 388-6301
Contract Term	July 1, 2016 – December 31, 2021
Original Contract Amount	\$24,600,000
Amendment Amount	\$2,775,000
Total Contract Amount	\$27,375,000
Cost Center	9206352200 and 9206362200

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-407** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for wraparound mental health services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2021:

- I. ARTICLE IV Funding and Budgetary Restrictions, paragraph K is hereby amended to read as follows:
 - K. The maximum financial obligation under this contract shall not exceed \$4,500,000 per fiscal year for fiscal years 2016-17, 2017-18, and 2018-19 and shall not exceed \$5,550,000 for fiscal year 2019-20 and \$8,325,000 for fiscal year 2020-21. This amendment shall increase the total contract by \$2,775,000, from \$24,600,000 to \$27,375,000 for fiscal year 2021-2022. This amendment hereby adds the Comprehensive Children and Family Support Services (CCFSS) Schedules A and B for fiscal year 2021-22. All previously approved schedules remain in effect.
- 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, 2016 through December 31, 2021 inclusive.

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

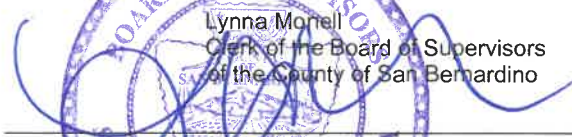
This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether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

COUNTY OF SAN BERNARDINO

► 
Curt Hagman, Chairman, Board of Supervisors

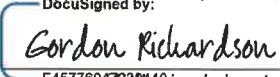
Dated: **MAY 18 2021**

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

By 
Lynna Morell
Clerk of the Board of Supervisors
of the County of San Bernardino
Deputy

Uplift Family Services

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

By 
Gordon Richardson
F457760470381401
(Authorized signature - sign in blue ink)

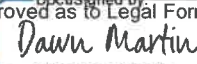
Name Gordon Richardson
(Print or type name of person signing contract)

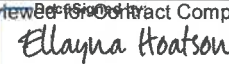
Title VP, Clinical Administration
(Print or Type)

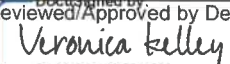
Dated: 5/6/2021

Address 251 Llewellyn Avenue
Campbell, CA 95008

FOR COUNTY USE ONLY

Approved as to Legal Form

Dawn Martin, Deputy County Counsel
5/6/2021
Date

Reviewed/Approved by Contract Compliance

Ellayna Hoatson
Natalie Kesse, Contracts Manager
5/7/2021
Date

Reviewed/Approved by Department

Veronica Kelley, Director
5/10/2021
Date

SCHEDULE A

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

CCFSS/ Success First Wraparound

FY 2021 - 2022
July 1, 2021 - December 31, 2021 (6 month)

Contractor Name: Uplift Family Services
Provider #: 00120
Contract/RFP #: 16-407 A-3
Address: 251 Llewellyn Avenue
Campbell, CA 95008
Date Form Completed: 3/24/2021
Date Form Revised:

Prepared by: Tiffany, Casali
Title: Financial Planning Analyst II

LINE	Mix %	MODE OF SERVICE	15- Case Management (01-06, 08-09)	15-Outpatient Intensive Care Coordination (07)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Intensive Home Based Services (57)	15-Outpatient TBS (58)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	60- Support Client Flexible Support (72)	60 - Support Other Non-Medi-Cal Client Support (78)	TOTAL
#		SERVICE FUNCTION										
1	100%	Distribution %	1.50%	17.00%	45.00%	25.00%	1.00%	1.00%	0.75%	3.75%	5.00%	
EXPENSES												
2		SALARIES	11,484	130,150	344,513	191,396	7,656	7,656	5,742		38,279	738,876
3		BENEFITS	3,606	40,869	108,183	60,102	2,404	2,404	1,803		12,020	231,391
		(2+3 must equal total staffing costs)	15,090	171,019	452,696	251,498	10,060	10,060	7,545	0	50,300	968,267
4		OPERATING EXPENSES	4,226	47,895	126,780	70,433	2,817	2,817	2,113	10,565	14,087	281,733
5		TOTAL EXPENSES (2+3+4)	19,316	218,913	579,476	321,931	12,877	12,877	9,658	10,565	64,385	1,249,999
AGENCY REVENUES												
6		PATIENT FEES										0
7		PATIENT INSURANCE										0
8		MEDICARE										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)	19,316	218,913	579,476	321,931	12,877	12,877	9,658	10,565	64,385	1,249,999
FUNDING												
12	70.00%	MEDICAL (FFP)	6,761	76,620	202,817	112,676	4,507	4,507	3,380		0	411,268
13	100.00%	EPSDT (2011 Realignment)	4,872	55,212	146,150	81,194	3,248	3,248	2,436		0	296,360
14		MHSA MATCH	1,888	21,407	56,866	31,482	1,259	1,259	945			114,906
15		MHSA FUNDING	5,795	65,674	173,843	96,579	3,863	3,863	2,897	10,565	64,385	427,465
16	0.00%	AB2736	0	0	0	0	0	0	0	0	0	0
17	0.00%	REALIGNMENT - NET COUNTY	0	0	0	0	0	0	0	0	0	0
18												0
19		FUNDING TOTAL	19,316	218,913	579,476	321,931	12,877	12,877	9,658	10,565	64,385	1,249,999
20		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0	0	0
21		STATE FUNDING (Including Realignment)	12,555	142,293	376,659	209,255	8,370	8,370	6,278	10,565	64,385	838,731
22		FEDERAL FUNDING	6,761	76,620	202,817	112,676	4,507	4,507	3,380	0	0	411,268
23		TOTAL FUNDING	19,316	218,913	579,476	321,931	12,877	12,877	9,658	10,565	64,385	1,249,999
24		SCHEDULE OF MAXIMUM ALLOWANCES (CCR)	2.20	2.20	2.99	2.99	2.99	5.56	4.20	1.00	1.00	1.00
25		TARGET COST PER UNIT OF SERVICE	1.97	1.97	2.30	2.30	2.30	3.39	3.22	1.00	1.00	1.00
26		UNITS OF TIME (Minutes)	9,810	111,256	251,974	139,986	5,602	3,799	3,000			525,427

SCHEDULE B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

Schedule B

FY 2021 - 2022

July 1, 2021 - December 31, 2021 (6 month)

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

CONTRACTOR NAME: Uplift Family Services

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services (6 month)	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services (6 month)	Total Benefits Charged to Contract Services (6 month)
Internal staff or to be hired	BA	Behavior Specialist I (8.0)	298,219	95,430	393,648	100%	196,824	40	149,110	47,715
Internal staff or to be hired	BA	Behavior Specialist II (1.0)	41,746	13,359	55,104	100%	27,552	40	20,873	6,680
Internal staff or to be hired	MA	Clinician I (8.0)	533,498	170,720	704,218	100%	352,109	40	266,749	85,360
Internal staff or to be hired	LMFT	Clinical Program Manager (1.6)	122,350	39,152	161,502	100%	80,751	40	61,175	19,576
Internal staff or to be hired	BA	Family Partner (3.0)	117,478	37,593	155,071	100%	77,535	40	58,739	18,797
Internal staff or to be hired	Licensed	Clinical Supervisor (0.3)	9,793	3,134	12,927	100%	6,464	40	4,897	1,567
Internal staff or to be hired	BA	Program Supervisor (2.0)	122,813	39,300	162,113	100%	81,056	40	61,407	19,650
Internal staff or to be hired	HS	Administrative Assistant I (2.0)	75,443	24,142	99,585	25%	12,393	10	9,389	3,005
Internal staff or to be hired	LMFT	Clinical Director (1.0)	114,550	36,656	151,205	25%	18,817	10	14,255	4,562
Internal staff or to be hired	HS	Manager Administration (1.0)	74,663	23,892	98,555	25%	12,265	10	9,292	2,973
Internal staff or to be hired		Quality Support and Assurance (3.0)	287,670	92,055	379,725	25%	47,255	10	35,799	11,456
Internal staff or to be hired		Health Information (3.0)	162,393	51,966	214,359	3%	5,242	1	4,519	723
Internal staff or to be hired		Outcomes & Evaluation (13.0)	845,484	270,555	1,116,039	1%	14,380	1	12,396	1,984
Internal staff or to be hired		Training (8.1)	539,500	172,640	712,140	2%	10,464	1	9,021	1,444
Internal staff or to be hired		PPO (2.0)	141,207	45,186	186,393	1%	1,889	0	1,628	261
TOTAL COST:									736,876	231,391

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

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

SCHEDULE B

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

FY 2021 - 2022

Contractor Name: Uplift Family Services
 Provider # 00120
 Contract/RFP# 16-407 A-3
 Address: 251 Llewellyn Avenue
Campbell, CA 95008
 Date Form Completed: 3/24/2021

Prepared by: Tiffany Casali
 Title: Financial Planning Analyst II

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

July 1, 2021 - December 31, 2021 (6 month)

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 External Database Fee (.26% of Contract)	3,250	0%	\$0	100%	\$3,250
2 Contract Psychiatrist	18,000	0%	\$0	100%	\$18,000
3 Travel & Mileage	20,544	0%	\$0	100%	\$20,544
4 Flex Funds	5,224	0%	\$0	100%	\$5,224
5 Client Flexible Supports	3,000	0%	\$0	100%	\$3,000
6 Depreciation	3,196	0%	\$0	100%	\$3,196
7 Postage, Shipping and Printing	250	0%	\$0	100%	\$250
8 Rent	610	0%	\$0	100%	\$610
9 Equipment & Leases	10,479	0%	\$0	100%	\$10,479
10 Repairs, & Maintenance	4,029	0%	\$0	100%	\$4,029
11 Supplies & Materials	2,593	0%	\$0	100%	\$2,593
12 Telecommunications	12,529	0%	\$0	100%	\$12,529
13 Training	5,000	0%	\$0	100%	\$5,000
14 License, Permits, & Fees	2,433	0%	\$0	100%	\$2,433
15 Utilities	3,689	0%	\$0	100%	\$3,689
16 Audit	1,412	0%	\$0	100%	\$1,412
17 Insurance	\$777,277	97%	\$754,824	2.9%	\$22,453
18 Administrative Overhead (G&A)	\$8,426,750	98%	\$8,263,707	1.9%	\$163,044
SUBTOTAL B:	\$9,300,264		\$9,018,531		\$281,733
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$1,250,000

SCHEDULE B

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

Prepared by: Tiffany Casali
Title: Financial Planning Analyst II

Contractor Name: Uplift Family Services
Provider # 00120
Contract/RFP# 16-407 A-3
Address: 251 Llewellyn Avenue
Campbell, CA 95008
Date Form Completed: 3/24/2021

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

July 1, 2021 - December 31, 2021 (6 month)

ITEM	Justification of Cost
1 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Contract Psychiatrist	Our agency utilizes the services of a Contract Psychiatrist to provide Medication Support services. This sub-contractor is paid at a rate of \$235 per hour at an estimated 13 hours per month.
3 Travel & Mileage	This includes but is not limited to air fare, lodging, and mileage reimbursement, which is paid at the prevailing federal rate (currently \$0.56 per mile) to staff supporting program or program related activities. Costs include travel to the family's home and necessary transportation of the children or their family by a staff member. Costs are estimated at approximately 3% of total salaries and wages without benefits.
4 Flex Funds	Emergency / flex funds will be accessible for enrollees who have encountered a crisis situation and need a monetary source to stabilize their condition(s). Funding of up to \$871 per month will be available for an estimated 65 clients per month.
5 Client Flexible Supports	This includes cost of providing supports to clients, family members, and their caregivers such as goods, services, items necessary for daily living, travel, transportation, and other supports, as well as therapy supplies, sign-language and translation services, outing costs and other tools necessary to support the clients. Funding of up to \$500 per month will be available for an estimated 65 clients per month.
6 Depreciation	Includes depreciation on owned facilities, office furniture/fixtures and equipment including, but not limited to, computer systems. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
7 Postage, Shipping and Printing	This includes, but is not limited to postage, printing, shipping, brochures and materials. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
8 Rent	This includes but is not limited to office or building rent, as well as the costs of storage and file storage unit rental payments and all costs associated with storing and retrieving client, personnel, or other files and records. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
9 Equipment & Leases	This includes, but is not limited to the lease or purchase of equipment such as telephone systems, laptops, desktops, networking equipment, copiers, fax machines, postage machines, office equipment, and system & software user license and maintenance. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
10 Repairs, & Maintenance	This includes but is not limited to common area maintenance on building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, security system upkeep, and in-house or outside equipment repair and labor. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
11 Supplies & Materials	This includes, but is not limited to desk organizers, pens, paper, break room supplies (e.g. drinking water, paper cups, coffee), training aids and materials. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
12 Telecommunications	This includes land lines, lifeline, DSL and fax charges as well as monthly cell phone service and wireless cards for laptop computers enabling the agency to maintain a fully functional mobile work force with the ability to deliver services anywhere. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
13 Training	When appropriate for programmatic need, ongoing training includes professional development and training specific to the delivery of program services. This includes internal and external training. This also includes, but is not limited to related costs for parking, refreshments, instructor fees, and materials. Also includes other mandatory trainings such as first aid and CPR. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
14 License, Permits, & Fees	Includes annual license and permit fees to operate the business, as well as related fees including but not limited to property taxes and inspection costs. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
15 Utilities	Includes, but is not limited to gas & electricity, water, garbage & sewage and pest control. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
16 Audit	Includes annual audit insuring all financial records are relevant and accurate and in compliance with all laws and regulations. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
17 Insurance	Includes general business liability and property coverage as well as professional liability insurance. The estimated annual cost of insurance for the contract year is 2.9% of agency total insurance costs.
18 Administrative Overhead (G&A)	The agency allocates indirect costs (general & administrative) of shared support departments such as finance & accounting, human resources, clinical administration, executive management, information technology, and compliance. Indirect costs have been budgeted at 15% of total direct program expenses or \$326,087 annually which is consistent with recent trends and benchmarks. Monthly administrative costs equate to \$27,174. General & administrative expenses include such costs as fees related to HIPAA compliance and clinical record audits, quality management oversight of Medi-Cal records, billing, risk management and program fidelity, human resources support, MIS infrastructure & QI/UM department support and oversight as well as executive management. These are costs that are shared and cannot be specifically identified as supporting one particular program are pooled and allocated to all programs relative to the direct labor costs in each program. Indirect costs will not exceed 15% of direct costs.

SCHEDULE B

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

Uplift Family Services														
Contractor Name:														
Provider #														
Contract/RFP#														
Address:														
251 Llewellyn Avenue														
Campbell, CA 95008														
Date Form Completed:														
3/24/2021														
Date Form Revised:														
Projected Revenue Generated by Service Type														
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 168 hours per month per FTE)	Case Mgmt (01-09)	Intensive Care Coordination (07)	Mental Health Services (10-50)	Intensive Home Based Services (57)	TBS (58)	Medication Support (60)	Crisis Intervention (70)	Clients Served			
											Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census	
Jul-21	87,571	17.00	51%	\$3,219	\$36,486	\$96,579	\$53,655	\$2,146	\$2,146	\$1,610	10	10	65	
Aug-21	87,571	17.00	51%	\$3,219	\$36,486	\$96,579	\$53,655	\$2,146	\$2,146	\$1,610	10	10	65	
Sep-21	87,571	17.00	51%	\$3,219	\$36,486	\$96,579	\$53,655	\$2,146	\$2,146	\$1,610	10	10	65	
Oct-21	87,571	17.00	51%	\$3,219	\$36,486	\$96,579	\$53,655	\$2,146	\$2,146	\$1,610	10	10	65	
Nov-21	87,571	17.00	51%	\$3,219	\$36,486	\$96,579	\$53,655	\$2,146	\$2,146	\$1,610	10	10	65	
Dec-21	87,571	17.00	51%	\$3,219	\$36,486	\$96,579	\$53,655	\$2,146	\$2,146	\$1,610	10	10	65	
TOTAL	525,427			\$19,316	\$218,913	\$579,476	\$321,931	\$12,877	\$12,877	\$9,658	60	60	125	
Total Revenue												Unduplicated Clients Served		
												Est. Medi-Cal Cost Per Client:		\$9,400
												Est. Non-Medi-Cal Cost Per Client:		\$600
												Est. Total Cost Per Client:		\$10,000

SCHEDULE A

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

CCFSS/ SB163 Wraparound Mental Health

FY 2021 - 2022

July 1, 2021 - December 31, 2021 (6 months)

Contractor Name: Uplift Family Services

Provider # 120

Contract/RFP# 16-407 A-3

Address: 251 Llewellyn Avenue
Campbell, CA 95008

Date Form Completed: 3/24/2021

Date Form Revised:

Prepared by: Tiffany Casali
Title: Financial Planning Analyst II

LINE	MODE OF SERVICE	15-Outpatient Case Management (01-06,08-09)	15-Outpatient Intensive Care Coordination (07)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Intensive Home Based Services (57)	15-Outpatient TBS (58)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL
#									
1	Distribution %	2.00%	33.80%	38.00%	28.00%	3.00%	1.00%	1.00%	
EXPENSES									
2	SALARIES	17,640	264,603	335,163	220,502	26,460	8,820	8,819	882,009
3	BENEFITS	5,544	83,158	105,333	69,298	8,316	2,772	2,772	277,193
	(2+3 must equal total staffing costs)	23,184	347,761	440,497	289,801	34,776	11,592	11,591	1,159,201
4	OPERATING EXPENSES	7,316	109,739	139,003	91,450	10,974	3,658	3,658	365,798
5	TOTAL EXPENSES (2+3+4)	30,500	457,500	579,500	381,250	45,750	15,250	15,249	1,524,999
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
11	CONTRACT AMOUNT (5-10)	30,500	457,500	579,500	381,250	45,750	15,250	15,249	1,524,999
FUNDING									
		Mix %							
12	MEDI-CAL (FFP)	100.00%	15,250	228,750	289,750	190,625	22,875	7,625	762,500
13	EPSDT (2011 Realignment)	50.00%	10,989	164,837	208,794	137,364	16,484	5,494	549,457
14	CFS FUNDING	36.03%	1,510	22,649	28,688	18,874	2,265	755	75,495
15	MHSA FUNDING	13.97%	2,751	41,265	52,268	34,387	4,126	1,375	137,547
16	AB 2736	0.00%	0	0	0	0	0	0	0
17	REALIGNMENT - NET COUNTY	0.00%	0	0	0	0	0	0	0
18									0
19	FUNDING TOTAL		30,500	457,500	579,500	381,250	45,750	15,250	1,524,999
20	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0	0
21	STATE FUNDING (Including Realignment)		13,740	206,102	261,062	171,751	20,610	6,870	687,004
22	FEDERAL FUNDING		16,760	251,399	318,438	209,499	25,140	8,380	837,995
23	TOTAL FUNDING		30,500	457,500	579,500	381,250	45,750	15,249	1,524,999
24	SCHEDULE OF MAXIMUM ALLOWANCES (OCR)		2.20	2.20	2.99	2.99	2.99	5.56	4.20
25	TARGET COST PER UNIT OF SERVICE		2.20	2.20	2.99	2.99	2.99	5.56	4.20
26	UNITS OF TIME (Minutes)		13,864	207,955	193,813	127,508	15,301	2,743	564,814

SCHEDULE B

Schedule B

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL**

FY 2021 - 2022

July 1, 2021 - December 31, 2021 (6 months)

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

CONTRACTOR NAME: Uplift Family Services

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	(6 Months)		(6 Months)		(6 Months)	
							Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Internal staff or to be hired	BA	Behavior Specialist I (3.0)	110,455	35,346	145,800	100%	72,900	1,040	55,228	17,673		
Internal staff or to be hired	BA	Behavior Specialist II (1.0)	43,159	13,811	56,969	100%	28,485	1,040	21,580	6,906		
Internal staff or to be hired	MA	Clinician I (5.0)	351,068	112,342	463,410	100%	231,705	1,040	175,634	56,171		
Internal staff or to be hired	LMFT	Clinician II (1.0)	68,432	21,898	90,330	100%	45,165	1,040	34,216	10,949		
Internal staff or to be hired	LMFT	Facilitator I (12.0)	770,729	246,633	1,017,363	45%	228,907	468	173,414	55,493		
Internal staff or to be hired	LMFT	Facilitator II (1.0)	71,652	22,929	94,581	45%	21,281	468	16,122	5,159		
Internal staff or to be hired	BA	Family Specialist I (12.0)	430,389	137,725	568,114	45%	127,826	468	96,838	30,988		
Internal staff or to be hired	BA	Family Specialist II (1.0)	43,040	13,773	56,812	45%	12,783	468	9,684	3,099		
Internal staff or to be hired	LMFT	Associate Director (1.0)	96,445	30,862	127,308	45%	28,644	468	21,700	6,944		
Internal staff or to be hired	LMFT	Clinical Program Manager (4.0)	319,022	102,087	421,109	45%	94,750	468	71,780	22,970		
Internal staff or to be hired	BA	Program Supervisor (3.0)	202,594	64,830	267,423	45%	60,170	468	45,584	14,587		
Internal staff or to be hired	HS	Administrative Assistant I (1.0)	38,385	12,283	50,668	45%	11,400	468	8,637	2,764		
Internal staff or to be hired	Licensed	Clinical Supervisor (0.4)	42,481	13,594	56,075	100%	28,038	1,040	21,241	6,797		
Internal staff or to be hired	HS	Administrative Assistant II (2.0)	75,443	24,142	99,585	28%	14,191	296	10,751	3,440		
Internal staff or to be hired	LMFT	Clinical Director (1.0)	114,550	36,656	151,205	28%	21,546	296	16,323	5,224		
Internal staff or to be hired	HS	Manager Administration (1.0)	74,663	23,892	98,555	28%	14,044	296	10,639	3,405		
Internal staff or to be hired		Quality Support and Assurance (3.0)	287,670	92,055	379,725	28%	54,110	296	40,992	13,118		
Internal staff or to be hired		Health Information (3.0)	162,393	51,966	214,359	3%	6,003	33	5,175	828		
Internal staff or to be hired		Outcomes & Evaluation (13.0)	845,484	270,555	1,116,039	2%	16,466	17	14,195	2,271		
Internal staff or to be hired		Training (8.1)	539,500	172,640	712,140	2%	11,982	20	10,329	1,653		
Internal staff or to be hired		PPO (2.0)	141,207	45,186	186,393	1%	2,163	14	1,864	299		
TOTAL							882,009	277,193				

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

**TOTAL
COST:** 1,159,202

SCHEDULE B

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

Contractor Name: Uplift Family Services

Region 120

Contract # 16-407 A-3

Address: 261 Llewellyn Avenue

Campbell, CA 95008

Date Form Completed: 3/24/2021

Updated

FY 2021 - 2022

Prepared by:

Title:

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

July 1, 2021 - December 31, 2021 (6 month)

6 Months

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
1 Internal Database fee (.26% of Contract)	\$3,965	0%	\$0	100%	\$3,965
2 Contract Psychiatrist	\$47,062	0%	\$0	100%	\$47,062
3 Travel & Mileage	\$37,241	0%	\$0	100%	\$37,241
4 Training	\$5,000	0%	\$0	100%	\$5,000
5 Insurance	\$26,581	0%	\$0	100%	\$26,581
6 Rent	\$743	0%	\$0	100%	\$743
7 Equipment & Leases	\$10,000	0%	\$0	100%	\$10,000
8 Supplies	\$2,750	0%	\$0	100%	\$2,750
9 Client Program Supports	\$900	0%	\$0	100%	\$900
10 Postage, Shipping, Printing	\$250	0%	\$0	100%	\$250
11 Repairs & Maintenance	\$4,177	0%	\$0	100%	\$4,177
12 Depreciation	\$3,890	0%	\$0	100%	\$3,890
13 License, Permits, Fees	\$2,961	0%	\$0	100%	\$2,961
14 Utilities	\$4,490	0%	\$0	100%	\$4,490
15 Telecommunications	\$15,251	0%	\$0	100%	\$15,251
16 Audit	\$1,625	0%	\$0	100%	\$1,625
17 Administrative Overhead (G&A)	\$8,426,750	98%	\$8,227,837	2%	\$198,913
18		0%	\$0	100%	\$0
19		0%	\$0	100%	\$0
SUBTOTAL B:	\$8,593,635		\$8,227,837		\$365,798
GROSS TOTAL STAFFING AND OPERATING COSTS					\$1,525,000

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2021 - 2022Contractor Name: Uplift Family Services
Provider # 120
Contract/RFP# 16-407 A-3
Address: 251 Llewellyn Avenue
Campbell, CA 95008
Date Form Completed: 3/24/2021Prepared by: Tiffany Casali
Title: Financial Planning Analyst II

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

July 1, 2021 - December 31, 2021 (6 month)

ITEM	Justification of Cost
1 Internal Database fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Contract Psychiatrist	Our agency utilizes the services of a Contract Psychiatrist to provide Medication Support services. This sub-contractor is paid at an average rate of \$235 per hour. Our estimate of the frequency of use is about 33 hours per month.
3 Travel & Mileage	This includes but is not limited to air fare, lodging, and mileage reimbursement, which is paid at the prevailing federal rate (currently \$0.56 per mile) to staff supporting program or program related activities. Costs include travel to the family's home and necessary transportation of the children or their family by a staff member. Costs are estimated at approximately 4% of direct salaries and wages without benefits.
4 Training	When appropriate for programmatic need, ongoing training includes professional development and training specific to the delivery of program services. This includes internal and external training. This also includes, but is not limited to related costs for parking, refreshments, instructor fees, and materials. Also includes other mandatory trainings such as first aid and CPR. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
5 Insurance	Includes general business liability and property coverage as well as professional liability insurance. The estimated annual cost of insurance for the contract year is 2% of agency total insurance costs.
6 Rent	This includes but is not limited to office or building rent, as well as the costs of storage and file storage unit rental payments and all costs associated with storing and retrieving client, personnel, or other files and records. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
7 Equipment & Leases	This includes, but is not limited to the lease or purchase of equipment such as telephone systems, laptops, desktops, networking equipment, copiers, fax machines, postage machines, office equipment, and system & software user license and maintenance. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
8 Supplies	This includes, but is not limited to desk organizers, pens, paper, break room supplies (e.g. drinking water, paper cups, coffee), training aids and materials. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
9 Client Program Supports	This includes cost of providing supports to clients, family members, and their caregivers such as goods, services, items necessary for daily living, travel, transportation, and other supports, as well as therapy supplies, sign-language and translation services, outing costs, and other tools necessary to support the clients. Funding of up to \$150 per month will be available.
10 Postage, Shipping, Printing	This includes, but is not limited to postage, printing, shipping, brochures and materials. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
11 Repairs & Maintenance	This includes but is not limited to common area maintenance on building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, security system upkeep, and in-house or outside equipment repair and labor. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
12 Depreciation	Includes depreciation on owned facilities, office furniture/fixtures and equipment including, but not limited to, computer systems. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
13 License, Permits, Fees	Includes annual license and permit fees to operate the business. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
14 Utilities	Includes, but is not limited to gas & electricity, water, garbage & sewage and pest control. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
15 Telecommunications	This includes land lines, DSL, and fax charges as well as monthly cell phone service and wireless cards for laptop computers enabling the agency to maintain a fully functional mobile work force with the ability to deliver services anywhere. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
16 Audit	Includes annual audit insuring all financial records are relevant and accurate and in compliance with all laws and regulations. Costs are allocated between programs on the basis of salaries and wages without benefits and have been estimated based on historical trends.
17 Administrative Overhead (G&A)	The agency allocates indirect costs (general & administrative) of shared support departments such as finance & accounting, human resources, clinical administration, executive management, information technology, and compliance. Indirect costs have been budgeted at 15% of total direct program expenses or \$198,913 for the duration, which is consistent with recent trends and benchmarks. Monthly administrative costs equate to \$33,153. General & administrative expenses include such costs as fees related to HIPPA compliance and clinical record audits, quality management oversight of Medi-Cal records, billing, risk management and program fidelity, human resources support, MIS infrastructure & OJUM department support and oversight as well as executive management. These are costs that are shared and cannot be specifically identified as supporting one particular program are pooled and allocated to all programs relative to the direct labor costs in each program. Indirect costs will not exceed 15% of direct costs.

SCHEDULE B

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

Contractor Name: Uplift Family Services													
Provider # 120													
Contract/RFP# 16-407 A-3													
Address: 251 Llewellyn Avenue													
Campbell, CA 95008													
Date Form Completed: 3/24/2021													
Date Form Revised:													
Projected Revenue Generated by Service Type													
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 168 hours per month per FTE)	Projected Revenue Generated by Service Type						Clients Served			
				Case Mgmt (01-09)	Intensive Care Coordination (07)	Mental Health Services (10-50)	Intensive Home Based Services (57)	TBS (58)	Medication Support (60)	Crisis Intervention (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-21	94,136	21.72	43%	\$5,083	\$76,250	\$96,583	\$63,542	\$7,625	\$2,542	\$2,542	4	4	100
Aug-21	94,136	21.72	43%	\$5,083	\$76,250	\$96,583	\$63,542	\$7,625	\$2,542	\$2,542	4	4	100
Sep-21	94,136	21.72	43%	\$5,083	\$76,250	\$96,583	\$63,542	\$7,625	\$2,542	\$2,542	4	4	100
Oct-21	94,136	21.72	43%	\$5,083	\$76,250	\$96,583	\$63,542	\$7,625	\$2,542	\$2,542	5	5	100
Nov-21	94,136	21.72	43%	\$5,083	\$76,250	\$96,583	\$63,542	\$7,625	\$2,542	\$2,542	4	4	100
Dec-21	94,136	21.72	43%	\$5,083	\$76,250	\$96,583	\$63,542	\$7,625	\$2,542	\$2,542	4	4	100