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

SAN BERNARDINO COUNTY

Contract Number

21-692 A-2

SAP Number
4400017814

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	South Coast Children's Society, Inc. dba South Coast Community Services
Contractor Representative	Gil Garcia
Telephone Number	(714) 966-8603
Contract Term	October 1, 2021, through September 30, 2026
Original Contract Amount	$ 9,260,000
Amendment Amount	$ 3,069,103
Total Contract Amount	$12,329,103
Cost Center	9206291000
Grant Number (If applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

IN THAT CERTAIN **Contract No. 21-692** by and between San Bernardino County, a political subdivision of the State of California, hereinafter called the County, and South Coast Children's Society dba South Coast Community Services, hereinafter called the Contractor, for General Mental Health outpatient services, which Contract first became effective October 1, 2021, the following changes are hereby made and agreed to:

I. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraph I and J are hereby amended to read as follows:

I. The contract amendment amount of $3,069,103 shall increase the total contract amount from $9,260,000 to $12,329,103 for the contract term.

J. This amendment hereby adds Schedules A and B for FY 2024-25, 2025-26 and 2026-27 as set forth in Exhibit I. All previously approved schedules remain in effect.

II. ARTICLE V PROVISIONAL PAYMENT, paragraph D.2 is hereby amended to read as follows:

D.2 Payments for partial fiscal years (FY 2021/22, FY 2024/25, FY 2025/26, FY 2026/27) will be at different allocation rates. For FY 2021/22, FY 2024/25, and FY 2025/26, payments will be one-ninth (1/9) of the maximum allocations for the mode of service. For FY 2024/25, FY 2025/26, and FY 2026/27, payments will be one-third (1/3) of the maximum allocation for the mode of service.

III. ARTICLE XVIIPERSONNEL, paragraph M is hereby replaced in its entirety and revised as follows:

M. Levine Act Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

Contractor has disclosed to the County using Attachment III – Levine Act Campaign Contribution Disclosure Senate Bill (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than $500 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 $500 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. ARTICLE XIV DURATION AND TERMINATION, paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from October 1, 2021, through September 30, 2026, inclusive.

V. ATTACHMENT III Campaign Contributions Disclosure (SB1439) is hereby replaced with Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached.

VI. Exhibit I Schedules A and B for FY 2024-25, 2025-26 and 2026-27 are hereby added.

VII. All other terms and conditions 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 Contract. 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.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

Dawn Rowe

Dawn Rowe, Chair, Board of Supervisors

Dated: JUN 10 2025

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

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

By _____ Deputy

South Coast Children's Society, Inc. dba South Coast Community Services

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

By DocuSigned by: Gil Garcia
5DD43EA489D34F8...
(Authorized signature - sign in blue ink)

Name Gil Garcia
(Print or type name of person signing contract)

Title Chief Financial Officer
(Print or Type)

Dated: 5/27/2025

Address 25910 Acero, Suite 160

Mission Viejo, CA 92691

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
Signed by: Dawn Martin 8FD744A7997047D...	Signed by: Michael Shin 5060C017AC3C487...	DocuSigned by: Georgina Yoshioka 7DF8077EFA67482...
Dawn Martin, Deputy County Counsel	Michael Shin, Administrative Manager	Georgina Yoshioka, Director
Date 5/27/2025	Date 5/27/2025	Date 5/27/2025

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (3 Months)
July 1, 2025 - September 30, 2025

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

Prepared by: Gil A. Garcia
Title: CFO

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		3,936	111,526	13,121	2,624	0	131,207
3		BENEFITS		748	21,190	2,493	499	0	24,930
		(2+3 must equal total staffing costs)		4,684	132,716	15,614	3,123	0	156,136
4		OPERATING EXPENSES		1,967	55,726	6,556	1,311	0	65,560
5		TOTAL EXPENSES (2+3+4)		6,651	188,442	22,170	4,434	0	221,696
		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
11		CONTRACT AMOUNT (5-10)		6,651	188,442	22,170	4,434	0	221,696
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	60.00%	3,129	88,643	10,429	2,086	0	104,287
13	3.08%	EPSDT (2011 Realignment)	36.03%	69	1,967	231	46	0	2,313
14		1991 Realignment Match	13.97%	3,059	86,676	10,197	2,039	0	101,972
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		394	11,156	1,312	262	0	13,124
17		FUNDING TOTAL		6,651	188,442	22,170	4,434	0	221,696
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		3,522	99,799	11,741	2,348	0	117,409
20		FEDERAL FUNDING		3,129	88,643	10,429	2,086	0	104,287
21		TOTAL FUNDING		6,651	188,442	22,170	4,434	0	221,696
22		TARGET COST PER UNIT OF SERVICE		$0.81	$1.10	$2.04	$1.54	$0.00	
23		UNITS OF TIME (Minutes)		8,247	171,925	10,877	2,880	0	193,929

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/18/2025	Heather Louer Heather Louer (Feb 18, 2025 13:36 PST)	02/18/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

ATTACHMENT III

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B **STAFFING DETAIL**

FY 2025 - 2026

July 1, 2025 - September 30, 2025 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society 0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	27.0%	12,049		10,125	1,924
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	65.0%	20,069		16,865	3,204
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	300.0%	74,301		62,438	11,863
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	16.0%	3,963		3,330	633
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	8.0%	2,246		1,887	359
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	32.0%	6,759		5,680	1,079
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	32.0%	4,950		4,160	791
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	64.0%	10,472		8,800	1,672
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	27.0%	5,012		4,212	800
TBD		QA Support	N	D	57,000	10,830	67,830	16.0%	2,713		2,280	433
TBD		Office Coordinator	N	D	52,000	9,880	61,880	32.0%	4,950		4,160	791
TBD		Financial Analyst	N	D	110,000	20,900	130,900	2.8%	916		770	146
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	17.0%	0		0	0
							0		0		0	0
							0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
			Y				0		0		0	0
											131,207	24,930

TOTAL COST:	156,136

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

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

Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fulfill CFR 200.413 (c)(1) – (4)

[1] **Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.**

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2025 - September 30, 2025

	ITEM	TOTAL COST TO ORGANIZATION (3 Months)	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$290	0%	$0	100%	$290	0	290
2	Computer & Equipment Expenses	$1,053	0%	$0	100%	$1,053		1,053
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$924	0%	$0	100%	$924		924
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$2,639	0%	$0	100%	$2,639		2,639
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$261	0%	$0	100%	$261		261
10	Office Space/Occupancy	$7,918	0%	$0	100%	$7,918		7,918
11	Program Expense: Other	$950	0%	$0	100%	$950		950
12	Subcontractors (Psychiatrists)	$22,100	0%	$0	100%	$22,100		22,100
13	Telephone & Internet	$1,564	0%	$0	100%	$1,564		1,564
14	Training & Training Travel	$500	0%	$0	100%	$500		500
15	Transportation Expense	$135	0%	$0	100%	$135		135
16	Indirect Expense	$27,226	0%	$0	100%	$27,226		27,226
SUBTOTAL B:		$65,560		$0		$65,560	0	65,560
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$221,696	0	221,696

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.17 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $22,100 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Upland)
Agency Per Min Rates:	$2.20	$2.99	$5.56	$4.20	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$0.81	$1.10	$1.54	$1.54	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		115
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	64,643	4.15	$2,217	$62,814	$7,390	$1,478				13	13	115
Aug-25	64,643	4.15	$2,217	$62,814	$7,390	$1,478				13	13	115
Sep-25	64,643	4.15	$2,217	$62,814	$7,390	$1,478				13	13	115
Oct-25			$0	$0	$0	$0						
Nov-25			$0	$0	$0	$0						
Dec-25			$0	$0	$0	$0						
Jan-26			$0	$0	$0	$0						
Feb-26			$0	$0	$0	$0						
Mar-26			$0	$0	$0	$0						
Apr-26			$0	$0	$0	$0						
May-26			$0	$0	$0	$0						
Jun-26			$0	$0	$0	$0						
TOTAL	193,929		$6,651	$188,442	$22,170	$4,434				39	39	
			Total Revenue					$221,696	Unduplicated Clients Served			154
								Estimated Cost Per Client:		$1,440		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	8,247	171,925	10,877	2,880	193,929
Total Monthly Minutes of Services (Average)	687	14327	906	240	16161
Dosage (minutes) per client per month	6	125	8	2	141
Dosage (hours) per client per month	0.10	2.08	0.13	0.03	2.34

Avg Monthly Census	Expected Length of Program (months)
115	12

Total Hours Per Unduplicated Client for Duration of the Program: 28.11

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (3 Months)
July 1, 2025 - September 30, 2025

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160, Mission Viejo, CA 92691
Prepared by: Gil A. Garcia
Title: CFO
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		2,721	77,087	9,069	1,814	0	90,691
3		BENEFITS		517	14,647	1,723	345	0	17,232
		(2+3 must equal total staffing costs)		3,238	91,734	10,792	2,158	0	107,922
4		OPERATING EXPENSES		1,317	37,326	4,391	878	0	43,913
5		TOTAL EXPENSES (2+3+4)		4,555	129,060	15,184	3,037	0	151,835
		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
11		CONTRACT AMOUNT (5-10)		4,555	129,060	15,184	3,037	0	151,835
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	2,143	60,710	7,142	1,428	0	71,423
13	3.08%	EPSDT (2011 Realignment)	36.03%	48	1,347	159	32	0	1,586
14		1991 Realignment Match	13.97%	2,094	59,363	6,984	1,397	0	69,838
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		270	7,640	899	180	0	8,989
17		FUNDING TOTAL		4,555	129,060	15,184	3,037	0	151,835
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		2,412	68,350	8,042	1,609	0	80,412
20		FEDERAL FUNDING		2,143	60,710	7,142	1,428	0	71,423
21		TOTAL FUNDING		4,555	129,060	15,184	3,037	0	151,835
22		TARGET COST PER UNIT OF SERVICE		$0.79	$1.07	$2.00	$1.51	$0.00	
23		UNITS OF TIME (Minutes)		5,763	120,140	7,601	2,012	0	135,517

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather L. Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

ATTACHMENT III

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B **STAFFING DETAIL**

FY 2025 - 2026

July 1, 2025 - September 30, 2025 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society 0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	15,438		12,973	2,465	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	2,724		2,290	435	0.11
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	5.0%	1,403		1,180	224	0.00
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	22.0%	4,647		3,905	742	0.22
TBD		Program Admin Assista	N	D	52,000	9,880	61,880	22.0%	3,403		2,860	544	0.00
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	44.0%	7,200		6,050	1,150	0.00
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	1,865		1,568	298	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	22.0%	3,403		2,860	544	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73	0.00
TBD	MD	Subcontracted Psychiat	Y	C	520,000	0	520,000	7.0%	0		0	0	0.07
							0		0		0	0	0.00
							0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
											90,691	17,232	2.90

TOTAL COST:	107,922

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

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

[1] **Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position** [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1)-(4)

[2] **Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.**

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2025 - September 30, 2025

(3 Months)

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$457	0%	$0	100%	$457	0	457
2	Computer & Equipment Expenses	$275	0%	$0	100%	$275		275
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$540	0%	$0	100%	$540		540
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$1,120	0%	$0	100%	$1,120		1,120
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$1,371	0%	$0	100%	$1,371		1,371
10	Office Space/Occupancy	$10,301	0%	$0	100%	$10,301		10,301
11	Program Expense: Other	$846	0%	$0	100%	$846		846
12	Subcontractors (Psychiatrists)	$9,100	0%	$0	100%	$9,100		9,100
13	Telephone & Internet	$990	0%	$0	100%	$990		990
14	Training & Training Travel	$250	0%	$0	100%	$250		250
15	Transportation Expense	$17	0%	$0	100%	$17		17
16	Indirect Expense	$16,646	0%	$0	100%	$16,646		16,646
SUBTOTAL B:		$43,913		$0		$43,913	0	43,913
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$151,835	0	151,835

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2025 - September 30, 2025

	ITEM	Justification of Cost
1	Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2	Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3	Dues & Publications	N/A
4	EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5	Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6	Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability;
7	Interest Expense	N/A
8	Leased Vehicle Expense	N/A
9	Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10	Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility,
11	Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12	Subcontractors (Psychiatrists)	Budgeted for 0.07 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $9,100 for psychiatrists is includind on Staffing tab.
13	Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14	Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15	Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel
16	Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Yucaipa)
Agency Per Min Rates:	$2.20	$2.99	$5.56	$4.20	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$0.79	$1.07	$1.51	$1.51	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		90
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	45,172	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Aug-25	45,172	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Sep-25	45,172	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Oct-25			$0	$0	$0	$0						
Nov-25			$0	$0	$0	$0						
Dec-25			$0	$0	$0	$0						
Jan-26			$0	$0	$0	$0						
Feb-26			$0	$0	$0	$0						
Mar-26			$0	$0	$0	$0						
Apr-26			$0	$0	$0	$0						
May-26			$0	$0	$0	$0						
Jun-26			$0	$0	$0	$0						
TOTAL	135,517		$4,555	$129,060	$15,184	$3,037				27	27	
			Total Revenue					$151,835	Unduplicated Clients Served			117
								Estimated Cost Per Client:	$1,298			

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	5,763	120,140	7,601	2,012	135,517
Total Monthly Minutes of Services (Average)	480	10012	633	168	11293
Dosage (minutes) per client per month	5	111	7	2	125
Dosage (hours) per client per month	0.09	1.85	0.12	0.03	2.09

Total Hours Per Unduplicated Client for Duration of the Program: 25.10

Avg Monthly Census	Expected Length of Program (months)
90	12

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health (GMH)
FY 2026 - 2027 (3 Months)
July 1, 2026 - September 30, 2026

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160, Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		2,749	77,893	9,164	1,833	0	91,639
3		BENEFITS		522	14,800	1,741	348	0	17,412
		(2+3 must equal total staffing costs)		3,272	92,693	10,905	2,181	0	109,051
4		OPERATING EXPENSES		2,247	63,665	7,490	1,498	0	74,900
5		TOTAL EXPENSES (2+3+4)		5,519	156,358	18,395	3,679	0	183,951
		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
11		CONTRACT AMOUNT (5-10)		5,519	156,358	18,395	3,679	0	183,951
	Mix %	**FUNDING**	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	2,596	73,551	8,653	1,731	0	86,531
13	3.08%	EPSDT (2011 Realignment)	36.03%	58	1,632	192	38	0	1,920
14		1991 Realignment Match	13.97%	2,538	71,919	8,461	1,692	0	84,610
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		327	9,256	1,089	218	0	10,890
17		FUNDING TOTAL		5,519	156,358	18,395	3,679	0	183,951
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		2,923	82,807	9,742	1,948	0	97,420
20		FEDERAL FUNDING		2,596	73,551	8,653	1,731	0	86,531
21		TOTAL FUNDING		5,519	156,358	18,395	3,679	0	183,951
22		TARGET COST PER UNIT OF SERVICE		$0.90	$1.23	$2.29	$1.73	$0.00	
23		UNITS OF TIME (Minutes)		6,101	127,183	8,046	2,130	0	143,461

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

ATTACHMENT III

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2026 - 2027

July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	15,438		12,973	2,465	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	2,724		2,290	435	0.11
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	1,684		1,415	269	0.00
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	4,858		4,083	776	0.23
TBD		Program Admin Assist	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568	0.00
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	46.0%	7,527		6,325	1,202	0.00
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	1,865		1,568	298	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73	0.00
TBD	MD	Subcontracted Psychiat	Y	C	520,000	0	520,000	23.0%	0		0	0	0.23
							0		0		0	0	0.00
							0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
											91,639	17,412	3.07

TOTAL COST:	109,050

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

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

[1] **Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position** [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] **Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.**

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2027

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP# #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2026 - September 30, 2026

(3 Months)

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$391	0%	$0	100%	$391	0	391
2	Computer & Equipment Expenses	$569	0%	$0	100%	$569		569
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$915	0%	$0	100%	$915		915
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$3,048	0%	$0	100%	$3,048		3,048
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$1,345	0%	$0	100%	$1,345		1,345
10	Office Space/Occupancy	$12,084	0%	$0	100%	$12,084		12,084
11	Program Expense: Other	$1,297	0%	$0	100%	$1,297		1,297
12	Subcontractors (Psychiatrists)	$29,900	0%	$0	100%	$29,900		29,900
13	Telephone & Internet	$2,160	0%	$0	100%	$2,160		2,160
14	Training & Training Travel	$375	0%	$0	100%	$375		375
15	Transportation Expense	$226	0%	$0	100%	$226		226
16	Indirect Expense	$22,590	0%	$0	100%	$22,590		22,590
SUBTOTAL B:		$74,900		$0		$74,900	0	74,900
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$183,950	0	183,950

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026 - 2027

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2026 - September 30, 2026

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3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
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6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
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11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.23 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $29,900 for psychiatrists is includind on Staffing tab.
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ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2027
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Redlands)
Agency Per Min Rates:	$2.20	$2.99	$5.56	$4.20	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$0.90	$1.23	$1.73	$1.73	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		90
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-26	47,820	3.07	$1,840	$52,119	$6,132	$1,226				12	12	90
Aug-26	47,820	3.07	$1,840	$52,119	$6,132	$1,226				12	12	90
Sep-26	47,820	3.07	$1,840	$52,119	$6,132	$1,226				12	12	90
Oct-26			$0	$0	$0	$0						
Nov-26			$0	$0	$0	$0						
Dec-26			$0	$0	$0	$0						
Jan-27			$0	$0	$0	$0						
Feb-27			$0	$0	$0	$0						
Mar-27			$0	$0	$0	$0						
Apr-27			$0	$0	$0	$0						
May-27			$0	$0	$0	$0						
Jun-27			$0	$0	$0	$0						
TOTAL	143,461		$5,519	$156,358	$18,395	$3,679				36	36	
			Total Revenue					$183,951	Unduplicated Clients Served			126
								Estimated Cost Per Client:		$1,460		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	6,101	127,183	8,046	2,130	**143,461**
Total Monthly Minutes of Services (Average)	508	10599	671	178	**11955**
Dosage (minutes) per client per month	6	118	7	2	**133**
Dosage (hours) per client per month	0.09	1.96	0.12	0.03	**2.21**

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 26.57

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2024 - 2025 (9 Months)
October 1, 2024 - June 30, 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160, Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		7,929	224,649	26,429	5,286	0	264,293
3		BENEFITS		1,506	42,684	5,022	1,004	0	50,216
		(2+3 must equal total staffing costs)		9,435	267,332	31,451	6,290	0	314,509
4		OPERATING EXPENSES		4,456	126,248	14,853	2,971	0	148,527
5		TOTAL EXPENSES (2+3+4)		13,891	393,580	46,304	9,261	0	463,036
		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
11		CONTRACT AMOUNT (5-10)		13,891	393,580	46,304	9,261	0	463,036
	Mix %	**FUNDING**	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	6,534	185,140	21,781	4,356	0	217,811
13	3.08%	EPSDT (2011 Realignment)	36.03%	145	4,109	483	97	0	4,834
14		1991 Realignment Match	13.97%	6,390	181,031	21,298	4,259	0	212,979
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		822	23,300	2,741	548	0	27,412
17		FUNDING TOTAL		13,891	393,580	46,304	9,261	0	463,036
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		7,357	208,440	24,523	4,905	0	245,225
20		FEDERAL FUNDING		6,534	185,140	21,781	4,356	0	217,811
21		TOTAL FUNDING		13,891	393,580	46,304	9,261	0	463,036
22		TARGET COST PER UNIT OF SERVICE		$2.38	$3.23	$6.01	$4.54	$0.00	
23		UNITS OF TIME (Minutes)		5,842	121,808	7,711	2,039	0	137,400

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/18/2025	Heather P. Louer	02/18/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

ATTACHMENT III

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2024 - 2025
October 1, 2024 - June 30, 2025 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	35.0%	32,420		27,244	5,177	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	12.0%	8,916		7,493	1,424	0.12
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	5,052		4,246	807	0.00
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	14,575		12,248	2,327	0.23
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704	0.00
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	46.0%	22,560		18,975	3,605	0.00
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	12.0%	6,105		5,130	975	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220	0.00
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	9.0%	0		0	0	0.09
							0		0		0	0	0.00
							0		0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
											264,293	50,216	2.94

TOTAL COST:	314,508

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2024 - June 30, 2025

(9 Months)

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$332	0%	$0	100%	$332	0	332
2	Computer & Equipment Expenses	$907	0%	$0	100%	$907		907
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$1,981	0%	$0	100%	$1,981		1,981
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$4,373	0%	$0	100%	$4,373		4,373
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$4,096	0%	$0	100%	$4,096		4,096
10	Office Space/Occupancy	$34,128	0%	$0	100%	$34,128		34,128
11	Program Expense: Other	$3,850	0%	$0	100%	$3,850		3,850
12	Subcontractors (Psychiatrists)	$35,100	0%	$0	100%	$35,100		35,100
13	Telephone & Internet	$6,027	0%	$0	100%	$6,027		6,027
14	Training & Training Travel	$750	0%	$0	100%	$750		750
15	Transportation Expense	$119	0%	$0	100%	$119		119
16	Indirect Expense	$56,864	0%	$0	100%	$56,864		56,864
SUBTOTAL B:		$148,527		$0		$148,527	0	148,527
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$463,035	0	463,035

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

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, ec
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programm FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item .
12 Subcontractors (Psychiatrists)	Budgeted for 0.09 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $35,100 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are adminstrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

ATTACHMENT III

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

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Chino)
Agency Per Min Rates:	$2.34	$3.18	$5.91	$4.47	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$2.38	$3.23	$4.54	$4.54	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		90
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	0		$0	$0	$0	$0						
Aug-24	0		$0	$0	$0	$0						
Sep-24	0		$0	$0	$0	$0						
Oct-24	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Nov-24	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Dec-24	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Jan-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Feb-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Mar-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Apr-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
May-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Jun-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
TOTAL	137,400		$13,891	$393,580	$46,304	$9,261				90	90	
			Total Revenue					$463,036	Unduplicated Clients Served			180
									Estimated Cost Per Client:	$2,572		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	5,842	121,808	7,711	2,039	**137,400**
Total Monthly Minutes of Services (Average)	487	10151	643	170	**11450**
Dosage (minutes) per client per month	5	113	7	2	**127**
Dosage (hours) per client per month	0.09	1.88	0.12	0.03	**2.12**

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.44

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (9 Months)
October 1, 2025 - June 30, 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160, Mission Viejo, CA 92691
Prepared by: Gil A. Garcia
Title: CFO
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		8,162	231,261	27,207	5,441	0	272,072
3		BENEFITS		1,551	43,940	5,169	1,034	0	51,695
		(2+3 must equal total staffing costs)		9,713	275,202	32,377	6,475	0	323,767
4		OPERATING EXPENSES		3,952	111,979	13,174	2,635	0	131,740
5		TOTAL EXPENSES (2+3+4)		13,665	387,181	45,551	9,110	0	455,507
		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
11		CONTRACT AMOUNT (5-10)		13,665	387,181	45,551	9,110	0	455,507
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	6,428	182,130	21,427	4,285	0	214,270
13	3.08%	EPSDT (2011 Realignment)	36.03%	143	4,042	476	95	0	4,756
14		1991 Realignment Match	13.97%	6,285	178,088	20,951	4,191	0	209,515
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		809	22,921	2,697	539	0	26,966
17		FUNDING TOTAL		13,665	387,181	45,551	9,110	0	455,507
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		7,237	205,051	24,124	4,825	0	241,237
20		FEDERAL FUNDING		6,428	182,130	21,427	4,285	0	214,270
21		TOTAL FUNDING		13,665	387,181	45,551	9,110	0	455,507
22		TARGET COST PER UNIT OF SERVICE		$2.37	$3.22	$5.99	$4.53	$0.00	
23		UNITS OF TIME (Minutes)		5,763	120,151	7,606	2,011	0	135,531

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather Louer (Feb 20, 2025 08:21 PST)	02/20/2025

Gil A. Garcia	Thelma Rodriguez	Heather Louer
PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCAL SERVICES (PRINT NAME)	DBH SENIOR PROGRAM MANAGER (PRINT NAME)
CFO	Administrative Supervisor I	DBH FISCAL Roger Ma

ATTACHMENT III

FY 2025 - 2026
October 1, 2025 - June 30, 2026 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	%b Cost Allocated Contract Services	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	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	46,314		38,920	7,395	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,675	23,726	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	8,173		6,869	1,305	0.11
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	5.0%	4,210		3,539	672	0.00
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	22.0%	13,941		11,715	2,226	0.22
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	22.0%	10,210		8,580	1,631	0.00
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	44.0%	21,599		18,150	3,449	0.00
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	5,596		4,703	893	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	22.0%	10,210		8,580	1,631	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220	0.00
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	7.0%	0		0	0	0.07
							0		0		0	0	0.00
							0		0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
											272,072	51,695	2.90

TOTAL COST:	323,765

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fll CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP# #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2025 - June 30, 2026

	ITEM	TOTAL COST TO ORGANIZATION (9 Months)	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$1,370	0%	$0	100%	$1,370	0	1,370
2	Computer & Equipment Expenses	$826	0%	$0	100%	$826		826
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$1,620	0%	$0	100%	$1,620		1,620
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$3,361	0%	$0	100%	$3,361		3,361
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$4,114	0%	$0	100%	$4,114		4,114
10	Office Space/Occupancy	$30,902	0%	$0	100%	$30,902		30,902
11	Program Expense: Other	$2,537	0%	$0	100%	$2,537		2,537
12	Subcontractors (Psychiatrists)	$27,300	0%	$0	100%	$27,300		27,300
13	Telephone & Internet	$2,969	0%	$0	100%	$2,969		2,969
14	Training & Training Travel	$750	0%	$0	100%	$750		750
15	Transportation Expense	$52	0%	$0	100%	$52		52
16	Indirect Expense	$55,939	0%	$0	100%	$55,939		55,939
SUBTOTAL B:		$131,740		$0		$131,740	0	131,740
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$455,505	0	455,505

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-176 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2025 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item .
12 Subcontractors (Psychiatrists)	Budgeted for 0.07 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $27,300 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are adminstrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

ATTACHMENT III

SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Yucaipa)
Agency Per Min Rates:	$2.34	$3.18	$5.91	$4.47	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$2.37	$3.22	$4.53	$4.53	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		90
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	0		$0	$0	$0	$0						
Aug-25	0		$0	$0	$0	$0						
Sep-25	0		$0	$0	$0	$0						
Oct-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Nov-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Dec-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Jan-26	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Feb-26	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Mar-26	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Apr-26	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
May-26	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Jun-26	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
TOTAL	135,531		$13,665	$387,181	$45,551	$9,110				81	81	
			Total Revenue					$455,507	Unduplicated Clients Served			171
								Estimated Cost Per Client:	$2,664			

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	5,763	120,151	7,606	2,011	135,531
Total Monthly Minutes of Services (Average)	480	10013	634	168	11294
Dosage (minutes) per client per month	5	111	7	2	125
Dosage (hours) per client per month	0.09	1.85	0.12	0.03	2.09

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.10

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2026 - 2027 (3 Months)
July 1, 2026 - September 30, 2026

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		3,936	111,526	13,121	2,624	0	131,207
3		BENEFITS		748	21,190	2,493	499	0	24,930
		(2+3 must equal total staffing costs)		4,684	132,716	15,614	3,123	0	156,136
4		OPERATING EXPENSES		1,967	55,726	6,556	1,311	0	65,560
5		TOTAL EXPENSES (2+3+4)		6,651	188,442	22,170	4,434	0	221,696
		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
11		CONTRACT AMOUNT (5-10)		6,651	188,442	22,170	4,434	0	221,696
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	3,129	88,643	10,429	2,086	0	104,287
13	3.08%	EPSDT (2011 Realignment)	36.03%	69	1,967	231	46	0	2,313
14		1991 Realignment Match	13.97%	3,059	86,676	10,197	2,039	0	101,972
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		394	11,156	1,312	262	0	13,124
17		FUNDING TOTAL		6,651	188,442	22,170	4,434	0	221,696
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		3,522	99,799	11,741	2,348	0	117,409
20		FEDERAL FUNDING		3,129	88,643	10,429	2,086	0	104,287
21		TOTAL FUNDING		6,651	188,442	22,170	4,434	0	221,696
22		TARGET COST PER UNIT OF SERVICE		$0.81	$1.10	$2.04	$1.54	$0.00	
23		UNITS OF TIME (Minutes)		8,247	171,925	10,877	2,880	0	193,929

APPROVED:

02/18/2025		Thelma Rodriguez	02/19/2025	Heather L. Louer	02/20/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I	DBH FISCAL	Roger Ma	

ATTACHMENT III

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2026 - 2027
July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	27.0%	12,049		10,125	1,924	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	65.0%	20,069		16,865	3,204	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	300.0%	74,301		62,439	11,863	3.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	16.0%	3,963		3,330	633	0.16
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	8.0%	2,246		1,887	359	0.00
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	32.0%	6,759		5,680	1,079	0.32
TBD		Program Admin Assista	N	D	52,000	9,880	61,880	32.0%	4,950		4,160	791	0.00
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	64.0%	10,472		8,800	1,672	0.00
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	27.0%	5,012		4,212	800	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	16.0%	2,713		2,280	433	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	32.0%	4,950		4,160	791	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	2.8%	916		770	146	0.00
TBD	MD	Subcontracted Psychiat	Y	C	520,000	0	520,000	17.0%	0		0	0	0.17
							0		0		0	0	0.00
							0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
											131,207	24,930	4.15

TOTAL COST:	156,136

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2027

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2026 - September 30, 2026

(3 Months)

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$290	0%	$0	100%	$290	0	290
2	Computer & Equipment Expenses	$1,053	0%	$0	100%	$1,053		1,053
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$924	0%	$0	100%	$924		924
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$2,639	0%	$0	100%	$2,639		2,639
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$261	0%	$0	100%	$261		261
10	Office Space/Occupancy	$7,918	0%	$0	100%	$7,918		7,918
11	Program Expense: Other	$950	0%	$0	100%	$950		950
12	Subcontractors (Psychiatrists)	$22,100	0%	$0	100%	$22,100		22,100
13	Telephone & Internet	$1,564	0%	$0	100%	$1,564		1,564
14	Training & Training Travel	$500	0%	$0	100%	$500		500
15	Transportation Expense	$135	0%	$0	100%	$135		135
16	Indirect Expense	$27,226	0%	$0	100%	$27,226		27,226
SUBTOTAL B:		$65,560		$0		$65,560	0	65,560
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$221,696	0	221,696

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026 - 2027

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2026 - September 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.17 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $22,100 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2027
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	$2.20	$2.99	$5.56	$4.20
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells				
Target Cost Per Unit of Service	$0.81	$1.10	$1.54	$1.54

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name:	South Coast Children's Society
Provider #	
Contract/RFP#	#24-174 & 24-178 (Upland)
Address:	25910 Acero, Suite 160
	Mission Viejo, CA 92691
Date Form Completed:	1/29/2025
Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type: Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Clients Served: Starting Census: Admissions (Episodes Opened)	Discharges (Episodes Closed)	115: Monthly Census
Jul-26	64,643	4.15	$2,217	$62,814	$7,390	$1,478				13	13	115
Aug-26	64,643	4.15	$2,217	$62,814	$7,390	$1,478				13	13	115
Sep-26	64,643	4.15	$2,217	$62,814	$7,390	$1,478				13	13	115
Oct-26			$0	$0	$0	$0						
Nov-26			$0	$0	$0	$0						
Dec-26			$0	$0	$0	$0						
Jan-27			$0	$0	$0	$0						
Feb-27			$0	$0	$0	$0						
Mar-27			$0	$0	$0	$0						
Apr-27			$0	$0	$0	$0						
May-27			$0	$0	$0	$0						
Jun-27			$0	$0	$0	$0						
TOTAL	193,929		$6,651	$188,442	$22,170	$4,434				39	39	
			Total Revenue					$221,696	Unduplicated Clients Served			154
								Estimated Cost Per Client:	$1,440			

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	8,247	171,925	10,877	2,880	193,929
Total Monthly Minutes of Services (Average)	687	14327	906	240	16161
Dosage (minutes) per client per month	6	125	8	2	141
Dosage (hours) per client per month	0.10	2.08	0.13	0.03	2.34

Avg Monthly Census	Expected Length of Program (months)
115	12

Total Hours Per Unduplicated Client for Duration of the Program: 28.11

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2026 - 2027 (3 Months)
July 1, 2026 - September 30, 2026

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		2,721	77,087	9,069	1,814	0	90,691
3		BENEFITS		517	14,647	1,723	345	0	17,232
		(2+3 must equal total staffing costs)		3,238	91,734	10,792	2,158	0	107,922
4		OPERATING EXPENSES		1,317	37,326	4,391	878	0	43,913
5		TOTAL EXPENSES (2+3+4)		4,555	129,060	15,184	3,037	0	151,835
		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
11		CONTRACT AMOUNT (5-10)		4,555	129,060	15,184	3,037	0	151,835
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	2,143	60,710	7,142	1,428	0	71,423
13	3.08%	EPSDT (2011 Realignment)	36.03%	48	1,347	159	32	0	1,586
14		1991 Realignment Match	13.97%	2,094	59,363	6,984	1,397	0	69,838
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		270	7,640	899	180	0	8,989
17		FUNDING TOTAL		4,555	129,060	15,184	3,037	0	151,835
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		2,412	68,350	8,042	1,609	0	80,412
20		FEDERAL FUNDING		2,143	60,710	7,142	1,428	0	71,423
21		TOTAL FUNDING		4,555	129,060	15,184	3,037	0	151,835
22		TARGET COST PER UNIT OF SERVICE		$0.79	$1.07	$2.00	$1.51	$0.00	
23		UNITS OF TIME (Minutes)		5,763	120,140	7,601	2,012	0	135,517

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

ATTACHMENT III

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2026 - 2027
July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society 0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	15,438		12,973	2,465	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	2,724		2,290	435	0.11
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	5.0%	1,403		1,180	224	0.00
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	22.0%	4,647		3,905	742	0.22
TBD		Program Admin Assista	N	D	52,000	9,880	61,880	22.0%	3,403		2,860	544	0.00
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	44.0%	7,200		6,050	1,150	0.00
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	1,865		1,568	298	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	22.0%	3,403		2,860	544	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73	0.00
TBD	MD	Subcontracted Psychiat	Y	C	520,000	0	520,000	7.0%	0		0	0	0.07
							0		0		0	0	0.00
							0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
											90,691	17,232	2.90

TOTAL COST:	107,922

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

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

[1] **Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position** [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] **Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.**

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2027

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2026 - September 30, 2026

(3 Months)

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$457	0%	$0	100%	$457	0	457
2	Computer & Equipment Expenses	$275	0%	$0	100%	$275		275
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$540	0%	$0	100%	$540		540
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$1,120	0%	$0	100%	$1,120		1,120
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$1,371	0%	$0	100%	$1,371		1,371
10	Office Space/Occupancy	$10,301	0%	$0	100%	$10,301		10,301
11	Program Expense: Other	$846	0%	$0	100%	$846		846
12	Subcontractors (Psychiatrists)	$9,100	0%	$0	100%	$9,100		9,100
13	Telephone & Internet	$990	0%	$0	100%	$990		990
14	Training & Training Travel	$250	0%	$0	100%	$250		250
15	Transportation Expense	$17	0%	$0	100%	$17		17
16	Indirect Expense	$16,646	0%	$0	100%	$16,646		16,646
SUBTOTAL B:		$43,913		$0		$43,913	0	43,913
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$151,835	0	151,835

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026 - 2027

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2026 - September 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.07 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $9,100 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2027
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Yucaipa)
Agency Per Min Rates:	$2.20	$2.99	$5.56	$4.20	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$0.79	$1.07	$1.51	$1.51	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type: Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Clients Served: Starting Census: Admissions (Episodes Opened)	Discharges (Episodes Closed)	90 Monthly Census
Jul-26	45,172	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Aug-26	45,172	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Sep-26	45,172	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Oct-26			$0	$0	$0	$0						
Nov-26			$0	$0	$0	$0						
Dec-26			$0	$0	$0	$0						
Jan-27			$0	$0	$0	$0						
Feb-27			$0	$0	$0	$0						
Mar-27			$0	$0	$0	$0						
Apr-27			$0	$0	$0	$0						
May-27			$0	$0	$0	$0						
Jun-27			$0	$0	$0	$0						
TOTAL	135,517		$4,555	$129,060	$15,184	$3,037				27	27	
			Total Revenue					$151,835	Unduplicated Clients Served			117
								Estimated Cost Per Client:	$1,298			

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	5,763	120,140	7,601	2,012	135,517
Total Monthly Minutes of Services (Average)	480	10012	633	168	11293
Dosage (minutes) per client per month	5	111	7	2	125
Dosage (hours) per client per month	0.09	1.85	0.12	0.03	2.09

Total Hours Per Unduplicated Client for Duration of the Program: 25.10

Avg Monthly Census	Expected Length of Program (months)
90	12

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (9 Months)
October 1, 2025 - June 30, 2026

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	**Distribution %**		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		11,809	334,577	39,362	7,872	0	393,620
3		BENEFITS		2,244	63,570	7,479	1,496	0	74,789
		(2+3 must equal total staffing costs)		14,052	398,147	46,841	9,368	0	468,408
4		OPERATING EXPENSES		5,662	160,415	18,872	3,774	0	188,724
5		TOTAL EXPENSES (2+3+4)		19,714	558,562	65,713	13,143	0	657,132
		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
11		CONTRACT AMOUNT (5-10)		19,714	558,562	65,713	13,143	0	657,132
	Mix %	**FUNDING**	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	9,273	262,748	30,911	6,182	0	309,114
13	3.08%	EPSDT (2011 Realignment)	36.03%	206	5,832	686	137	0	6,861
14		1991 Realignment Match	13.97%	9,068	256,915	30,226	6,046	0	302,255
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		1,167	33,067	3,890	778	0	38,902
17		FUNDING TOTAL		19,714	558,562	65,713	13,143	0	657,132
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		10,441	295,814	34,802	6,961	0	348,018
20		FEDERAL FUNDING		9,273	262,748	30,911	6,182	0	309,114
21		TOTAL FUNDING		19,714	558,562	65,713	13,143	0	657,132
22		TARGET COST PER UNIT OF SERVICE		$2.39	$3.25	$6.04	$4.57	$0.00	
23		UNITS OF TIME (Minutes)		8,247	171,940	10,884	2,878	0	193,949

APPROVED:

Gil A. Garcia	02/18/2025	Thelma Rodriguez	02/19/2025	Heather L. Louer	02/19/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

ATTACHMENT III

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL

FY 2025 - 2026

October 1, 2025 - June 30, 2026 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	27.0%	36,146		30,375	5,771	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	65.0%	60,208		50,595	9,613	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	300.0%	222,902		187,313	35,590	3.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	16.0%	11,888		9,990	1,898	0.16
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	8.0%	6,737		5,661	1,076	0.00
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	32.0%	20,278		17,040	3,238	0.32
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	32.0%	14,851		12,480	2,372	0.00
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	64.0%	31,416		26,400	5,016	0.00
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	27.0%	15,037		12,636	2,401	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	16.0%	8,140		6,840	1,300	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	32.0%	14,851		12,480	2,372	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	2.8%	2,749		2,310	439	0.00
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	17.0%	0		0	0	0.17
							0		0		0	0	0.00
							0		0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
											393,620	74,789	4.15

TOTAL COST:	468,407

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2025 - June 30, 2026

(9 Months)

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$870	0%	$0	100%	$870	0	870
2	Computer & Equipment Expenses	$3,158	0%	$0	100%	$3,158		3,158
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$2,771	0%	$0	100%	$2,771		2,771
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$7,916	0%	$0	100%	$7,916		7,916
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$783	0%	$0	100%	$783		783
10	Office Space/Occupancy	$16,776	0%	$0	100%	$16,776		16,776
11	Program Expense: Other	$2,850	0%	$0	100%	$2,850		2,850
12	Subcontractors (Psychiatrists)	$66,300	0%	$0	100%	$66,300		66,300
13	Telephone & Internet	$4,693	0%	$0	100%	$4,693		4,693
14	Training & Training Travel	$1,500	0%	$0	100%	$1,500		1,500
15	Transportation Expense	$406	0%	$0	100%	$406		406
16	Indirect Expense	$80,701	0%	$0	100%	$80,701		80,701
SUBTOTAL B:		$188,724		$0		$188,724	0	188,724
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$657,131	0	657,131

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2025 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programm FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item .
12 Subcontractors (Psychiatrists)	Budgeted for 0.17 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $66,300 for psychiatrists is includiind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are adminstrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Upland)
Agency Per Min Rates:	$2.34	$3.18	$5.91	$4.47	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$2.39	$3.25	$4.57	$4.57	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		115
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	0		$0	$0	$0	$0						
Aug-25	0		$0	$0	$0	$0						
Sep-25	0		$0	$0	$0	$0						
Oct-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				13	13	115
Nov-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				13	13	115
Dec-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				13	13	115
Jan-26	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
Feb-26	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
Mar-26	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
Apr-26	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
May-26	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
Jun-26	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
TOTAL	193,949		$19,714	$558,562	$65,713	$13,143				123	123	
			Total Revenue					$657,132	Unduplicated Clients Served			238
									Estimated Cost Per Client:	$2,761		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	8,247	171,940	10,884	2,878	193,949
Total Monthly Minutes of Services (Average)	687	14328	907	240	16162
Dosage (minutes) per client per month	6	125	8	2	141
Dosage (hours) per client per month	0.10	2.08	0.13	0.03	2.34

Avg Monthly Census	Expected Length of Program (months)
115	12

Total Hours Per Unduplicated Client for Duration of the Program: 28.11

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2026 - 2027 (3 Months)
July 1, 2026 - September 30, 2026

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		2,643	74,883	8,810	1,762	0	88,098
3		BENEFITS		502	14,228	1,674	335	0	16,739
		(2+3 must equal total staffing costs)		3,145	89,111	10,484	2,097	0	104,836
4		OPERATING EXPENSES		1,485	42,083	4,951	990	0	49,509
5		TOTAL EXPENSES (2+3+4)		4,630	131,193	15,435	3,087	0	154,345
		AGENCY REVENUES							
6		PATIENT FEES							0
7		PATIENT INSURANCE							0
8		MEDI-CAL							0
9		GRANTS/OTHER							0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		4,630	131,193	15,435	3,087	0	154,345
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	2,178	61,713	7,260	1,452	0	72,603
13	3.08%	EPSDT (2011 Realignment)	36.03%	48	1,370	161	32	0	1,611
14		1991 Realignment Match	13.97%	2,130	60,344	7,100	1,420	0	70,994
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		274	7,767	914	183	0	9,137
17		FUNDING TOTAL		4,630	131,193	15,435	3,087	0	154,345
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		2,452	69,480	8,175	1,635	0	81,742
20		FEDERAL FUNDING		2,178	61,713	7,260	1,452	0	72,603
21		TOTAL FUNDING		4,630	131,193	15,435	3,087	0	154,345
22		TARGET COST PER UNIT OF SERVICE		$0.79	$1.08	$2.00	$1.51	$0.00	
23		UNITS OF TIME (Minutes)		5,842	121,797	7,706	2,040	0	137,386

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather P. Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

ATTACHMENT III

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2026 - 2027
July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	35.0%	10,807		9,081	1,726
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	12.0%	2,972		2,498	475
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	1,684		1,415	269
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	4,858		4,083	776
TBD		Program Admin Assist	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	46.0%	7,527		6,325	1,202
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474
TBD		QA Support	N	D	57,000	10,830	67,830	12.0%	2,035		1,710	325
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73
TBD	MD	Subcontracted Psychiat	Y	C	520,000	0	520,000	9.0%	0		0	0
							0		0		0	0
							0		0		0	0
							0		0		0	0
							0		0		0	0
							0		0		0	0
							0		0		0	0
											88,098	16,739

TOTAL COST:	104,836

*Clinical Therapist are contracted employees that are part time but 85% their time is towards the MH services

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

[1] **Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position** [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] **Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.**

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2027

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. García
Title: CFO

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, 2026 - September 30, 2026

	ITEM	TOTAL COST TO ORGANIZATION (3 Months)	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$111	0%	$0	100%	$111	0	111
2	Computer & Equipment Expenses	$302	0%	$0	100%	$302		302
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$660	0%	$0	100%	$660		660
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$1,458	0%	$0	100%	$1,458		1,458
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$1,365	0%	$0	100%	$1,365		1,365
10	Office Space/Occupancy	$11,376	0%	$0	100%	$11,376		11,376
11	Program Expense: Other	$1,283	0%	$0	100%	$1,283		1,283
12	Subcontractors (Psychiatrists)	$11,700	0%	$0	100%	$11,700		11,700
13	Telephone & Internet	$2,009	0%	$0	100%	$2,009		2,009
14	Training & Training Travel	$250	0%	$0	100%	$250		250
15	Transportation Expense	$40	0%	$0	100%	$40		40
16	Indirect Expense	$18,955	0%	$0	100%	$18,955		18,955
SUBTOTAL B:		$49,509		$0		$49,509	0	49,509
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$154,345	0	154,345

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026 - 2027

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2026 - September 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility,
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15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2027
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Chino)
Agency Per Min Rates:	$2.20	$2.99	$5.56	$4.20	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$0.79	$1.08	$1.51	$1.51	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type: Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Clients Served: Starting Census: Admissions (Episodes Opened)	Discharges (Episodes Closed)	90 Monthly Census
Jul-26	45,795	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Aug-26	45,795	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Sep-26	45,795	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Oct-26			$0	$0	$0	$0						
Nov-26			$0	$0	$0	$0						
Dec-26			$0	$0	$0	$0						
Jan-27			$0	$0	$0	$0						
Feb-27			$0	$0	$0	$0						
Mar-27			$0	$0	$0	$0						
Apr-27			$0	$0	$0	$0						
May-27			$0	$0	$0	$0						
Jun-27			$0	$0	$0	$0						
TOTAL	137,386		$4,630	$131,193	$15,435	$3,087				30	30	
			Total Revenue					$154,345	Unduplicated Clients Served			120
								Estimated Cost Per Client:		$1,286		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	5,842	121,797	7,706	2,040	137,386
Total Monthly Minutes of Services (Average)	487	10150	642	170	11449
Dosage (minutes) per client per month	5	113	7	2	127
Dosage (hours) per client per month	0.09	1.88	0.12	0.03	2.12

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.44

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2024 - 2025 (9 Months)
October 1, 2024 - June 30, 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		8,248	233,679	27,492	5,498	0	274,917
3		BENEFITS		1,567	44,398	5,223	1,045	0	52,233
		(2+3 must equal total staffing costs)		9,815	278,078	32,715	6,543	0	327,150
4		OPERATING EXPENSES		6,980	197,759	23,266	4,653	0	232,658
5		TOTAL EXPENSES (2+3+4)		16,794	475,837	55,981	11,196	0	559,808
		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
11		CONTRACT AMOUNT (5-10)		16,794	475,837	55,981	11,196	0	559,808
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	7,900	223,834	26,333	5,267	0	263,334
13	3.08%	EPSDT (2011 Realignment)	30.03%	175	4,968	584	117	0	5,844
14		1991 Realignment Match	13.97%	7,725	218,865	25,750	5,149	0	257,489
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		994	28,170	3,314	663	0	33,141
17		FUNDING TOTAL		16,794	475,837	55,981	11,196	0	559,808
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		8,894	252,003	29,648	5,929	0	296,474
20		FEDERAL FUNDING		7,900	223,834	26,333	5,267	0	263,334
21		TOTAL FUNDING		16,794	475,837	55,981	11,196	0	559,808
22		TARGET COST PER UNIT OF SERVICE		$2.75	$3.74	$6.95	$5.26	$0.00	
23		UNITS OF TIME (Minutes)		6,101	127,194	8,052	2,129	0	143,475

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather L. Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2024 - 2025

October 1, 2024 - June 30, 2025 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	46,314		38,919	7,395	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	8,173		6,868	1,305	0.11
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	5,052		4,246	807	0.00
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	14,575		12,248	2,327	0.23
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704	0.00
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	46.0%	22,580		18,975	3,605	0.00
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	5,596		4,703	893	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	219	0.00
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	23.0%	0		0	0	0.23
							0		0		0	0	0.00
							0		0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
											274,817	52,233	3.07

TOTAL COST:	327,149

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2024 - June 30, 2025

	ITEM	TOTAL COST TO ORGANIZATION (9 Months)	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$1,172	0%	$0	100%	$1,172	0	1,172
2	Computer & Equipment Expenses	$1,706	0%	$0	100%	$1,706		1,706
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$2,745	0%	$0	100%	$2,745		2,745
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$9,144	0%	$0	100%	$9,144		9,144
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$4,036	0%	$0	100%	$4,036		4,036
10	Office Space/Occupancy	$43,229	0%	$0	100%	$43,229		43,229
11	Program Expense: Other	$3,891	0%	$0	100%	$3,891		3,891
12	Subcontractors (Psychiatrists)	$89,700	0%	$0	100%	$89,700		89,700
13	Telephone & Internet	$6,480	0%	$0	100%	$6,480		6,480
14	Training & Training Travel	$1,125	0%	$0	100%	$1,125		1,125
15	Transportation Expense	$679	0%	$0	100%	$679		679
16	Indirect Expense	$68,751	0%	$0	100%	$68,751		68,751
SUBTOTAL B:		$232,658		$0		$232,658	0	232,658
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$559,807	0	559,807

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

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP#: #24-174 & 24-176 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programm FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item .
12 Subcontractors (Psychiatrists)	Budgeted for 0.23 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $89,700 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are adminstrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

ATTACHMENT III

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

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	$2.34	$3.18	$5.91	$4.47
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells				
Target Cost Per Unit of Service	$2.75	$3.74	$5.26	$5.26

Contractor Name:	South Coast Children's Society
Provider #	
Contract/RFP#:	#24-174 & 24-178 (Redlands)
Address:	25910 Acero, Suite 160
	Mission Viejo, CA 92691
Date Form Completed:	1/29/2025
Date Form Revised:	2/18/2025

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		
										Starting Census		90
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	0		$0	$0	$0	$0						
Aug-24	0		$0	$0	$0	$0						
Sep-24	0		$0	$0	$0	$0						
Oct-24	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Nov-24	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Dec-24	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Jan-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Feb-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Mar-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Apr-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
May-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Jun-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
TOTAL	143,475		$16,794	$475,837	$55,981	$11,196				108	108	
			Total Revenue					$559,808	Unduplicated Clients Served			198
									Estimated Cost Per Client:	$2,827		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	6,101	127,194	8,052	2,129	143,475
Total Monthly Minutes of Services (Average)	508	10599	671	177	11956
Dosage (minutes) per client per month	6	118	7	2	133
Dosage (hours) per client per month	0.09	1.96	0.12	0.03	2.21

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 26.57

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (9 Months)
October 1, 2025 - June 30, 2026

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		7,929	224,649	26,429	5,286	0	264,293
3		BENEFITS		1,506	42,684	5,022	1,004	0	50,216
		(2+3 must equal total staffing costs)		9,435	267,332	31,451	6,290	0	314,509
4		OPERATING EXPENSES		4,456	126,248	14,853	2,971	0	148,527
5		TOTAL EXPENSES (2+3+4)		13,891	393,580	46,304	9,261	0	463,036
		AGENCY REVENUES							
6		PATIENT FEES							0
7		PATIENT INSURANCE							0
8		MEDI-CAR							0
9		GRANTS/OTHER							0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		13,891	393,580	46,304	9,261	0	463,036
	Mx %	**FUNDING**	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	6,534	185,140	21,781	4,356	0	217,811
13	3.08%	EPSDT (2011 Realignment)	36.03%	145	4,109	483	97	0	4,834
14		1991 Realignment Match	13.97%	6,390	181,031	21,298	4,259	0	212,979
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		822	23,300	2,741	548	0	27,412
17		FUNDING TOTAL		13,891	393,580	46,304	9,261	0	463,036
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		7,357	208,440	24,523	4,905	0	245,225
20		FEDERAL FUNDING		6,534	185,140	21,781	4,356	0	217,811
21		TOTAL FUNDING		13,891	393,580	46,304	9,261	0	463,036
22		TARGET COST PER UNIT OF SERVICE		$2.38	$3.23	$6.01	$4.54	$0.00	
23		UNITS OF TIME (Minutes)		5,842	121,808	7,711	2,039	0	137,400

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather L Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2025 - 2026
October 1, 2025 - June 30, 2026 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	35.0%	32,420		27,244	5,177	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	12.0%	8,916		7,493	1,424	0.12
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	5,052		4,246	807	0.00
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	14,575		12,248	2,327	0.23
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704	0.00
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	46.0%	22,580		18,975	3,605	0.00
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	12.0%	6,105		5,130	975	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220	0.00
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	9.0%	0		0	0	0.09
							0		0		0	0	0.00
							0		0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
											264,293	50,216	2.94

TOTAL COST:	314,508

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fil CFR 200.413 (c)(1)-(4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2025 - June 30, 2026

	ITEM	TOTAL COST TO ORGANIZATION (9 Months)	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$332	0%	$0	100%	$332	0	332
2	Computer & Equipment Expenses	$907	0%	$0	100%	$907		907
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$1,981	0%	$0	100%	$1,981		1,981
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$4,373	0%	$0	100%	$4,373		4,373
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$4,096	0%	$0	100%	$4,096		4,096
10	Office Space/Occupancy	$34,128	0%	$0	100%	$34,128		34,128
11	Program Expense: Other	$3,850	0%	$0	100%	$3,850		3,850
12	Subcontractors (Psychiatrists)	$35,100	0%	$0	100%	$35,100		35,100
13	Telephone & Internet	$6,027	0%	$0	100%	$6,027		6,027
14	Training & Training Travel	$750	0%	$0	100%	$750		750
15	Transportation Expense	$119	0%	$0	100%	$119		119
16	Indirect Expense	$56,864	0%	$0	100%	$56,864		56,864
SUBTOTAL B:		$148,527		$0		$148,527	0	148,527
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$463,035	0	463,035

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2025 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programm FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item .
12 Subcontractors (Psychiatrists)	Budgeted for 0.09 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $35,100 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)	sbdbh				Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Chino)
Agency Per Min Rates:	$2.34	$3.18	$5.91	$4.47	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$2.38	$3.23	$4.54	$4.54	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		90
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	0		$0	$0	$0	$0						
Aug-25	0		$0	$0	$0	$0						
Sep-25	0		$0	$0	$0	$0						
Oct-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Nov-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Dec-25	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Jan-26	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Feb-26	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Mar-26	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Apr-26	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
May-26	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Jun-26	15,267	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
TOTAL	137,400		$13,891	$393,580	$46,304	$9,261				90	90	
			Total Revenue					$463,036	Unduplicated Clients Served			180
									Estimated Cost Per Client:	$2,572		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	5,842	121,808	7,711	2,039	**137,400**
Total Monthly Minutes of Services (Average)	487	10151	643	170	**11450**
Dosage (minutes) per client per month	5	113	7	2	**127**
Dosage (hours) per client per month	0.09	1.88	0.12	0.03	**2.12**

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.44

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2024 - 2025 (9 Months)
October 1, 2024 - June 30, 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160, Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		11,809	334,577	39,362	7,872	0	393,620
3		BENEFITS		2,244	63,570	7,479	1,496	0	74,789
		(2+3 must equal total staffing costs)		14,052	398,147	46,841	9,368	0	468,408
4		OPERATING EXPENSES		5,662	160,415	18,872	3,774	0	188,724
5		TOTAL EXPENSES (2+3+4)		19,714	558,562	65,713	13,143	0	657,132
		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
11		CONTRACT AMOUNT (5-10)		19,714	558,562	65,713	13,143	0	657,132
	Mix %	**FUNDING**	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	9,273	262,748	30,911	6,182	0	309,114
13	3.08%	EPSDT (2011 Realignment)	36.03%	206	5,832	686	137	0	6,861
14		1991 Realignment Match	13.97%	9,068	256,915	30,226	6,046	0	302,255
15				0	0	0	0	0	0
16	5.92%	**1991 Realignment - Net County**		1,167	33,067	3,890	778	0	38,902
17		FUNDING TOTAL		19,714	558,562	65,713	13,143	0	657,132
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		10,441	295,814	34,802	6,961	0	348,018
20		FEDERAL FUNDING		9,273	262,748	30,911	6,182	0	309,114
21		TOTAL FUNDING		19,714	558,562	65,713	13,143	0	657,132
22		TARGET COST PER UNIT OF SERVICE		$2.39	$3.25	$6.04	$4.57	$0.00	
23		UNITS OF TIME (Minutes)		8,247	171,940	10,884	2,878	0	193,949

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2024 - 2025

October 1, 2024 - June 30, 2025 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	27.0%	36,146		30,375	5,771	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	65.0%	60,208		50,595	9,613	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	300.0%	222,902		187,313	35,590	3.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	16.0%	11,888		9,990	1,898	0.16
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	8.0%	6,737		5,661	1,076	0.00
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	32.0%	20,278		17,040	3,238	0.32
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	32.0%	14,851		12,480	2,372	0.00
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	64.0%	31,416		26,400	5,016	0.00
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	27.0%	15,037		12,636	2,401	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	16.0%	8,140		6,840	1,300	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	32.0%	14,851		12,480	2,372	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	2.8%	2,749		2,310	439	0.00
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	17.0%	0		0	0	0.17
							0		0		0	0	0.00
							0		0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
											393,620	74,789	4.15

TOTAL COST:	468,407

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fit CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2024 - June 30, 2025

	ITEM	TOTAL COST TO ORGANIZATION (9 Months)	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$870	0%	$0	100%	$870	0	870
2	Computer & Equipment Expenses	$3,158	0%	$0	100%	$3,158		3,158
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$2,771	0%	$0	100%	$2,771		2,771
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$7,916	0%	$0	100%	$7,916		7,916
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$783	0%	$0	100%	$783		783
10	Office Space/Occupancy	$16,776	0%	$0	100%	$16,776		16,776
11	Program Expense: Other	$2,850	0%	$0	100%	$2,850		2,850
12	Subcontractors (Psychiatrists)	$66,300	0%	$0	100%	$66,300		66,300
13	Telephone & Internet	$4,693	0%	$0	100%	$4,693		4,693
14	Training & Training Travel	$1,500	0%	$0	100%	$1,500		1,500
15	Transportation Expense	$406	0%	$0	100%	$406		406
16	Indirect Expense	$80,701	0%	$0	100%	$80,701		80,701
SUBTOTAL B:		$188,724		$0		$188,724	0	188,724
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$657,131	0	657,131

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

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Upland)
Address: 25910 Acero, Suite 160
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Title: CFO

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.

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
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3 Dues & Publications	N/A
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ATTACHMENT III

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

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Upland)
Agency Per Min Rates:	$2.34	$3.18	$5.91	$4.47	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$2.39	$3.25	$4.57	$4.57	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		115
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	0		$0	$0	$0	$0						
Aug-24	0		$0	$0	$0	$0						
Sep-24	0		$0	$0	$0	$0						
Oct-24	21,550	4.15	$2,190	$62,062	$7,301	$1,460				13	13	115
Nov-24	21,550	4.15	$2,190	$62,062	$7,301	$1,460				13	13	115
Dec-24	21,550	4.15	$2,190	$62,062	$7,301	$1,460				13	13	115
Jan-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
Feb-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
Mar-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
Apr-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
May-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
Jun-25	21,550	4.15	$2,190	$62,062	$7,301	$1,460				14	14	115
TOTAL	193,949		$19,714	$558,562	$65,713	$13,143				123	123	
			Total Revenue					$657,132	**Unduplicated Clients Served**			238
									Estimated Cost Per Client:	$2,761		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	8,247	171,940	10,884	2,878	193,949
Total Monthly Minutes of Services (Average)	687	14328	907	240	16162
Dosage (minutes) per client per month	6	125	8	2	141
Dosage (hours) per client per month	0.10	2.08	0.13	0.03	2.34

Avg Monthly Census	Expected Length of Program (months)
115	12

Total Hours Per Unduplicated Client for Duration of the Program: 28.11

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (9 Months)
October 1, 2025 - June 30, 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

Prepared by: Gil A. Garcia
Title: CFO

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	**Distribution %**		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		8,248	233,679	27,492	5,498	0	274,917
3		BENEFITS		1,567	44,399	5,223	1,045	0	52,235
		(2+3 must equal total staffing costs)		9,815	278,079	32,715	6,543	0	327,152
4		OPERATING EXPENSES		6,980	197,756	23,265	4,653	0	232,654
5		TOTAL EXPENSES (2+3+4)		16,794	475,835	55,981	11,196	0	559,806
		AGENCY REVENUES							
6		PATIENT FEES							0
7		PATIENT INSURANCE							0
8		MEDI-CAL							0
9		GRANTS/OTHER							0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		16,794	475,835	55,981	11,196	0	559,806
	Mix %	**FUNDING**	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	7,900	223,833	26,333	5,267	0	263,333
13	3.08%	EPSDT (2011 Realignment)	36.03%	175	4,968	584	117	0	5,844
14		1991 Realignment Match	13.97%	7,725	218,864	25,750	5,149	0	257,488
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		994	28,169	3,314	663	0	33,140
17		FUNDING TOTAL		16,794	475,835	55,981	11,196	0	559,806
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		8,894	252,002	29,648	5,929	0	296,473
20		FEDERAL FUNDING		7,900	223,833	26,333	5,267	0	263,333
21		TOTAL FUNDING		16,794	475,835	55,981	11,196	0	559,806
22		TARGET COST PER UNIT OF SERVICE		$2.75	$3.74	$6.95	$5.26	$0.00	
23		UNITS OF TIME (Minutes)		6,101	127,194	8,052	2,129	0	143,475

APPROVED:

	02/18/2025	Thelma Rodriguez	02/19/2025	Heather Louer	02/20/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2025 - 2026
October 1, 2025 - June 30, 2026 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	46,314		38,920	7,395	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	8,173		6,869	1,305	0.11
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	5,052		4,246	807	0.00
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	14,575		12,248	2,327	0.23
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704	0.00
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	46.0%	22,580		18,975	3,605	0.00
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	5,596		4,703	893	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	10,674		8,970	1,704	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220	0.00
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	23.0%	0		0	0	0.23
							0		0		0	0	0.00
							0		0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
											274,917	52,235	3.07

TOTAL COST:	327,150

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2025 - June 30, 2026

	ITEM	TOTAL COST TO ORGANIZATION (9 Months)	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$1,172	0%	$0	100%	$1,172	0	1,172
2	Computer & Equipment Expenses	$1,706	0%	$0	100%	$1,706		1,706
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$2,745	0%	$0	100%	$2,745		2,745
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$9,144	0%	$0	100%	$9,144		9,144
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$4,036	0%	$0	100%	$4,036		4,036
10	Office Space/Occupancy	$43,228	0%	$0	100%	$43,228		43,228
11	Program Expense: Other	$3,891	0%	$0	100%	$3,891		3,891
12	Subcontractors (Psychiatrists)	$89,700	0%	$0	100%	$89,700		89,700
13	Telephone & Internet	$6,480	0%	$0	100%	$6,480		6,480
14	Training & Training Travel	$1,125	0%	$0	100%	$1,125		1,125
15	Transportation Expense	$679	0%	$0	100%	$679		679
16	Indirect Expense	$68,748	0%	$0	100%	$68,748		68,748
SUBTOTAL B:		$232,654		$0		$232,654	0	232,654
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$559,804	0	559,804

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2025 - June 30, 2026

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programm FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item .
12 Subcontractors (Psychiatrists)	Budgeted for 0.23 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $89,700 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Redlands)
Agency Per Min Rates:	$2.34	$3.18	$5.91	$4.47	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$2.75	$3.74	$5.26	$5.26	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		90
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	0		$0	$0	$0	$0						
Aug-25	0		$0	$0	$0	$0						
Sep-25	0		$0	$0	$0	$0						
Oct-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Nov-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Dec-25	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Jan-26	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Feb-26	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Mar-26	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Apr-26	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
May-26	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
Jun-26	15,942	3.07	$1,866	$52,871	$6,220	$1,244				12	12	90
TOTAL	143,475		$16,794	$475,835	$55,981	$11,196				108	108	
			Total Revenue					$559,806	Unduplicated Clients Served			198
									Estimated Cost Per Client:	$2,827		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	6,101	127,194	8,052	2,129	143,475
Total Monthly Minutes of Services (Average)	508	10599	671	177	11956
Dosage (minutes) per client per month	6	118	7	2	133
Dosage (hours) per client per month	0.09	1.96	0.12	0.03	2.21

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 26.57

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2024 - 2025 (9 Months)
October 1, 2024 - June 30, 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		8,162	231,261	27,207	5,441	0	272,072
3		BENEFITS		1,551	43,940	5,169	1,034	0	51,695
		(2+3 must equal total staffing costs)		9,713	275,202	32,377	6,475	0	323,767
4		OPERATING EXPENSES		3,952	111,979	13,174	2,635	0	131,740
5		TOTAL EXPENSES (2+3+4)		13,665	387,181	45,551	9,110	0	455,507
		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
11		CONTRACT AMOUNT (5-10)		13,665	387,181	45,551	9,110	0	455,507
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	6,428	182,130	21,427	4,285	0	214,270
13	3.08%	EPSDT (2011 Realignment)	36.03%	143	4,042	476	95	0	4,756
14		1991 Realignment Match	13.97%	6,285	178,088	20,951	4,191	0	209,515
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		809	22,921	2,697	539	0	26,966
17		FUNDING TOTAL		13,665	387,181	45,551	9,110	0	455,507
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		7,237	205,051	24,124	4,825	0	241,237
20		FEDERAL FUNDING		6,428	182,130	21,427	4,285	0	214,270
21		TOTAL FUNDING		13,665	387,181	45,551	9,110	0	455,507
22		TARGET COST PER UNIT OF SERVICE		$2.37	$3.22	$5.99	$4.53	$0.00	
23		UNITS OF TIME (Minutes)		5,763	120,151	7,606	2,011	0	135,531

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather P. Louer	02/18/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2024 - 2026

October 1, 2024 - June 30, 2025 (9 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	21,420		18,000	3,420	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	46,314		38,920	7,395	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	148,601		124,875	23,726	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	11.0%	8,173		6,869	1,305	0.11
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	5.0%	4,210		3,539	672	0.00
TBD		Mental Health Specialist	Y	D	52,000	9,880	61,880	50.0%	23,205		19,500	3,705	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	22.0%	13,941		11,715	2,226	0.22
TBD		Program Admin Assistant	N	D	52,000	9,880	61,880	22.0%	10,210		8,580	1,631	0.00
TBD		Client Care Coordinator	N	D	55,000	10,450	65,450	44.0%	21,599		18,150	3,449	0.00
TBD		Medi-Cal Billing Analyst	N	D	62,400	11,856	74,256	16.0%	8,911		7,488	1,423	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	5,596		4,703	893	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	22.0%	10,210		8,580	1,631	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	1,374		1,155	220	0.00
TBD	MD	Subcontracted Psychiatrist	Y	C	520,000	0	520,000	7.0%	0		0	0	0.07
							0		0		0	0	0.00
							0		0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
									0		0	0	0.00
											272,072	51,695	2.90

TOTAL COST:	323,765

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2024 - June 30, 2025

	ITEM	TOTAL COST TO ORGANIZATION (9 Months)	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$1,370	0%	$0	100%	$1,370	0	1,370
2	Computer & Equipment Expenses	$826	0%	$0	100%	$826		826
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$1,620	0%	$0	100%	$1,620		1,620
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$3,361	0%	$0	100%	$3,361		3,361
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$4,114	0%	$0	100%	$4,114		4,114
10	Office Space/Occupancy	$30,902	0%	$0	100%	$30,902		30,902
11	Program Expense: Other	$2,537	0%	$0	100%	$2,537		2,537
12	Subcontractors (Psychiatrists)	$27,300	0%	$0	100%	$27,300		27,300
13	Telephone & Internet	$2,969	0%	$0	100%	$2,969		2,969
14	Training & Training Travel	$750	0%	$0	100%	$750		750
15	Transportation Expense	$52	0%	$0	100%	$52		52
16	Indirect Expense	$55,939	0%	$0	100%	$55,939		55,939
SUBTOTAL B:		$131,740		$0		$131,740	0	131,740
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$455,505	0	455,505

ATTACHMENT III

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

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-175 (Yucaipa)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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.

October 1, 2024 - June 30, 2025

	ITEM	Justification of Cost
1	Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2	Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ
3	Dues & Publications	N/A
4	EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs.
5	Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6	Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours.
7	Interest Expense	N/A
8	Leased Vehicle Expense	N/A
9	Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10	Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determing factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program.
11	Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item .
12	Subcontractors (Psychiatrists)	Budgeted for 0.07 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $27,300 for psychiatrists is includind on Staffing tab.
13	Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14	Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15	Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings.
16	Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are adminstrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs.

ATTACHMENT III

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

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Yucaipa)
Agency Per Min Rates:	$2.34	$3.18	$5.91	$4.47	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$2.37	$3.22	$4.53	$4.53	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		90
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	0		$0	$0	$0	$0						
Aug-24	0		$0	$0	$0	$0						
Sep-24	0		$0	$0	$0	$0						
Oct-24	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Nov-24	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Dec-24	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Jan-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Feb-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Mar-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Apr-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
May-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
Jun-25	15,059	2.90	$1,518	$43,020	$5,061	$1,012				9	9	90
TOTAL	135,531		$13,665	$387,181	$45,551	$9,110				81	81	
			Total Revenue					$455,507	Unduplicated Clients Served			171
								Estimated Cost Per Client:		$2,664		

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	5,763	120,151	7,606	2,011	**135,531**
Total Monthly Minutes of Services (Average)	480	10013	634	168	**11294**
Dosage (minutes) per client per month	5	111	7	2	**125**
Dosage (hours) per client per month	0.09	1.85	0.12	0.03	**2.09**

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.10

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (3 Months)
July 1, 2025 - September 30, 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2	-	SALARIES		2,643	74,883	8,810	1,762	0	88,098
3		BENEFITS		502	14,228	1,674	335	0	16,739
		(2+3 must equal total staffing costs)		3,145	89,111	10,484	2,097	0	104,836
4		OPERATING EXPENSES		1,485	42,083	4,951	990	0	49,509
5		TOTAL EXPENSES (2+3+4)		4,630	131,193	15,435	3,087	0	154,345
		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
11		CONTRACT AMOUNT (5-10)		4,630	131,193	15,435	3,087	0	154,345
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	2,178	61,713	7,260	1,452	0	72,603
13	3.08%	EPSDT (2011 Realignment)	36.03%	48	1,370	161	32	0	1,611
14		1991 Realignment Match	13.97%	2,130	60,344	7,100	1,420	0	70,994
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		274	7,767	914	183	0	9,137
17		FUNDING TOTAL		4,630	131,193	15,435	3,087	0	154,345
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		2,452	69,480	8,175	1,635	0	81,742
20		FEDERAL FUNDING		2,178	61,713	7,260	1,452	0	72,603
21		TOTAL FUNDING		4,630	131,193	15,435	3,087	0	154,345
22		TARGET COST PER UNIT OF SERVICE		$0.79	$1.08	$2.00	$1.51	$0.00	
23		UNITS OF TIME (Minutes)		5,842	121,797	7,706	2,040	0	137,386

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
	02/18/2025	Thelma Rodriguez	02/19/2025	Heather Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2025 - 2026
July 1, 2025 - September 30, 2025 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	35.0%	10,807		9,081	1,726	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909	2.00
TBD	LMFT/LCSW/A	Clinical Assessor	Y	D	83,250	15,818	99,068	12.0%	2,972		2,498	475	0.12
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	1,684		1,415	269	0.00
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	4,858		4,083	776	0.23
TBD		Program Admin Assista	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568	0.00
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	46.0%	7,527		6,325	1,202	0.00
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	12.0%	2,035		1,710	325	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73	0.00
TBD	MD	Subcontracted Psychiat	Y	C	520,000	0	520,000	9.0%	0		0	0	0.09
							0		0		0	0	0.00
							0		0		0	0	0.00
							0		0		0	0	0.00
							0		0		0	0	0.00
							0		0		0	0	0.00
							0		0		0	0	0.00
											$8,098	16,739	2.94

TOTAL COST:	104,836

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

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

[1] **Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position** [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] **Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.**

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2025 - September 30, 2025

(3 Months)

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$111	0%	$0	100%	$111	0	111
2	Computer & Equipment Expenses	$302	0%	$0	100%	$302		302
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$660	0%	$0	100%	$660		660
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$1,458	0%	$0	100%	$1,458		1,458
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$1,365	0%	$0	100%	$1,365		1,365
10	Office Space/Occupancy	$11,376	0%	$0	100%	$11,376		11,376
11	Program Expense: Other	$1,283	0%	$0	100%	$1,283		1,283
12	Subcontractors (Psychiatrists)	$11,700	0%	$0	100%	$11,700		11,700
13	Telephone & Internet	$2,009	0%	$0	100%	$2,009		2,009
14	Training & Training Travel	$250	0%	$0	100%	$250		250
15	Transportation Expense	$40	0%	$0	100%	$40		40
16	Indirect Expense	$18,955	0%	$0	100%	$18,955		18,955
SUBTOTAL B:		$49,509		$0		$49,509	0	49,509
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$154,345	0	154,345

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #24-174 & 24-178 (Chino)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility,
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12 Subcontractors (Psychiatrists)	Budgeted for 0.09 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $11,700 for psychiatrists is includind on Staffing tab.
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15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Chino)
Agency Per Min Rates:	$2.20	$2.99	$5.56	$4.20	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$0.79	$1.08	$1.51	$1.51	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census: Admissions (Episodes Opened)	Discharges (Episodes Closed)	90 Monthly Census
Jul-25	45,795	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Aug-25	45,795	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Sep-25	45,795	2.94	$1,543	$43,731	$5,145	$1,029				10	10	90
Oct-25			$0	$0	$0	$0						
Nov-25			$0	$0	$0	$0						
Dec-25			$0	$0	$0	$0						
Jan-26			$0	$0	$0	$0						
Feb-26			$0	$0	$0	$0						
Mar-26			$0	$0	$0	$0						
Apr-26			$0	$0	$0	$0						
May-26			$0	$0	$0	$0						
Jun-26			$0	$0	$0	$0						
TOTAL	137,386		$4,630	$131,193	$15,435	$3,087				30	30	
			Total Revenue					$154,345		Unduplicated Clients Served		120
								Estimated Cost Per Client:		$1,286		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	5,842	121,797	7,706	2,040	137,386
Total Monthly Minutes of Services (Average)	487	10150	642	170	11449
Dosage (minutes) per client per month	5	113	7	2	127
Dosage (hours) per client per month	0.09	1.88	0.12	0.03	2.12

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 25.44

ATTACHMENT III

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (3 Months)
July 1, 2025 - September 30, 2025

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP#: #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025
Date Form Revised: 2/18/2025

Prepared by: Gil A. Garcia
Title: CFO

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		3.00%	85.00%	10.00%	2.00%		
		EXPENSES							
2		SALARIES		2,749	77,893	9,164	1,833	0	91,639
3		BENEFITS		522	14,800	1,741	348	0	17,412
		(2+3 must equal total staffing costs)		3,272	92,693	10,905	2,181	0	109,051
4		OPERATING EXPENSES		2,247	63,663	7,490	1,498	0	74,898
5		TOTAL EXPENSES (2+3+4)		5,518	156,356	18,395	3,679	0	183,949
		AGENCY REVENUES							
6		PATIENT FEES							0
7		PATIENT INSURANCE							0
8		MEDI-CAL							0
9		GRANTS/OTHER							0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		5,518	156,356	18,395	3,679	0	183,949
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	2,596	73,550	8,653	1,731	0	86,530
13	3.08%	EPSDT (2011 Realignment)	36.03%	58	1,632	192	38	0	1,920
14		1991 Realignment Match	13.97%	2,538	71,918	8,461	1,692	0	84,609
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		327	9,256	1,089	218	0	10,890
17		FUNDING TOTAL		5,518	156,356	18,395	3,679	0	183,949
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		2,922	82,806	9,742	1,948	0	97,419
20		FEDERAL FUNDING		2,596	73,550	8,653	1,731	0	86,530
21		TOTAL FUNDING		5,518	156,356	18,395	3,679	0	183,949
22		TARGET COST PER UNIT OF SERVICE		$0.90	$1.23	$2.29	$1.73	$0.00	
23		UNITS OF TIME (Minutes)		6,101	127,183	8,046	2,130	0	143,461

APPROVED:

PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Gil A. Garcia	02/18/2025	Thelma Rodriguez	02/19/2025	Heather P. Louer	02/20/2025
Gil A. Garcia		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
CFO		Administrative Supervisor I		DBH FISCAL	Roger Ma

ATTACHMENT III

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL

FY 2025 - 2026

July 1, 2025 - September 30, 2025 (3 months)

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

CONTRACTOR NAME: South Coast Children's Society

0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE Providing SMHS
TBD	LMFT/LCSW	Program Director	N	D	150,000	28,500	178,500	16.0%	7,140		6,000	1,140	0.00
TBD	LMFT/LCSW	Program Supervisor	N	D	103,785	19,719	123,504	50.0%	15,438		12,973	2,465	0.00
TBD	LMFT/LCSW/A	Clinicians	Y	D	83,250	15,818	99,068	200.0%	49,534		41,625	7,909	2.00
TBD	LMFT/LCSW/A	Clinical Assistan	Y	D	83,250	15,818	99,068	11.0%	2,724		2,290	435	0.11
TBD	LMFT/LCSW/A	Clinical Supervisor	N	D	94,350	17,927	112,277	6.0%	1,684		1,415	269	0.00
TBD		Mental Health Specialis	Y	D	52,000	9,880	61,880	50.0%	7,735		6,500	1,235	0.50
TBD	LPT	Licensed Psych Tech	Y	D	71,000	13,490	84,490	23.0%	4,858		4,083	776	0.23
TBD		Program Admin Assist	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568	0.00
TBD		Client Care Coordinato	N	D	55,000	10,450	65,450	46.0%	7,527		6,325	1,202	0.00
TBD		Medi-Cal Billing Analy	N	D	62,400	11,856	74,256	16.0%	2,970		2,496	474	0.00
TBD		QA Support	N	D	57,000	10,830	67,830	11.0%	1,865		1,568	298	0.00
TBD		Office Coordinator	N	D	52,000	9,880	61,880	23.0%	3,558		2,990	568	0.00
TBD		Financial Analyst	N	D	110,000	20,900	130,900	1.4%	458		385	73	0.00
TBD	MD	Subcontracted Psychiat	Y	C	520,000	0	520,000	23.0%	0		0	0	0.23
							0		0		0	0	0.00
							0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
			Y				0		0		0	0	0.00
											91,639	17,412	3.07

TOTAL COST:	109,050

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2025 - September 30, 2025

(3 Months)

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision: Request Change	Budget Revision: Revised Budget
1	Advertising & Recruitment	$391	0%	$0	100%	$391	0	391
2	Computer & Equipment Expenses	$569	0%	$0	100%	$569		569
3	Dues & Publications	$0	0%	$0	100%	$0		0
4	EHR Support Fees	$915	0%	$0	100%	$915		915
5	Furniture Expense	$0	0%	$0	100%	$0		0
6	Insurance-Liability	$3,048	0%	$0	100%	$3,048		3,048
7	Interest Expense	$0	0%	$0	100%	$0		0
8	Leased Vehicle Expense	$0	0%	$0	100%	$0		0
9	Office Expenses	$1,345	0%	$0	100%	$1,345		1,345
10	Office Space/Occupancy	$12,083	0%	$0	100%	$12,083		12,083
11	Program Expense: Other	$1,297	0%	$0	100%	$1,297		1,297
12	Subcontractors (Psychiatrists)	$29,900	0%	$0	100%	$29,900		29,900
13	Telephone & Internet	$2,160	0%	$0	100%	$2,160		2,160
14	Training & Training Travel	$375	0%	$0	100%	$375		375
15	Transportation Expense	$226	0%	$0	100%	$226		226
16	Indirect Expense	$22,589	0%	$0	100%	$22,589		22,589
SUBTOTAL B:		$74,898		$0		$74,898	0	74,898
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$183,948	0	183,948

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2026

Contractor Name: South Coast Children's Society
Provider #:
Contract/RFP#: #24-174 & 24-178 (Redlands)
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 1/29/2025

Prepared by: Gil A. Garcia
Title: CFO

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, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Advertising & Recruitment	This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment.
2 Computer & Equipment Expenses	Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors,
3 Dues & Publications	N/A
4 EHR Support Fees	Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user.
5 Furniture Expense	Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program.
6 Insurance-Liability	This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability;
7 Interest Expense	N/A
8 Leased Vehicle Expense	N/A
9 Office Expenses	Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year.
10 Office Space/Occupancy	Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the programn FTEs to total FTEs housed in the same facility,
11 Program Expense: Other	Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th
12 Subcontractors (Psychiatrists)	Budgeted for 0.23 FTE of Psychiatrist time at a rate of $250 per hour. The total cost of $29,900 for psychiatrists is includind on Staffing tab.
13 Telephone & Internet	Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email acess.
14 Training & Training Travel	This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings.
15 Transportation Expense	Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at $.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel
16 Indirect Expense	Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is

ATTACHMENT III

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026
Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	South Coast Children's Society
Old County Contract (CCR) Rates:	$2.20	$2.99	$5.56	$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	#24-174 & 24-178 (Redlands)
Agency Per Min Rates:	$2.20	$2.99	$5.56	$4.20	Address:	25910 Acero, Suite 160
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Mission Viejo, CA 92691
Target Cost Per Unit of Service	$0.90	$1.23	$1.73	$1.73	Date Form Completed:	1/29/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	2/18/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		90
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-25	47,820	3.07	$1,839	$52,119	$6,132	$1,226				12	12	90
Aug-25	47,820	3.07	$1,839	$52,119	$6,132	$1,226				12	12	90
Sep-25	47,820	3.07	$1,839	$52,119	$6,132	$1,226				12	12	90
Oct-25			$0	$0	$0	$0						
Nov-25			$0	$0	$0	$0						
Dec-25			$0	$0	$0	$0						
Jan-26			$0	$0	$0	$0						
Feb-26			$0	$0	$0	$0						
Mar-26			$0	$0	$0	$0						
Apr-26			$0	$0	$0	$0						
May-26			$0	$0	$0	$0						
Jun-26			$0	$0	$0	$0						
TOTAL	143,461		$5,518	$156,356	$18,395	$3,679				36	36	
			Total Revenue					$183,949	Unduplicated Clients Served			126
								Estimated Cost Per Client:		$1,460		

ATTACHMENT III

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	6,101	127,183	8,046	2,130	143,461
Total Monthly Minutes of Services (Average)	508	10599	671	178	11955
Dosage (minutes) per client per month	6	118	7	2	133
Dosage (hours) per client per month	0.09	1.96	0.12	0.03	2.21

Avg Monthly Census	Expected Length of Program (months)
90	12

Total Hours Per Unduplicated Client for Duration of the Program: 26.57

ATTACHMENT III

Levine Act – Campaign Contribution Disclosure

(formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under $50,000
- Contracts where no party receives financial compensation
- Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or $50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

DEFINITIONS

Actively supporting or opposing 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-subsidiary 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.

ATTACHMENT III

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: South Coast Children's Society, 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: _____

4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):

   _____

5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
Outsource Management Services	Subsidiary

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
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):
N/A		

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	

9. Was a campaign contribution, of more than $500, made to any member of the San Bernardino County Board

of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

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

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

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

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

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

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than $500 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.