



Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative	<u>Diana Barajas</u>
Telephone Number	<u>(909) 388-0862</u>
Contractor	
	<u>Helping Hearts California, LLC</u>
Contractor Representative	<u>Ynez Cross</u>
Telephone Number	<u>(602) 622-1290</u>
Contract Term	<u>July 1, 2025 through June 30, 2030</u>
Original Contract Amount	<u>\$47,822,940</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>\$47,822,940</u>
Cost Center	<u>9209161000</u>
Grant Number (If applicable)	<u>N/A</u>

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

IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, San Bernardino County (County) desires to designate a contractor of choice to Adult Residential Facilities with Social Rehabilitation Treatment Services, as further described in the description of program services; and

WHEREAS, the County conducted a competitive process to find Helping Hearts California, LLC (Contractor) to provide these services, and

WHEREAS, based upon and in reliance on the representations of Contractor in its response to the County's Request for Proposals, the County finds Contractor qualified to provide Adult Residential Facilities with Social Rehabilitation Treatment Services; and

WHEREAS, the County desires that such services be provided by Contractor and Contractor agrees to perform these services as set forth below:

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REFERENCED CONTRACT PROVISIONS 2020-2021

Term: July 1, 2025 through June 30, 2030, inclusive.

Aggregate Maximum Obligation: \$47,822,940

Basis for Reimbursement:

Fee for Service

Payment/Reimbursement Rate:

County Authorized Basic Service Day

Max Per Diem, Per Bed

Including DBH bed holds/vacant hold/client occupied:

\$485

Notices to County and Contractor:

COUNTY: San Bernardino County
Department of Behavioral Health
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

CONTRACTOR: Helping Hearts California, LLC
1845 Business Center Drive, Suite 112
San Bernardino, CA 92408
Phone Number

FACILITY LOCATIONS:

HHCA Visconti 1288 Visconti Drive Colton CA 92324 Lic 366426866	HHCA Euclid 747 N. Euclid Ave. Ontario, CA 91762 Lic 361800061
HHCA Bonanza 14516 Bonanza Road Victorville, CA 92392 Lic 361800429	HHCA Robin Lane 6272 Robin Lane San Bernardino, CA 92407 Lic 365530099
HHCA Aurora 13132 Aurora Ave Victorville, CA 92392 Lic 36188064	HHCA Blackwood 11253 Blackwood St Fontana, CA 92337 Lic 361880686
HHCA Acacia 1767 N. Acacia Ave Rialto, CA 92376 Lic 365530012	

I. Definition of Terminology

- A. Wherever in this document and in any attachments hereto, the terms "Contract" and/or "Agreement" are used to describe the conditions and covenants incumbent upon the parties hereto, these terms are interchangeable.
- B. The terms "beneficiary", "client", "customer", "participant", or "patient" are used interchangeably throughout this document and refers to the individual(s) receiving services.
- C. Definition of May, Shall and Should. Whenever in this document the words "may," "shall" and "should" are used, the following definitions shall apply: "may" is permissive; "shall" is mandatory; and "should" means desirable.
- D. Subcontractor - An individual, company, firm, corporation, partnership or other organization, not in the employment of or owned by Contractor who is performing services on behalf of Contractor under the Contract or under a separate contract with or on behalf of Contractor.
- E. The term "County's billing and transactional database system" refers to the centralized data entry system used by the Department of Behavioral Health (DBH) for patient and billing information.
- F. The term "Director," unless otherwise stated, refers to the Director of DBH for San Bernardino County.
- G. The term "head of service" as defined in the California Code of Regulations, Title 9, Sections 622 through 630, is a licensed mental health professional or other appropriate individual as described in these sections.
- H. The "State and/or applicable State agency" as referenced in this Contract may include the Department of Health Care Services (DHCS), the Department of State Hospitals (DSH), the Department of Social Services (DSS), the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department of Public Health (CDPH), and the Office of Statewide Health Planning and Development (OSHPD).
- I. The U.S. Department of Health and Human Services (HHS) mission is to enhance and protect the health and well-being of all Americans by providing for effective health and human services and fostering advances in medicine, public health, and social services.
- J. The "provisional rates" are the interim rates established for billing and payment purposes and are subject to change upon request and approval by DBH Administrative Services - Fiscal Division.

II. General Contract Requirements

- A. Recitals
The recitals set forth above are true and correct and incorporated herein by this reference.
- B. Change of address
Contractor shall notify the County in writing, of any change in mailing address within ten (10) business days of the change.

C. Choice of Law

This Contract shall be governed by and construed according to the laws of the State of California.

D. Contract Exclusivity

This is not an exclusive Contract. The County reserves the right to enter into a contract with other contractors for the same or similar services. The County does not guarantee or represent that the Contractor will be permitted to perform any minimum amount of work, or receive compensation other than on a per order basis, under the terms of this Contract.

E. Material Misstatement/Misrepresentation

If during the course of the administration of this Contract, the County determines that Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.

F. Mutual Covenants

The parties to this Contract mutually covenant to perform all of their obligations hereunder, to exercise all discretion and rights granted hereunder, and to give all consents in a reasonable manner consistent with the standards of "good faith" and "fair dealing."

G. Notice of Delays

Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this contract, that party shall, within twenty-four (24) hours, give notice thereof, including all relevant information with respect thereto, to the other party.

H. Relationship of the Parties

Nothing contained in this Contract shall be construed as creating a joint venture, partnership, or employment arrangement between the Parties hereto, nor shall either Party have the right, power or authority to create an obligation or duty, expressed or implied, on behalf of the other Party hereto.

I. Time of the Essence

Time is of the essence in performance of this Contract and of each of its provisions.

III. Contract Supervision

A. The Director or designee shall be the County employee authorized to represent the interests of the County in carrying out the terms and conditions of this Contract. The Contractor shall provide, in writing, the names of the persons who are authorized to represent the Contractor in this Contract.

B. Contractor shall provide DBH with contact information, specifically, name, phone number and email address of Contractor's staff member who is responsible for the following

processes: Business regarding administrative issues, Technical regarding data issues, Clinical regarding program issues; and Facility.

IV. Performance

- A. Under this Agreement, the Contractor shall provide those services, which are dictated by attached Addenda, Schedules and/or Attachments; specifically, contractor will provide the services listed on **Addendum I** Adult Residential Facilities with Long Term and Transitional Social Rehabilitation Treatment Services. The Contractor agrees to be knowledgeable in and apply all pertinent local, State, and Federal laws and regulations; including, but not limited to those referenced in the body of this Agreement. In the event information in the Addenda, Schedules and/or Attachments conflicts with the basic Agreement, then information in the Addenda, Schedules and/or Attachments shall take precedence to the extent permitted by law.
- B. Contractor shall provide an Adult Residential Facility/ies certified with Department of Healthcare Services (DHCS) to provide Social Rehabilitation Treatment Services for Adults (ages 18 and older) diagnosed with Severe and Persistent Mental Illness (SPM). The program will assist adult clients experiencing a behavioral health condition who no longer meet medical necessity for an acute psychiatric hospital or who have reached treatment goals in a locked psychiatric adult residential facility. Client will need further treatment services such as individual and group therapy, case management and assistance with accessing needed medical and psychiatric appointments as well as community-based activities. Further treatment will include support services that will teach and enhance skills for independent living including proper medication regime, social skills, financial management/budgeting and family reconciliation.
- C. Limitations on Moral Grounds
 - 1. Contractor shall not be required to provide, reimburse for, or provide coverage of a counseling or referral service if the Contractor objects to the service on moral or religious grounds.
 - 2. If Contractor elects not to provide, reimburse for, or provide coverage of a counseling or referral service because of an objection on moral or religious grounds, it must furnish information about the services it does not cover as follows:
 - a. To DBH:
 - i. After executing this Contract;
 - ii. Whenever Contractor adopts the policy during the term of the Contract;
 - b. Consistent with the provisions of 42 Code of Federal Regulations part 438.10:
 - i. To potential beneficiaries before and during enrollment; and
 - ii. To beneficiaries at least thirty (30) days prior to the effective date of the policy for any particular service.

D. Contractor is prohibited from offering Physician Incentive Plans, as defined in Title 42 CFR Sections 422.208 and 422.210, unless approved by DBH in advance that the Plan(s) complies with the regulations.

E. Contractor agrees to submit reports as requested and required by the County and/or the Department of Health Care Services (DHCS).

F. Data Collection and Performance Outcome Requirements

Contractor shall comply with all local, State, and Federal regulations regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH. For Mental Health Services Act (MHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA Component Plan and most recent update.

Contractor shall comply with all requests regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested.

MHSOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.

1. Contractor must collect, manage, maintain and update client, service and episode data as well as staffing data as required for local, State, and Federal reporting.
2. Contractor shall provide information by entering or uploading required data into:
 - a. County's billing and transactional database system.
 - b. DBH's client information system and, when available, its electronic health record system.
 - c. Individualized data collection applications as specified by DBH, such as Objective Arts and the Prevention and Early Intervention (PEI) Database.
 - d. Any other data or information collection system identified by DBH, the MHSOAC, OSHPD or DHCS.
3. Contractor shall comply with all requirements regarding paper or online forms:
 - a. Bi-Annual Client Perception Surveys (paper-based): twice annually, or as designated by DHCS. Contractor shall collect client perception data for clients served by the programs. The data to be collected includes, but not limited to, the client's perceptions of the quality and results of services provided by the Contractor.
 - b. Client preferred language survey (paper-based), if requested by DBH.
 - c. Intermittent services outcomes surveys.

- d. Surveys associated with services and/or evidence-based practices and programs intended to measure strategy, program, component, or system level outcomes and/or implementation fidelity.
 - e. Network Adequacy Certification Tool (NACT) as required by DHCS and per DBH instructions.
4. Data must be entered, submitted and/or updated in a timely manner for:
- a. All FSP and non-FSP clients: this typically means that client, episode and service-related data shall be entered into the County's billing and transactional database system.
 - b. All service, program, and survey data will be provided in accordance with all DBH established timelines.
5. Contractor will ensure that data are consistent with DBH's specified operational definitions, that data are in the required format, that data is correct and complete at time of data entry, and that databases are updated when information changes.
6. Data collection requirements may be modified or expanded according to local, State, and/or Federal requirements.
7. Contractor shall submit, monthly, its own analyses of the data collected for the prior month, demonstrating how well the contracted services or functions provided satisfied the intent of the Contract, and indicating, where appropriate, changes in operations that will improve adherence to the intent of the Contract. The format for this reporting will be provided by DBH.
8. Independent research involving clients shall not be conducted without the prior written approval of the Director of DBH. Any approved research must follow the guidelines in the DBH Research Policy.

Note: Independent research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

G. Right to Monitor and Audit Performance and Records

1. Right to Monitor

County or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, financial records, staff information, patient records, other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract. Full cooperation shall be given by Contractor in any auditing or monitoring conducted, according to this agreement.

Contractor shall make all of its premises, physical facilities, equipment, books, records, documents, contracts, computers, or other electronic systems pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services, and activities furnished under the terms of this Contract, or determinations of amounts payable available at any time for inspection, examination, or copying by DBH, the State of California or any subdivision or appointee thereof, Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services (HHS) Office of Inspector General, the United States Comptroller General or their designees, and other authorized Federal and State agencies. This audit right will exist for at least ten (10) years from the final date of the contract period or in the event the Contractor has been notified that an audit or investigation of this Contract has commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies. Records and documents include, but are not limited to all physical and electronic records.

Contractor shall cooperate with the County in the implementation, monitoring and evaluation of this Agreement and comply with any and all reporting requirements established by the County. Should the County identify an issue or receive notification of a complaint or potential/actual/suspected violation of requirements, County may audit, monitor, and/or request information from Contractor to ensure compliance with laws, regulations, and requirements, as applicable.

County reserves the right to place Contractor on probationary status, as referenced in the Probationary Status Article, should Contractor fail to meet performance requirements; including, but not limited to violations such as high disallowance rates, failure to report incidents and changes as contractually required, failure to correct issues, inappropriate invoicing, timely and accurate data entry, meeting performance outcomes expectations, and violations issued directly from the State. Additionally, Contractor may be subject to Probationary Status or termination if contract monitoring and auditing corrective actions are not resolved within specified timeframes.

2. Availability of Records

Contractor and subcontractors, shall retain, all records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Contract, including beneficiary grievance and appeal records, and the data, information and documentation specified in 42 Code of Federal Regulations parts 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten (10) years from the term end date of this Contract or until such time as the matter under audit or investigation has been resolved. Records and documents include, but are not limited to all physical and electronic records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Contract including working papers, reports, financial records and documents of account, beneficiary records, prescription files, subcontracts, and any other documentation pertaining to covered services and other related services for beneficiaries.

Contractor shall maintain all records and management books pertaining to local service delivery and demonstrate accountability for contract performance and maintain all fiscal, statistical, and management books and records pertaining to the program.

Records, should include, but are not limited to, monthly summary sheets, sign-in sheets, and other primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

All records shall be complete and current and comply with all Contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of a Contract.

Contractor shall maintain client and community service records in compliance with all regulations set forth by local, State, and Federal requirements, laws and regulations, and provide access to clinical records by DBH staff.

Contractor shall comply with Medical Records/Protected Health Information Article regarding relinquishing or maintaining medical records.

Contractor shall agree to maintain and retain all appropriate service and financial records for a period of at least ten (10) years from the date of final payment, the final date of the contract period, final settlement, or until audit findings are resolved, whichever is later.

Contractor shall submit audited financial reports on an annual basis to DBH. The audit shall be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards.

In the event the Contract is terminated, ends its designated term or Contractor ceases operation of its business, Contractor shall deliver or make available to DBH all financial records that may have been accumulated by Contractor or subcontractor under this Contract, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.

3. Assistance by Contractor

Contractor shall provide all reasonable facilities and assistance for the safety and convenience of County's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of Contractor.

- H. Notwithstanding any other provision of this Agreement, the County may withhold all payments due to Contractor, if Contractor has been given at least thirty (30) days notice of any deficiency(ies) and has failed to correct such deficiency(ies). Such deficiency(ies) may include, but are not limited to: failure to provide services described in this Agreement; Federal, State, and County audit exceptions resulting from noncompliance,

violations of pertinent Federal and State laws and regulations, and significant performance problems as determined by the Director or designee from monitoring visits.

- I. County has the discretion to revoke full or partial provisions of the Contract, delegated activities or obligations, or application of other remedies permitted by State or Federal law when the County or DHCS determines Contractor has not performed satisfactorily.

- J. Cultural Competency

The State mandates counties to develop and implement a Cultural Competency Plan (CCP). This Plan applies to all DBH services. Policies and procedures and all services must be culturally and linguistically appropriate. Contract agencies are included in the implementation process of the most recent State approved CCP for San Bernardino County and shall adhere to all cultural competency standards and requirements. Contractor shall participate in the County's efforts to promote the delivery of services in a culturally competent and equitable manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. In addition, contract agencies will maintain a copy of the current DBH CCP.

- 1. Cultural and Linguistic Competency

Cultural competence is defined as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among client providers and professionals that enables that system, agency, or those professionals and client providers to work effectively in cross-cultural situations.

- a. To ensure equal access to quality care for diverse populations, Contractor shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards.
 - b. Contractor shall be required to assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to designing and planning for providing appropriate and effective mental health and substance use disorder treatment services.
 - c. Upon request, Contractor shall provide DBH with culture-specific service options available to be provided by Contractor.
 - d. Contractor shall have the capacity or ability to provide interpretation and translation services in threshold and prevalent non-English languages, free of charge to beneficiaries. Upon request, Contractor will provide DBH with language service options available to be provided by Contractor. Including procedures to determine competency level for multilingual/bilingual personnel.
 - e. Contractor shall provide cultural competency training to personnel.

NOTE: Contractor staff is required to complete cultural competency trainings. Staff who do not have direct contact providing services to

clients shall complete a minimum of two (2) hours of cultural competency training, and direct service staff shall complete a minimum of four (4) hours of cultural competency training each calendar year. Contractor shall upon request from the County, provide information and/or reports as to whether its provider staff completed cultural competency training.

- f. DBH recognizes that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Providing mental health and substance use disorder treatment services in a culturally appropriate and responsive manner is fundamental in any effort to ensure success of high quality and cost-effective behavioral health services. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers does not reflect high quality of care and is not cost-effective.
- g. To assist Contractor's efforts towards cultural and linguistic competency, DBH shall provide the following:
 - i. Technical assistance to Contractor regarding cultural competency implementation.
 - a) Monitoring activities administered by DBH may require Contractor to demonstrate documented capacity to offer services in threshold languages or contracted interpretation and translation services.
 - b) procedures must be in place to determine multilingual and competency level(s).
 - ii. Demographic information to Contractor on service area for service(s) planning.
 - iii. Cultural competency training for DBH and Contractor personnel, when available.
 - iv. Interpreter training for DBH and Contractor personnel, when available.
 - v. Technical assistance for Contractor in translating mental health and substance use disorder treatment services information to DBH's threshold languages. Technical assistance will consist of final review and field testing of all translated materials as needed.
 - vi. The Office of Equity and Inclusion (OEI) may be contacted for technical assistance and training offerings at cultural_competency@dbh.sbcounty.gov or by phone at (909) 252-5150.

K. Access by Public Transportation

Contractor shall ensure that services provided are accessible by public transportation.

L. Accessibility/Availability of Services

Contractor shall ensure that services provided are available and accessible to beneficiaries in a timely manner including those with limited English proficiency or physical or mental disabilities. Contractor shall provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities [(42 C.F.R. § 438.206(b)(1) and (c)(3)].

M. Internal Control

Contractor must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

N. Site Inspection

Contractor shall permit authorized County, State, and/or Federal Agency(ies), through any authorized representative, the right to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract support activities and the premises which it is being performed. Contractor shall provide all reasonable assistance for the safety and convenience of the authorized representative in the performance of their duties. All inspections and evaluations shall be made in a manner that will not unduly delay the work.

O. Disaster Response

1. In the event that a local, State, or Federal emergency is proclaimed within San Bernardino County, Contractor shall cooperate with the County in the implementation of the DBH Disaster Response Plan. This may include deployment of Contractor staff to provide services in the community, in and around county areas under mutual aid contracts, in shelters and/or other designated areas.
2. Contractor shall provide the DBH Disaster Coordinator with a roster of key administrative and response personnel including after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster. These numbers will be kept current by quarterly reports to the County by Contractor. The County shall keep such information confidential and not release other than to authorized County personnel or as otherwise required by law.

3. Contractor shall ensure that, within three months from the Contract effective date, at least twenty-five percent (25%) of Contractor's permanent direct service staff participates in a disaster response orientation and training provided by the County or County's designee.
4. Said twenty-five percent (25%) designated Contractor permanent direct service staff shall complete the following disaster trainings as prerequisites to the DBH live trainings held annually, which are available online on the Federal Emergency Management Agency (FEMA) website at <https://training.fema.gov/is/crslist.aspx>.
 - a. IS: 100
 - b. IS: 200
 - c. IS: 700
 - d. IS: 800
5. The County agrees to reimburse Contractor for all necessary and reasonable expenses incurred as a result of participating in the County's disaster response at the request of County. Any reasonable and allowable expenses above the Contract maximum will be subject to negotiations.
6. Contractor shall provide the DBH with the key administrative and response personnel including after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster. Updated reports are due fourteen (14) days after the close of each quarter. Please send updated reports to:

Office of Disaster and Safety
303 E. Vanderbilt Way
San Bernardino, CA 92415
safety@dbh.sbcounty.gov

P. Collections Costs

Should the Contractor owe monies to the County for reasons including, but not limited to, Quality Management review, cost-settlement, and/or fiscal audit, and the Contractor has failed to pay the balance in full or remit mutually agreed upon payment, the County may refer the debt for collection. Collection costs incurred by the County shall be recouped from the Contractor. Collection costs charged to the Contractor are not a reimbursable expenditure under the Contract.

Q. Damage to County Issued/Loaned Equipment (If Applicable)

1. Contractor shall repair, at its own cost, all damage to County equipment issued/loaned to Contractor for use in performance of this Contract. Such repairs shall be made immediately after Contractor becomes aware of such damage, but in no event later than thirty (30) days after the occurrence.
2. If the Contractor fails to make timely repairs, the County may make any necessary repairs. The Contractor shall repay all costs incurred by the County,

by cash payment upon demand, or County may deduct such costs from any amounts due to the Contractor from the County.

3. If a virtual private network (VPN) token is lost or damaged, Contractor must contact DBH immediately and provide the user name assigned to the VPN Token. DBH will obtain a replacement token and assign it to the user account. Contractor will be responsible for the VPN token replacement fee.

R. Strict Performance

Failure by a party to insist upon the strict performance of any of the provisions of this Contract by the other party, or the failure by a party to exercise its rights upon the default of the other party, shall not constitute a waiver of such party's right to insist and demand strict compliance by the other party with the terms of this Contract thereafter.

S. Telehealth

Contractor shall utilize telehealth, when deemed appropriate, as a mode of delivering behavioral health services in accordance with all applicable state and federal requirements, DBH's Telehealth Policy (MDS2027) and Procedure (MDS2027-1), as well as DHCS Telehealth Policy, CMS Telehealth/Telemedicine Standards, and those related to privacy/security, efficiency, and standards of care.

DBH may at any time require documentation and/or other cooperation by Contractor to allow adequate monitoring of Contractor's adherence to telehealth practices.

V. Funding and Budgetary Restrictions

- A. This Agreement shall be subject to any restrictions, limitations, or conditions imposed by State, County or Federal governments which may in any way affect the provisions or funding of this Agreement, including, but not limited to those contained in the Schedules A and B. This Agreement is also contingent upon sufficient funds being made available by State, County or Federal governments for the term of the Agreement. Funding is by fiscal year period July 1 through June 30. Costs and services are accounted for by fiscal year. Any unspent fiscal year allocation does not roll over and is not available in future years. Each fiscal year period will be settled to Federal and/or State cost reporting accountability.
- B. The maximum financial obligation of the County under this Agreement shall not exceed the sum referenced in the Schedules A and B. The maximum financial obligation is further limited by fiscal year, funding source and service modalities as delineated on the Schedules A and B. Contractor may not transfer funds between funding sources, modes of services, or exceed 10% of a budgeted line item without the prior written approval from DBH.
 1. It is understood between the parties that the Schedules A and B are budgetary guidelines. Contractor must adhere to the budget by funding outlined in the Schedule A of the Contract as well as track year-to-date expenditures. Contractor understands that costs incurred for services not listed or in excess of the funding in the Schedule A shall result in non-payment to Contractor for these costs.

- C. Contractor agrees to renegotiate the dollar value of this Contract, at the option of the County, if the annualized projected units of service (minutes/hours of time/days) for any mode of service based on claims submitted through March of the operative fiscal year, is less than 90% of the projected minutes/hours of time/days for the modes of service as reported in the Schedules A and B.
- D. If the annualized projected units of service (minutes/hours of time/days) for any mode of service, based on claims submitted through March of the operative fiscal year, is greater than/or equal to 110% of the projected units (minutes/hours of time/days) reported in the Schedules A and B, the County and Contractor agree to meet to discuss the feasibility of renegotiating this Agreement. Contractor must timely notify the County of Contractor's desire to meet.
- E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.
- F. If the Contractor provides services under the Medi-Cal program and if the Federal government reduces its participation in the Medi-Cal program, the County agrees to meet with Contractor to discuss renegotiating the total minutes/hours of time required by this Agreement.
- G. Contractor Prohibited From Redirections of Contracted Funds:
 - 1. Funds under this Agreement are provided for the delivery of mental health services to eligible beneficiaries under each of the funded programs identified in the Scope of Work. Each funded program has been established in accordance with the requirements imposed by each respective County, State and/or Federal payer source contributing to the funded program.
 - 2. Contractor may not redirect funds from one funded program to another funded program, except through a duly executed amendment to this Agreement.
 - 3. Contractor may not charge services delivered to an eligible beneficiary under one funded program to another funded program unless the recipient is also an eligible beneficiary under the second funded program.
- H. The allowable funding sources for this Contract may include Medi-Cal and Mental Health Services Act. Contractor cannot use any funding from this contract as match funds to draw down Federal funding.
- I. The maximum financial obligation under this contract shall not exceed \$47,822,940 for the contract term.

VI. Provisional Payment

- A. During the term of this Agreement, the County shall make interim payments to Contractor on a monthly basis at the Payment/Reimbursement Rate specified in the Referenced Contract Provisions for each DBH authorized patient. All beds shall be billed as one (1) Basic Service Day. Maximum billing per bed, per day, shall not exceed

one (1) Basic Service Day. All payments are subject to the funding and budgetary restrictions limitations described in Article V Funding and Budgetary Restrictions, Paragraph A.

- B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, annual cost report, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, annual cost report and audits, as such payments, are subject to future County, State and/or Federal adjustments.
- C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:
 - 1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.
 - 2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.
 - 3. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.
 - 4. It is the responsibility of Contractor to access MyAvatar reports and make any necessary corrections to the denied Medi-Cal services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
 - 5. In the event that the denied claims cannot be corrected, and therefore DHCS will not adjudicate and approve the denied claims, Contractor is required to follow DBH's Overpayment Policy COM0954, which has been provided or will be provided to Contractor at its request.
- D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' Profit and Loss Statement with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.
 - 1. For each fiscal year period FYs 2025/26, 2026/27, 2027/28, 2028/29 and 2029/2030, no single monthly payment for any mode of service shall exceed one-

twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.

- E. Monthly payments for Short-Doyle Medi-Cal services will be based on actual units of time (minutes, hours, or days) reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system. The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs as reported in the year-end cost report. All approved provisional rates will be superseded by actual cost per unit rate as calculated during the cost report cost settlement. In the event of a conflict between the provisional rates set forth in the most recent cost report and those contained in the Schedules A and B, the rates set forth in the most recent cost report shall prevail.
 - 1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges and Contractor's actual cost.
- I. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement as described in the Annual Cost Report Settlement Article.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account.

Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.

- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program (“Medi-Cal”), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- N. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/> (U.S. Office of Personnel Management).
- O. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- P. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.
- Q. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis ten percent (10%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a “Federal Agency Acceptance of Negotiated Indirect Cost Rates”, the contractor must also obtain concurrence in writing from DBH of such rate.

For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a “Federal Agency Acceptance of Negotiated Indirect Rates.”

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but, may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual instead of estimated costs.

- R. Prohibited Payments
 - 1. County shall make no payment to Contractor other than payment for services covered under this Contract.
 - 2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of

exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].

3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
 - a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.
 - b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
 - c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
 - d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.
- S. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.
- T. Through interdepartmental collaboration, the County shall work to ensure that claims are paid within a reasonable period of time following receipt of a complete and correct monthly claim.
- U. Prior to facility location becoming eligible for payments as an existing facility, Contractor is required to provide Certificate of Occupancy, proof of compliance with all Federal, State, County, and/or Local requirements and licensure for a Residential Treatment Facility.

VII. Electronic Signatures

- A. The State has established the requirements for electronic signatures in electronic health record systems. DBH has sole discretion to authorize contractors to use e-signatures as applicable. If Contractor desires to use e-signatures in the performance of this Contract, Contractor shall submit the request in writing to the DBH Office of Compliance (Compliance) along with the E-Signature Checklist and requested policies to the Compliance general email inbox at compliance_questions@dbh.sbcounty.gov.

Compliance will review the request and forward the submitted checklist and policies to the DBH Information Technology (IT) for review. This review period will be based on the completeness of the material submitted.

Contractor will receive a formal letter with tentative approval and the E-Signature Agreement. Contractor shall obtain all signatures for staff participating in E-Signature and submit the Agreement with signatures, as directed in the formal letter.

Once final, the DBH Office of Compliance will send a second formal letter with the DBH Director's approval and a copy of the fully executed E-Signature Agreement will be sent to Contractor.

- B. DBH reserves the right to change or update the e-signature requirements as the governing State agency(ies) modifies requirements.
- C. DBH reserves the right to terminate e-signature authorization at will and/or should the contract agency fail to uphold the requirements.

VIII. Annual Cost Report Settlement

- A. Section 14705 (c) of the Welfare and Institutions Code (WIC) requires contractors to submit fiscal year-end cost reports. Contractor shall provide DBH with a complete and correct annual cost report not later than sixty (60) days at the end of each fiscal year and not later than sixty (60) days after the expiration date or termination of this Contract, unless otherwise notified by County.
 - 1. Accurate and complete annual cost report shall be defined as a cost report which is completed on forms or in such formats as specified by the County and consistent with such instructions as the County may issue and based on the best available data provided by the County.
- B. The cost report is a multiyear process consisting of a preliminary settlement, final settlement, and is subject to audit by DHCS pursuant to WIC 14170.
- C. These cost reports shall be the basis upon which both a preliminary and a final settlement will be made between the parties to this Agreement. In the event of termination of this Contract by Contractor pursuant to Duration and Termination Article, Paragraph C, the preliminary settlement will be based upon the most updated State Medi-Cal approvals and County claims information.
 - 1. Upon initiation and instruction by the State, County will perform the Short-Doyle/Medi-Cal Cost Report Reconciliation and Settlement with Contractor.
 - a. Such reconciliation and settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies, procedures, and/or other requirements pertaining to cost reporting and settlements for Title XIX and/or Title XXI and other applicable Federal and/or State programs.
 - 2. Contractor shall submit an annual cost report for a preliminary cost settlement. This cost report shall be submitted no later than sixty (60) days after the end of the fiscal year and it shall be based upon the actual minutes/hours/days which

have been approved by DHCS up to the preliminary submission period as reported by DBH.

3. Contractor shall submit a reconciled cost report for a final settlement. The reconciled cost report shall be submitted approximately eighteen (18) months after the fiscal year-end. The eighteen (18) month timeline is an approximation as the final reconciliation process is initiated by the DHCS. The reconciliation process allows Contractor to add additional approved Medi-Cal units and reduce disallowed or denied units that have been corrected and approved subsequent to the initial cost report submission. Contractors are not permitted to increase total services or cost during this reconciliation process.
4. Each Annual Cost Report shall be prepared by Contractor in accordance with the Centers for Medicare and Medicaid Services' Publications #15-1 and #15-02; "The Providers Reimbursement Manual Parts 1 and 2;" the State Cost and Financial Reporting Systems (CFRS) Instruction Manual; and any other written guidelines that shall be provided to Contractor at the Cost Report Training, to be conducted by County on or before October 15 of the fiscal year for which the annual cost report is to be prepared.
 - a. Attendance by Contractor at the County's Cost Report Training is mandatory.
 - b. Failure by Contractor to attend the Cost Report Training shall be considered a breach of this Agreement.
5. Failure by Contractor to submit an annual cost report within the specified date set by the County shall constitute a breach of this Agreement. In addition to, and without limiting, any other remedy available to the County for such a breach, the County may, at its option, withhold any monetary settlements due Contractor until the cost report(s) is (are) complete.
6. Only the Director or designee may make exception to the requirement set forth in the Annual Cost Report Settlement Article, Paragraph A above, by providing Contractor written notice of the extension of the due date.
7. If Contractor does not submit the required cost report(s) when due and therefore no costs have been reported, the County may, at its option, request full payment of all funds paid Contractor under Provisional Payment Article of this Agreement. Contractor shall reimburse the full amount of all payments made by the County to Contractor within a period of time to be determined by the Director or designee.
8. No claims for reimbursement will be accepted by the County after the cost report is submitted by the contractor. The total costs reported on the cost report must match the total of all the claims submitted to DBH by Contractor as of the end of the fiscal year which includes revised and/or final claims. Any variances between the total costs reported in the cost report and fiscal year claimed costs must be justified during the cost report process in order to be considered allowable.
9. Annual Cost Report Reconciliation Settlement shall be subject to the limitations contained in this Agreement but not limited to:

- a. Available Match Funds
 - b. Actual submitted and approved claims to those third-parties providing funds in support of specific funded programs.
- D. As part of its annual cost report settlement, County shall identify any amounts due to Contractor by the County or due from Contractor to the County.
1. Upon issuance of the County's annual cost report settlement, Contractor may, within fourteen (14) business days, submit a written request to the County for review of the annual cost report settlement.
 2. Upon receipt by the County of Contractor's written request, the County shall, within twenty (20) business days, meet with Contractor to review the annual cost report settlement and to consider any documentation or information presented by Contractor. Contractor may waive such meeting and elect to proceed based on written submission at its sole discretion.
 3. Within twenty (20) business days of the meeting specified above, the County shall issue a response to Contractor including confirming or adjusting any amounts due to Contractor by the County or due from Contractor to the County.
 4. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor is due payment from the County, the County shall initiate the payment process to Contractor before submitting the annual Cost report to DHCS or other State agencies.
 5. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor owes payments to the County, Contractor shall make payment to the County in accordance with Paragraph E below (Method of Payments for Amounts Due to the County).
 6. Regardless of any other provision of this Paragraph D, reimbursement to Contractor shall not exceed the maximum financial obligation by fiscal year, funding source, and service modalities as delineated on the Schedules A and B.
- E. Method of Payments for Amounts Due to the County
1. Contractor will notify DBH-Fiscal and Compliance of overpayment within five (5) business days at the following email addresses:

DBH-Fiscal-ProviderPayments@dbh.sbcounty.gov
Compliance_questions@dbh.sbcounty.gov.
 2. Within five (5) business days after the contractor identifies overpayment or after written notification by the County to Contractor of any amount due by Contractor, Contractor shall notify the County as to which payment option will be utilized. Payment options for the amount to be recovered will be outlined in the settlement letter.
 3. Contractor is responsible for returning overpayments to the County within sixty (60) calendar days from the date the overpayment was identified regardless if instruction from DBH-Fiscal is received.

- F. Notwithstanding Final Settlement: Audit Article, Paragraph F, County shall have the option:
1. To withhold payment, or any portion thereof, pending outcome of a termination audit to be conducted by County;
 2. To withhold any sums due Contractor as a result of a preliminary and final cost settlement, pending outcome of a termination audit or similar determination regarding Contractor's indebtedness to County and to offset such withholdings as to any indebtedness to County.
- G. Preliminary and Final Cost Settlement: The cost of services rendered shall be adjusted to the lowest of the following:
1. Actual net cost (for non-Short-Doyle/Medi-Cal services);
 2. Published charges;
 3. Maximum allowable minutes/hours/days of time provided for each service functions for approved Short-Doyle/Medi-Cal services; or,
 4. Maximum Contract amount.

IX. Fiscal Award Monitoring

- A. County has the right to monitor the Contract during the award period to ensure accuracy of claim for reimbursement and compliance with applicable laws and regulations.
- B. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records and to disclose to State and County representatives all financial records necessary to review or audit Contract services and to evaluate the cost, quality, appropriateness and timeliness of services. Contractor shall attain a signed confidentiality statement from said County or State representative when access to any patient records is being requested for research and/or auditing purposes. Contractor will retain the confidentiality statement for its records.
- C. If the appropriate agency of the State of California, or the County, determines that all, or any part of, the payments made by the County to Contractor pursuant hereto are not reimbursable in accordance with this Agreement, said payments will be repaid by Contractor to the County. In the event such payment is not made on demand, the County may withhold monthly payment on Contractor's claims until such disallowances are paid by Contractor.

X. Final Settlement: Audit

- A. Contractor agrees to maintain and retain all appropriate service and financial records for a period of at least ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later. This is not to be construed to relieve Contractor of the obligations concerning retention of medical records as set forth in Medical Records/Protected Health Information Article.
- B. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records and to disclose to State and County representatives all financial records necessary to review or audit Contract services and

to evaluate the cost, quality, appropriateness and timeliness of services. Contractor shall attain a signed confidentiality statement from said County or State representative when access to any patient record is being requested for research and/or auditing purposes. Contractor will retain the confidentiality statement for its records.

- C. If the appropriate agency of the State of California, or the County, determines that all, or any part of, the payments made by the County to Contractor pursuant hereto are not reimbursable in accordance with this Agreement, said payments will be repaid by Contractor to the County. In the event such payment is not made on demand, the County may withhold monthly payment on Contractor's claims until such disallowances are paid by Contractor, may refer for collections, and/or the County may terminate and/or indefinitely suspend this Agreement immediately upon serving written notice to the Contractor.
- D. The eligibility determination and the fees charged to, and collected from, patients whose treatment is provided for hereunder may be audited periodically by the County, DBH and the State.
- E. Contractor expressly acknowledges and will comply with all audit requirements contained in the Contract documents. These requirements include, but are not limited to, the agreement that the County or its designated representative shall have the right to audit, to review, and to copy any records and supporting documentation pertaining to the performance of this Agreement. The Contractor shall have fourteen (14) days to provide a response and additional supporting documentation upon receipt of the draft post Contract audit report. DBH – Administration Audits will review the response(s) and supporting documentation for reasonableness and consider updating the audit information. After said time, the post Contract audit report will be final.
- F. If a post Contract audit finds that funds reimbursed to Contractor under this Agreement were in excess of actual costs or in excess of claimed costs (depending upon State of California reimbursement/audit policies) of furnishing the services, the difference shall be reimbursed on demand by Contractor to the County using one of the following methods, which shall be at the election of the County:
 - 1. Payment of total.
 - 2. Payment on a monthly schedule of reimbursement agreed upon by both the Contractor and the County.
- G. If there is a conflict between a State of California audit of this Agreement and a County audit of this Agreement, the State audit shall take precedence.
- H. In the event this Agreement is terminated, the last reimbursement claim shall be submitted within sixty (60) days after the Contractor discontinues operating under the terms of this Agreement. When such termination occurs, the County shall conduct a final audit of the Contractor within the ninety (90) day period following the termination date, and final reimbursement to the Contractor by the County shall not be made until audit results are known and all accounts are reconciled. No claims for reimbursement shall be accepted after the sixtieth (60th) day following the date of contract termination.

- I. If the Contractor has been approved by the County to submit Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal claims, audit exceptions of Medi-Cal eligibility will be based on a statistically valid sample of EPSDT Medi-Cal claims by mode of service for the fiscal year projected across all EPSDT Medi-Cal claims by mode of service.

XI. Single Audit Requirement

Pursuant to CFR, Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Contractors expending the threshold amount or more in Federal funds within the Contractor's fiscal year must have a single or program-specific audit performed in accordance with Subpart F, Audit Requirements. The audit shall comply with the following requirements:

- A. The audit shall be performed by a licensed Certified Public Accountant (CPA).
- B. The audit shall be conducted in accordance with generally accepted auditing standards and Government Auditing Standards, latest revision, issued by the Comptroller General of the United States.
- C. At the completion of the audit, the Contractor must prepare, in a separate document from the auditor's findings, a corrective action plan to address each audit finding included in the auditor's report(s). The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If Contractor does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons.
- D. Contractor is responsible for follow-up on all audit findings. As part of this responsibility, the Contractor must prepare a summary schedule of prior audit findings. The summary schedule of prior audit findings must report the status of all audit findings included in the prior audit's schedule of findings and questioned costs. When audit findings were fully corrected, the summary schedule need only list the audit findings and state that corrective action was taken.
- E. Contractor must electronically submit within thirty (30) calendar days after receipt of the auditor's report(s), but no later than nine (9) months following the end of the Contractor's fiscal year, to the Federal Audit Clearinghouse (FAC) the Data Collection Form SF-SAC (available on the FAC Web site) and the reporting package which must include the following:
 1. Financial statements and schedule of expenditures of Federal awards
 2. Summary schedule of prior audit findings
 3. Auditor's report(s)
 4. Corrective action plan

Contractor must keep one copy of the data collection form and one copy of the reporting package described above on file for ten (10) years from the date of submission to the FAC or from the date of completion of any audit, whichever is later.

- F. The cost of the audit made in accordance with the provisions of Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards can be charged to applicable Federal awards. However, the following audit costs are unallowable:
1. Any costs when audits required by the Single Audit Act that have not been conducted or have been conducted but not in accordance with the Single Audit requirement.
 2. Any costs of auditing that is exempted from having an audit conducted under the Single Audit Act and Subpart F – Audit Requirements because its expenditures under Federal awards are less than the threshold amount during the Contractor's fiscal year.

Where apportionment of the audit is necessary, such apportionment shall be made in accordance with generally accepted accounting principles, but shall not exceed the proportionate amount that the Federal funds represent of the Contractor's total revenue.

The costs of a financial statement audit of Contractor's that do not have a Federal award may be included in the indirect cost pool for a cost allocation plan or indirect cost proposal.

- G. Contractor must prepare appropriate financial statements, including Schedule of Expenditures for Federal Awards (SEFA).
- H. The work papers and the audit reports shall be retained for a minimum of ten (10) years from the date of the final audit report, and longer if the independent auditor is notified in writing by the County to extend the retention period.
- I. Audit work papers shall be made available upon request to the County, and copies shall be made as reasonable and necessary.

XII. Contract Performance Notification

- A. In the event of a problem or potential problem that will impact the quality or quantity of work or the level of performance under this Contract, Contractor shall provide notification within one (1) working day, in writing and by telephone, to DBH.
- B. Contractor shall notify DBH in writing of any change in mailing address within ten (10) calendar days of the address change.

XIII. Probationary Status

- A. In accordance with the Performance Article of this Agreement, the County may place Contractor on probationary status in an effort to allow the Contractor to correct deficiencies, improve practices, and receive technical assistance from the County.
- B. County shall give notice to Contractor of change to probationary status. The effective date of probationary status shall be five (5) business days from date of notice.
- C. The duration of probationary status is determined by the Director or designee(s).
- D. Contractor shall develop and implement a corrective action plan, to be approved by DBH, no later than ten (10) business days from date of notice to become compliant.

- E. Should the Contractor refuse to be placed on probationary status or comply with the corrective action plan within the designated timeframe, the County reserves the right to terminate this Agreement as outlined in the Duration and Termination Article.
- F. Placement on probationary status requires the Contractor disclose probationary status on any Request for Proposal responses to the County.
- G. County reserves the right to place Contractor on probationary status or to terminate this Agreement as outlined in the Duration and Termination Article.

XIV. Duration and Termination

- A. The term of this Agreement shall be from July 1, 2025 through June 30, 2030 inclusive.
- B. This Agreement may be terminated immediately by the Director at any time if:
 - 1. The appropriate office of the State of California indicates that this Agreement is not subject to reimbursement under law; or
 - 2. There are insufficient funds available to County; or
 - 3. There is evidence of fraud or misuse of funds by Contractor; or
 - 4. There is an immediate threat to the health and safety of Medi-Cal beneficiaries; or
 - 5. Contractor is found not to be in compliance with any or all of the terms of the herein incorporated Articles of this Agreement or any other material terms of the Contract, including the corrective action plan; or
 - 6. During the course of the administration of this Agreement, the County determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.
- C. Either the Contractor or Director may terminate this Agreement at any time for any reason or no reason by serving thirty (30) days written notice upon the other party.
- D. This Agreement may be terminated at any time by the mutual written concurrence of both the Contractor and the Director.
- E. Contractor must immediately notify DBH when a facility operated by Contractor as part of this Agreement is sold or leased to another party. In the event a facility operated by Contractor as part of this Agreement is sold or leased to another party, the Director has the option to terminate this Agreement immediately.

XV. Accountability: Revenue

- A. Total revenue collected pursuant to this Agreement from fees collected for services rendered and/or claims for reimbursement from the County cannot exceed the cost of services delivered by the Contractor. In no event shall the amount reimbursed exceed the cost of delivering services.
- B. Charges for services to either patients or other responsible persons shall be at actual costs.

- C. Under the terms and conditions of this Agreement, where billing accounts have crossover Medicare and/or Insurance along with Medi-Cal, Contractor shall first bill Medicare and/or the applicable insurance, then provide to the DBH Business Office copies of Contractor's bill and the remittance advice (RA) that show that the bill was either paid or denied. The DBH Business Office, upon receipt of these two items, will proceed to have the remainder of the claim submitted to Medi-Cal. Without these two items, the accounts with the crossover Medicare and/or Insurance along with Medi-Cal will not be billed. Projected Medicare revenue to be collected during the Contract period is zero (\$0), which is shown on Line 7 of the Schedule A. Contractor acknowledges that it is obligated to report all revenue received from any source, including Medicare revenue, in its monthly claim for reimbursement, pursuant to Provisional Payment Article, and in its cost report in accordance with Annual Cost Report Settlement Article.

XVI. Patient/Client Billing

- A. Contractor shall comply with all County, State and Federal requirements and procedures relating to:
1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with State guidelines and WIC Sections 5709 and 5710.
 2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicare, private insurance, or other third-party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. Contractor shall pursue and report collection of all patient/client and other revenue.
 3. Contractor shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.
 4. Failure of Contractor to report in all its claims and its annual cost report all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of Medi-Cal beneficiaries receiving services hereunder shall result in:
 - a. Contractor's submission of revised claim statement showing all such non-reported revenue.
 - b. A report by the County to DHCS of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries.
 - c. Any appropriate financial adjustment to Contractor's reimbursement.
- B. Any covered services provided by Contractor or subcontractor shall not be billed to patients/clients for an amount greater than the County rate [42 C.F.R. § 438.106(c)].
- C. Client Liability for Payment

Pursuant to California Code of Regulations, Title 9, Section 1810.365, Contractor or subcontractor of Contractor shall not submit a claim to, or demand or otherwise collect reimbursement from the client or persons acting on behalf of the client for any specialty

mental health or related administrative services provided under this Contract, except to collect other health insurance coverage, share of cost, and co-payments. Consistent with 42 C.F.R., Section 438.106, Contractor or sub-contractor of Contractor shall not hold the client liable for debts in the event that Contractor becomes insolvent for costs of covered services for which DBH does not pay Contractor; for costs of covered services for which DBH or Contractor does not pay Contractor's subcontractors; for costs of covered services provided under a contract, referral or other arrangement rather than from DBH; or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a client with an emergency psychiatric condition.

XVII. Personnel

- A. Contractor shall operate continuously throughout the term of this Agreement with at least the minimum number of staff as required by Title 9 of the California Code of Regulations for the mode(s) of service described in this Agreement. Contractor shall also satisfy any other staffing requirements necessary to participate in the Short-Doyle/Medi-Cal program, if so funded.
- B. Contractor must follow DBH's credentialing and re-credentialing policy that is based on DHCS' uniform policy. Contractor must follow a documented process for credentialing and re-credentialing of Contractor's staff [42 C.F.R. §§ 438.12(a)(2) and 438.214(b)].
- C. Contractor shall ensure the Staff Master is updated regularly for each service provider with the current employment and license/certification/registration/waiver status in order to bill for services and determine provider network capacity. Updates to the Staff Master shall be completed, including, but not limited to, the following events: new registration number obtained, licensure obtained, licensure renewed, and employment terminated. When updating the Staff Master, provider information shall include, but not limited to, the following: employee name; professional discipline; license, registration or certification number; National Provider Identifier (NPI) number and NPI taxonomy code; County's billing and transactional database system number; date of hire; and date of termination (when applicable).
- D. Contractor shall comply with DBH's request(s) for provider information that is not readily available on the Staff Master form or the Management Information System as DBH is required by Federal regulation to update its paper and electronic provider directory, which includes contract agencies and hospitals, at least monthly.
- E. Contractor agrees to provide or has already provided information on former San Bernardino County administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former County administrative officials who terminated County employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, "County administrative official" is defined as a member of the Board of Supervisors or such officer's staff, Chief Executive Officer or member of such officer's staff, County department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit.
- F. Statements of Disclosure

1. Contractor shall submit a statement of disclosure of ownership, control and relationship information regarding its providers, managing employees, including agents and managing agents as required in Title 42 of the Code of Federal Regulations, Sections 455.104 and 455.105 for those having five percent (5%) or more ownership or control interest. This statement relates to the provision of information about provider business transactions and provider ownership and control and must be completed prior to entering into a contract, during certification or re-certification of the provider; within thirty-five (35) days after any change in ownership; annually; and/or upon request of the County. The disclosures to provide are as follows:
 - a. Name and address of any person (individual or corporation) with an ownership or control interest in Contractor's agency. The address for corporate entities shall include, as applicable, a primary business address, every business location and a P.O. box address;
 - b. Date of birth and Social Security Number (if an individual);
 - c. Other tax identification number (if a corporation or other entity);
 - d. Whether the person (individual or corporation) with an ownership or control interest in the Contractor's agency is related to another person with ownership or control in the same or any other network provider of the Contractor as a spouse, parent, child or sibling;
 - e. The name of any other disclosing entity in which the Contractor has an ownership or control interest; and
 - f. The name, address, date of birth and Social Security Number of any managing employee of the Contractor.
2. Contractor shall also submit disclosures related to business transactions as follows:
 - a. Ownership of any subcontractor with whom the Contractor has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
 - b. Any significant business transactions between the Contractor and any wholly owned supplier, or between the Contractor and any subcontractor, during the five (5) year period ending on the date of a request by County.
3. Contractor shall submit disclosures related to persons convicted of crimes regarding the Contractor's management as follows:
 - a. The identity of any person who is a managing employee, owner or person with controlling interest of the Contractor who has been convicted of a crime related to Federal health care programs;
 - b. The identity of any person who is an agent of the Contractor who has been convicted of a crime related to Federal health care programs. Agent is described in 42 C.F.R. §455.101; and

- c. The Contractor shall supply the disclosures before entering into a contract and at any time upon the County's request.
- G. Contractor shall confirm the identity of its providers, employees, DBH-funded network providers, contractors and any person with an ownership or controlling interest, or who is an agent or managing employee by developing and implementing a process to conduct a review of applicable Federal databases in accordance with Title 42 of the Code of Federal Regulations, Section 455.436. In addition to any background check or Department of Justice clearance, the Contractor shall review and verify the following databases:
 - 1. Pursuant to Title 42 of the Code of Federal Regulations, Section 455.410, all health care providers including all ordering or referring physicians or other professionals providing services, are required to be screened via the Social Security Administration's Death Master File to ensure new and current providers are not listed. Contractor shall conduct the review prior to hire and upon contract renewal (for contractor employees not hired at the time of contract commencement).
 - 2. National Plan and Provider Enumeration System (NPPES) to ensure the provider has a NPI number, confirm the NPI number belongs to the provider, verify the accuracy of the providers' information and confirm the taxonomy code selected is correct for the discipline of the provider.
 - 3. List of Excluded Individuals/Entities and General Services Administration's System for Award Management (SAM), the Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and DHCS Suspended and Ineligible Provider (S&I) List (if Medi-Cal reimbursement is received under this Contract), to ensure providers, employees, DBH-funded network providers, contractors and any person with an ownership or controlling interest, or who is an agent or managing employee are not excluded, suspended, debarred or otherwise ineligible to participate in the Federal and State health care programs. See the Licensing, Certification and Accreditation section of this Contract for further information on Excluded and Ineligible Person checks.
- H. Contractor shall obtain records from the Department of Justice of all convictions of persons offered employment or volunteers as specified in Penal Code Section 11105.3.
- I. Contractor shall inform DBH within twenty-four (24) hours or next business day of any allegations of sexual harassment, physical abuse, etc., committed by Contractor's employees against clients served under this Contract. Contractor shall report incident as outlined in Notification of Unusual Occurrences or Incident/Injury Reports paragraph in the Administrative Procedures Article.
- J. Iran Contracting Act of 2010
 IRAN CONTRACTING ACT OF 2010, Public Contract Code sections 2200 et seq. (Applicable for all Contracts of one million dollars (\$1,000,000) or more) In accordance with Public Contract Code Section 2204(a), the Contractor certifies that at the time the Contract is signed, the Contractor signing the Contract is not identified on a list created

pursuant to subdivision (b) of Public Contract Code Section 2203 as a person [as defined in Public Contract Code Section 2202(e)] engaging in investment activities in Iran described in subdivision (a) of Public Contract Code Section 2202.5, or as a person described in subdivision (b) of Public Contract Code Section 2202.5, as applicable.

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

K. Trafficking Victims Protection Act of 2000

In accordance with the Trafficking Victims Protection Act (TVPA) of 2000, the Contractor certifies that at the time the Contract is signed, the Contractor will remain in compliance with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C. 7104). For access to the full text of the award term, go to: <http://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>.

The TVPA strictly prohibits any Contractor or Contractor employee from:

1. Engaging in severe forms of trafficking in persons during the duration of the Contract;
2. Procuring a commercial sex act during the duration of the Contract; and
3. Using forced labor in the performance of the Contract.

Any violation of the TVPA may result in payment withholding and/or a unilateral termination of this Contract without penalty in accordance with 2 CFR Part 175. The TVPA applies to Contractor and Contractor's employees and/or agents.

L. Executive Order N-6-22 Russia Sanctions

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

XVIII. Prohibited Affiliations

A. Contractor shall not knowingly have any prohibited type of relationship with the following:

1. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549 [42 C.F.R. § 438.610(a)(1)].
 2. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in this section [42 C.F.R. § 438.610(a)(2)].
- B. Contractor shall not have a prohibited type of relationship by employing or contracting with providers or other individuals and entities excluded from participation in Federal health care programs (as defined in section 1128B(f) of the Social Security Act) under either Section 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act [42 C.F.R. §§ 438.214(d)(1), 438.610(b); 42 U.S.C. § 1320c-5].
- C. Contractor shall not have any types of relationships prohibited by this section with an excluded, debarred, or suspended individual, provider, or entity as follows:
1. A director, officer, agent, managing employee, or partner of the Contractor [42 U.S.C. § 1320a-7(b)(8)(A)(ii); 42 C.F.R. § 438.610(c)(1)].
 2. A subcontractor of the Contractor, as governed by 42 C.F.R. § 438.230. [42 C.F.R. § 438.610(c)(2)].
 3. A person with beneficial ownership of 5 percent (5%) or more of the Contractor's equity [(42 C.F.R. § 438.610(c)(3)].
 4. An individual convicted of crimes described in section 1128(b)(8)(B) of the Act [42 C.F.R. § 438.808(b)(2)].
 5. A network provider or person with an employment, consulting, or other arrangement with the Contractor for the provision of items and services that are significant and material to the Contractor's obligations under this Contract [42 C.F.R. § 438.610(c)(4)].
 6. Contractor shall not employ or contract with, directly or indirectly, such individuals or entities for the furnishing of health care, utilization review, medical social work, administrative services, management, or provision of medical services, or the establishment of policies or provision of operational support for such services [42 C.F.R. § 438.808(b)(3)].
- D. Conflict of Interest
1. Contractor shall comply with the conflict of interest safeguards described in 42 Code of Federal Regulations part 438.58 and the prohibitions described in section 1902(a)(4)(C) of the Act [42 C.F.R. § 438.3(f)(2)].
 2. Contractor shall not utilize in the performance of this Contract any County officer or employee or other appointed County official unless the employment, activity, or enterprise is required as a condition of the officer's or employee's regular County employment [Pub. Con. Code § 10410; 42 C.F.R. § 438.3(f)(2)].

- a. Contractor shall submit documentation to the County of current and former County employees who may present a conflict of interest.

XIX. Licensing, Certification and Accreditation

- A. Contractor shall operate continuously throughout the term of this Agreement with all licenses, certifications and/or permits as are necessary to the performance hereunder. Failure to maintain a required license, certification, and/or permit may result in immediate termination of this Contract.
- B. Contractor shall maintain for inpatient and residential services the necessary licensing and certification or mental health program approval throughout the term of this Contract.
- C. Contractor shall inform DBH whether it has been accredited by a private independent accrediting entity [42 C.F.R. 438.332(a)]. If Contractor has received accreditation by a private independent accrediting entity, Contractor shall authorize the private independent accrediting entity to provide the County a copy of its most recent accreditation review, including:
 - 1. Its accreditation status, survey type, and level (as applicable); and
 - 2. Accreditation results, including recommended actions or improvements, corrective action plans, and summaries of findings; and
 - 3. The expiration date of the accreditation [42 C.F.R. § 438.332(b)].
- D. Contractor shall be knowledgeable of and compliant with State law and DBH policy/procedure regarding Medi-Cal Certification and ensure that the head of service is a licensed mental health professional or other appropriate individual.
- E. Contractor shall ensure all service providers apply for, obtain and maintain the appropriate certification, licensure, registration or waiver prior to rendering services. Service providers must work within their scope of practice and may not render and/or claim services without a valid certification, licensure, registration or waiver. Contractor shall develop and implement a policy and procedure for all applicable staff to notify Contractor of a change in licensure/certification/waiver status, and Contractor is responsible for notifying DBH of such change.
- F. Contractor shall develop and implement a documented process for continued employment of pre-licensed clinical therapist staff, who have not obtained licensure within six (6) years of their original date of registration. This process must be in accordance with DBH Registration and Licensure Requirements for Pre-Licensed Staff Policy (HR4012). Contractor shall be responsible for accepting, reviewing and determining whether to grant a one (1) year extensions [up to a maximum of three (3) one-year extensions], to an employee who has not obtained licensure within six (6) years following the first California Board of Behavioral Health Sciences (BBS) registration receipt date. Prior to granting said extension, Contractor must ensure the pre-licensed staff is actively pursuing licensure, and that licensure can be obtained within the determined extension period. Contractor shall ensure all licensed and pre-licensed staff maintain valid Board registration and adhere to all applicable professional regulations, including – but not limited to - clearance from ineligible/excluded status as described herein.

Contractor approved extension letters shall be submitted to DBH Office of Compliance via email to Compliance_Questions@dbh.sbcounty.gov.

- G. Contractor shall comply with applicable provisions of the:
1. California Code of Regulations, Title 9;
 2. California Business and Professions Code, Division 2; and
 3. California Code of Regulations, Title 16.
- H. Contractor shall comply with the United States Department of Health and Human Services OIG requirements related to eligibility for participation in Federal and State health care programs.
1. Ineligible Persons may include both entities and individuals and are defined as any individual or entity who:
 - a. Is currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal and State health care programs; or
 - b. Has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal and State health care programs after a period of exclusion, suspension, debarment, or ineligibility.
 2. Contractor shall review the organization and all its employees, subcontractors, agents, physicians and persons having five percent (5%) or more of direct or indirect ownership or controlling interest of the Contractor for eligibility against the following databases: SAM and the OIG's LEIE respectively to ensure that Ineligible Persons are not employed or retained to provide services related to this Contract. Contractor shall conduct these reviews before hire or contract start date and then no less than once a month thereafter.
 - a. SAM can be accessed at <https://www.sam.gov/SAM/>.
 - b. LEIE can be accessed at <http://oig.hhs.gov/exclusions/index.asp>.
 3. If Contractor receives Medi-Cal reimbursement, Contractor shall review the organization and all its employees, subcontractors, agents and physicians for eligibility against the DHCS S&I List to ensure that Ineligible Persons are not employed or retained to provide services related to this Contract. Contractor shall conduct this review before hire or contract start date and then no less than once a month thereafter.
 - a. S&I List can be accessed at <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx>.
 4. Contractor shall certify or attest that no staff member, officer, director, partner or principal, or sub-contractor is "excluded" or "suspended" from any Federal health care program, federally funded contract, state health care program or state funded contract. This certification shall be documented by completing the Attestation Regarding Ineligible/Excluded Persons (**Attachment I**) at time of the initial contract execution and annually thereafter. Contractor shall not certify or

attest any excluded person working/contracting for its agency and acknowledges that the County shall not pay the Contractor for any excluded person. The Attestation Regarding Ineligible/Excluded Persons shall be submitted to the following program and address:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to: Compliance_Questions@dbh.sbcounty.gov

5. Contractor acknowledges that Ineligible Persons are precluded from employment and from providing Federal and State funded health care services by contract with County.
6. Contractor shall have a policy regarding the employment of sanctioned or excluded employees that includes the requirement for employees to notify the Contractor should the employee become sanctioned or excluded by the OIG, General Services Administration (GSA), and/or DHCS.
7. Contractor acknowledges any payment received for an excluded person may be subject to recovery and/or considered an overpayment by DBH/DHCS and/or be the basis for other sanctions by DHCS.
8. Contractor shall immediately notify DBH should an employee become sanctioned or excluded by the OIG, GSA, and/or DHCS.

XX. Health Information System

- A. Should Contractor have a health information system, it shall maintain a system that collects, analyzes, integrates, and reports data (42 C.F.R. § 438.242(a); Cal. Code Regs., tit. 9, § 1810.376.) The system shall provide information on areas including, but not limited to, utilization, claims, grievances, and appeals [42 C.F.R. § 438.242(a)]. Contractor shall comply with Section 6504(a) of the Affordable Care Act [42 C.F.R. § 438.242(b)(1)].
- B. Contractor's health information system shall, at a minimum:
 1. Collect data on beneficiary and Contractor characteristics as specified by the County, and on services furnished to beneficiaries as specified by the County; [42 C.F.R. § 438.242(b)(2)].
 2. Ensure that data received is accurate and complete by:
 - a. Verifying the accuracy and timeliness of reported data.
 - b. Screening the data for completeness, logic, and consistency.
 - c. Collecting service information in standardized formats to the extent feasible and appropriate.
- C. Contractor shall make all collected data available to DBH and, upon request, to DHCS and/or CMS [42 C.F.R. § 438.242(b)(4)].
- D. Contractor's health information system is not required to collect and analyze all elements in electronic formats [Cal. Code Regs., tit. 9, § 1810.376(c)].

XXI. Administrative Procedures

- A. Contractor agrees to adhere to all applicable provisions of:
1. State Notices,
 2. DBH Policies and Procedures on Advance Directives, and;
 3. County DBH Standard Practice Manual (SPM). Both the State Notices and the DBH SPM are included as a part of this Contract by reference.
- B. Contractor shall have a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, any required State or Federal notices (Deficit Reduction Act), and procedures for reporting unusual occurrences relating to health and safety issues.
- C. All written materials for potential beneficiaries and beneficiaries with disabilities must utilize easily understood language and a format which is typically at 5th or 6th grade reading level, in a font size no smaller than 12 point, be available in alternative formats and through the provision of auxiliary aids and services, in an appropriate manner that takes into consideration the special needs of potential beneficiaries or beneficiaries with disabilities or limited English proficiency and include a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternative formats [42 C.F.R. 438.10(d)(6)(ii)]. The aforementioned written materials may only be provided electronically by the Contractor if all of the following conditions are met:
1. The format is readily accessible;
 2. The information is placed in a location on the Contractor's website that is prominent and readily accessible;
 3. The information is provided in an electronic form which can be electronically retained and printed;
 4. The information is consistent with the content and language requirements of this Attachment; and
 5. The beneficiary is informed that the information is available in paper form without charge upon request and Contractor provides it upon request within five (5) business days [42 C.F.R. 438.10(c)(6)].
- D. Contractor shall ensure its written materials are available in alternative formats, including large print, upon request of the potential beneficiary or beneficiary with disabilities at no cost. Large print means printed in a font size no smaller than 18 point [42 C.F.R. § 438.10(d)(3)].
- E. Contractor shall provide the required information in this section to each beneficiary when first receiving Specialty Mental Health Services and upon request [1915(b) Medi-Cal Specialty Mental Health Services Waiver, § (2), subd. (d), p. 26, attachments 3 and 4; Cal. Code Regs., tit. 9, § 1810.360(e)].
- F. Provider List

Contractor shall ensure that staff is knowledgeable of and compliant with State and DBH policy/procedure regarding DBH Provider Directories. Contractor agrees to demonstrate that staff knows how to access Provider List as required by DBH.

G. Beneficiary Informing Materials

Contractor shall ensure that staff is knowledgeable of and compliant with State and DBH policy/procedure regarding Beneficiary Informing Materials which includes, but is not limited to the Guide to Medi-Cal Mental Health Services. Contractor shall only use the DBH and DHCS developed and approved handbooks, guides and notices.

H. If a dispute arises between the parties to this Agreement concerning the interpretation of any State Notice or a policy/procedure within the DBH SPM, the parties agree to meet with the Director to attempt to resolve the dispute.

I. State Notices shall take precedence in the event of conflict with the terms and conditions of this Agreement.

J. In the event the County determines that service is unsatisfactory, or in the event of any other dispute, claim, question or disagreement arising from or relating to this Contract or breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.

K. Grievance and Complaint Procedures

Contractor shall ensure that staff are knowledgeable of and compliant with the San Bernardino County Beneficiary Grievance and Appeals Procedures and ensure that any complaints by recipients are referred to DBH in accordance with the procedure.

L. Notice of Adverse Benefit Determination Procedures

Contractor shall ensure that staff is knowledgeable of and compliant with State law and DBH policy/procedure regarding the issuance of Notice of Adverse Benefit Determinations (NOABDs).

M. Notification of Unusual Occurrences or Incident/Injury Reports

1. Contractor shall notify DBH, within twenty-four (24) hours or next business day, of any unusual incident(s) or event(s) that occur while providing services under this Contract, which may result in reputational harm to either the Contractor or the County. Notice shall be made to the assigned contract oversight DBH Program Manager with a follow-up call to the applicable Deputy Director.
2. Contractor shall submit a written report to DBH within three (3) business days of occurrence on DBH Unusual Occurrence/Incident Report form or on Contractor's own form preapproved by DBH Program Manager or designee.
3. If Contractor is required to report occurrences, incidents or injuries as part of licensing requirements, Contractor shall provide DBH Program Manager or designee with a copy of report submitted to applicable State agency.
4. Written reports shall not be made via email unless encryption is used.

N. Copyright

County shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under this Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material. All such materials developed under the terms of this Contract shall acknowledge San Bernardino County Department of Behavioral Health as the funding agency and Contractor as the creator of the publication. No such materials or properties produced in whole or in part under this Contract shall be subject to private use, copyright or patent right by Contractor in the United States or in any other country without the express written consent of County. Copies of all educational and training materials, curricula, audio/visual aids, printed material, and periodicals, assembled pursuant to this Contract must be filed with and approved by the County prior to publication. Contractor shall receive written permission from DBH prior to publication of said training materials.

O. Release of Information

No news releases, advertisements, public announcements or photographs arising out of this Contract or Contractor's relationship with the County may be made or used without prior written approval of DBH.

P. Ownership of Documents

All documents, data, products, graphics, computer programs and reports prepared by Contractor or subcontractor pursuant to the Agreement shall be considered property of the County upon payment for services. All such items shall be delivered to DBH at the completion of work under the Agreement. Unless otherwise directed by DBH, Contractor may retain copies of such items.

Q. Contractor agrees to and shall comply with all requirements and procedures established by the State, County, and Federal Governments, including those for quality improvement, and including, but not limited to, submission of periodic reports to DBH for coordination, contract compliance, and quality assurance.

R. Travel

Contractor shall adhere to the County's Travel Management Policy (8-02) when travel is pursuant to this Agreement and for which reimbursement is sought from the County. In addition, Contractor shall, to the fullest extent practicable, utilize local transportation services, including but not limited to Ontario Airport, for all such travel.

S. Political contributions and lobbying activities are not allowable costs. This includes contributions made indirectly through other individuals, committees, associations or other organizations for campaign or other political purposes. The costs of any lobbying activities however conducted, either directly or indirectly, are not allowable.

XXII. Laws and Regulations

A. Contractor agrees to comply with all relevant Federal and State laws and regulations, including, but not limited to those listed below, inclusive of future revisions, and comply with all applicable provisions of:

1. Mental Health Plan (MHP) Contract with the State;
2. California Code of Regulations, Title 9;
3. California Code of Regulations, Title 22;
4. California Welfare and Institutions Code, Division 5;
5. Code of Federal Regulations, Title 42, including, but not limited to, Parts 438 and 455;
6. Code of Federal Regulations, Title 45;
7. United States Code, Title 42, as applicable;
8. Balanced Budget Act of 1997; and
9. Applicable Medi-Cal laws, regulations, including applicable sub-regulatory guidance and contract provisions.

B. Health and Safety

Contractor shall comply with all applicable State and local health and safety requirements and clearances for each site where program services are provided under the terms of the Contract:

1. Any space owned, leased or operated by the Contractor and used for services or staff must meet local fire codes.
2. The physical plant of any site owned, leased or operated by the Contractor and used for services or staff is clean, sanitary and in good repair.
3. Contractor shall establish and implement maintenance policies for any site owned, leased or operated that is used for services or staff to ensure the safety and well-being of beneficiaries and staff.

C. Drug and Alcohol-Free Workplace

In recognition of individual rights to work in a safe, healthful and productive work place, as a material condition of this Contract, Contractor agrees that Contractor and Contractor's employees, while performing service for the County, on County property, or while using County equipment:

1. Shall not be in any way impaired because of being under the influence of alcohol or a drug.
2. Shall not possess an open container of alcohol or consume alcohol or possess or be under the influence of any substance.
3. Shall not sell, offer, or provide alcohol or a drug to another person. This shall not be applicable to Contractor or Contractor's employees who, as part of the

performance of normal job duties and responsibilities, prescribes or administers medically prescribed drugs.

4. Contractor shall inform all employees that are performing service for the County on County property, or using County equipment, of the County's objective of a safe, healthful and productive work place and the prohibition of drug or alcohol use or impairment from same while performing such service for the County.
5. The County may terminate for default or breach of this Contract and any other contract Contractor has with County, if Contractor or Contractor's employees are determined by the County not to be in compliance with above.

D. Pro-Children Act of 1994

Contractor will comply with Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994.

E. Privacy and Security

1. Contractor shall comply with all applicable State and Federal regulations pertaining to privacy and security of client information including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), as incorporated in the American Recovery and Reinvestment Act of 2009. Regulations have been promulgated governing the privacy and security of Individually Identifiable Health Information (IIHI) and/or Protected Health Information (PHI) or electronic Protected Health Information (ePHI).
2. In addition to the aforementioned protection of IIHI, PHI and e-PHI, the County requires Contractor to adhere to the protection of Personally Identifiable Information (PII) and Medi-Cal PII. PII includes any information that can be used to search for or identify individuals such as but not limited to name, social security number or date of birth. Whereas Medi-Cal PII is the information that is directly obtained in the course of performing an administrative function on behalf of Medi-Cal, such as determining or verifying eligibility that can be used alone or in conjunction with any other information to identify an individual.
3. Contractor shall comply with the HIPAA Privacy and Security Rules, which includes but is not limited to implementing administrative, physical and technical safeguards that reasonably protect the confidentiality, integrity and availability of PHI; implementing and providing a copy to DBH of reasonable and appropriate written policies and procedures to comply with the standards; conducting a risk analysis regarding the potential risks and vulnerabilities of the confidentiality, integrity and availability of PHI; conducting privacy and security awareness and training at least annually and retain training records for at least ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later, and limiting access to those persons who have a business need.
4. Contractor shall comply with the data security requirements set forth by the County as referenced in **Attachment II**.

5. Reporting of Improper Access, Use or Disclosure or Breach

Contractor shall report to DBH Office of Compliance any unauthorized use, access or disclosure of unsecured Protected Health Information or any other security incident with respect to Protected Health Information no later than one (1) business day upon the discovery of a potential breach consistent with the regulations promulgated under HITECH by the United States Department of Health and Human Services, 45 CFR Part 164, Subpart D. Upon discovery of the potential breach, the Contractor shall complete the following actions:

- a. Notify DBH Office of Compliance in writing, by mail, fax, or electronically, of such incident no later than one (1) business day and provide DBH Office of Compliance with the following information to include but not limited to:
 - i. Date the potential breach occurred;
 - ii. Date the potential breach was discovered;
 - iii. Number of staff, employees, subcontractors, agents or other third parties and the titles of each person allegedly involved;
 - iv. Number of potentially affected patients/clients; and
 - v. Description of how the potential breach allegedly occurred.
- b. Provide an update of applicable information to the extent known at that time without reasonable delay and in no case later than three (3) calendar days of discovery of the potential breach.
- c. Provide completed risk assessment and investigation documentation to DBH Office of Compliance within ten (10) calendar days of discovery of the potential breach with decision whether a breach has occurred, including the following information:
 - i. The nature and extent of the PHI involved, including the types of identifiers and likelihood of re-identification;
 - ii. The unauthorized person who used PHI or to whom it was made;
 - iii. Whether the PHI was actually acquired or viewed; and
 - iv. The extent to which the risk to PHI has been mitigated.
- d. Contractor is responsible for notifying the client and for any associated costs that are not reimbursable under this Contract, if a breach has occurred. Contractor must provide the client notification letter to DBH for review and approval prior to sending to the affected client(s).
- e. Make available to the County and governing State and Federal agencies in a time and manner designated by the County or governing State and Federal agencies, any policies, procedures, internal practices and records relating to a potential breach for the purposes of audit or should the County reserve the right to conduct its own investigation and analysis.

F. Program Integrity Requirements

1. General Requirement

As a condition for receiving payment under a Medi-Cal managed care program, Contractor shall comply with the provisions of Title 42 C.F.R. Sections 438.604, 438.606, 438.608 and 438.610. Contractor must have administrative and management processes or procedures, including a mandatory compliance plan, that are designed to detect and prevent fraud, waste or abuse.

- a. If Contractor identifies an issue or receives notification of a complaint concerning an incident of possible fraud, waste, or abuse, Contractor shall immediately notify DBH; conduct an internal investigation to determine the validity of the issue/complaint; and develop and implement corrective action if needed.
- b. If Contractor's internal investigation concludes that fraud or abuse has occurred or is suspected, the issue if egregious, or beyond the scope of the Contractor's ability to pursue, the Contractor shall immediately report to the DBH Office of Compliance for investigation, review and/or disposition.
- c. Contractor shall immediately report to DBH any overpayments identified or recovered, specifying the overpayments due to potential fraud.
- d. Contractor shall immediately report any information about changes in a beneficiary's circumstances that may affect the beneficiary's eligibility, including changes in the beneficiary's residence or the death of the beneficiary.
- e. Contractor shall immediately report any information about a change in contractor's or contractor's staff circumstances that may affect eligibility to participate in the managed care program.
- f. Contractor shall implement and maintain processes or procedures designed to detect and prevent fraud, waste or abuse that includes provisions to verify, by sampling or other methods, whether services that have been represented to have been delivered by Contractor were actually furnished to beneficiaries, demonstrate the results to DBH, and apply such verification procedures on a regular basis.
- g. Contractor understands DBH, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time if there is a reasonable possibility of fraud or similar risk.

2. Compliance Plan and Program

DBH has established an Office of Compliance for purposes of ensuring adherence to all standards, rules and regulations related to the provision of services and expenditure of funds in Federal and State health care programs. Contractor shall either adopt DBH's Compliance Plan/Program or establish its own Compliance Plan/Program and provide documentation to DBH to evaluate whether the Program is consistent with the elements of a Compliance Program as recommended by the United States Department of Health and Human Services, Office of Inspector General.

Contractor's Compliance Program must include the following elements:

a. Designation of a compliance officer who reports directly to the Chief Executive Officer and the Contractor's Board of Directors and compliance committee comprised of senior management who are charged with overseeing the Contractor's compliance program and compliance with the requirements of this account. The committee shall be accountable to the Contractor's Board of Directors.

b. Policies and Procedures

Written policies and procedures that articulate the Contractor's commitment to comply with all applicable Federal and State standards. Contractor shall adhere to applicable DBH Policies and Procedures relating to the Compliance Program or develop its own compliance related policies and procedures.

i. Contractor shall establish and implement procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they arise, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the Contract.

ii. Contractor shall implement and maintain written policies for all DBH funded employees, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State laws, including information about rights of employees to be protected as whistleblowers.

iii. Contractor shall maintain documentation, verification or acknowledgement that the Contractor's employees, subcontractors, interns, volunteers, and members of Board of Directors are aware of these Policies and Procedures and the Compliance Program.

iv. Contractor shall have a Compliance Plan demonstrating the seven (7) elements of a Compliance Plan. Contractor has the option to develop its own or adopt DBH's Compliance Plan. Should Contractor develop its own Plan, Contractor shall submit the Plan prior to implementation for review and approval to:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to: Compliance_Questions@dbh.sbcounty.gov

c. Code of Conduct

Contractor shall either adopt the DBH Code of Conduct or develop its own Code of Conduct.

- i. Should the Contractor develop its own Code of Conduct, Contractor shall submit the Code prior to implementation to the following DBH Program for review and approval:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

- ii. Contractor shall distribute to all Contractor's employees, subcontractors, interns, volunteers, and members of Board of Directors a copy of the Code of Conduct. Contractor shall document annually that such persons have received, read, understand and will abide by said Code.

d. Excluded/Ineligible Persons

Contractor shall comply with Licensing, Certification and Accreditation Article in this Contract related to excluded and ineligible status in Federal and State health care programs.

e. Internal Monitoring and Auditing

Contractor shall be responsible for conducting internal monitoring and auditing of its agency. Internal monitoring and auditing include, but are not limited to billing and coding practices, licensure/credential/registration/waiver verification and adherence to County, State and Federal regulations.

- i. Contractor shall take reasonable precaution to ensure that the coding of health care claims and billing for same are prepared and submitted in an accurate and timely manner and are consistent with Federal, State and County laws and regulations as well as DBH's policies and/or agreements with third party payers. This includes compliance with Federal and State health care program regulations and procedures or instructions otherwise communicated by regulatory agencies including the Centers for Medicare and Medicaid Services or its agents.
- ii. Contractor shall not submit false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind.
- iii. Contractor shall bill only for those eligible services actually rendered which are also fully documented. When such services are coded, Contractor shall use only correct billing codes that accurately describe the services provided.
- iv. Contractor shall act promptly to investigate and correct any problems or errors in coding of claims and billing, if and when, any

such problems or errors are identified by the County, Contractor, outside auditors, etc.

- v. Contractor shall ensure all employees/service providers maintain current licensure/credential/registration/waiver status as required by the respective licensing Board, applicable governing State agency(ies) and Title 9 of the California Code of Regulations.
- vi. Should Contractor identify improper procedures, actions or circumstances, including fraud/waste/abuse and/or systemic issue(s), Contractor shall take prompt steps to correct said problem(s). Contractor shall report to DBH Office of Compliance and Fiscal Administration any overpayments discovered as a result of such problems no later than five (5) business days from the date of discovery, with the appropriate documentation, and a thorough explanation of the reason for the overpayment. Prompt mitigation, corrective action and reporting shall be in accordance with the DBH Overpayment Policy (COM0954), which has been provided or will be provided to Contractor at its request.

f. Response to Detected Offenses

Contractor shall respond to and correct detected health care program offenses relating to this Contract promptly. Contractor shall be responsible for developing corrective action initiatives for offenses to mitigate the potential for recurrence.

g. Compliance Training

Contractor is responsible for ensuring its Compliance Officer, and the agency's senior management, employees and contractors attend trainings regarding Federal and State standards and requirements. The Compliance Officer must attend effective training and education related to compliance, including but not limited to, seven elements of a compliance program and fraud, waste and abuse. Contractor is responsible for conducting and tracking Compliance Training for its agency staff. Contractor is encouraged to attend DBH Compliance trainings, as offered and available.

h. Enforcement of Standards

Contractor shall enforce compliance standards uniformly and through well-publicized disciplinary guidelines. If Contractor does not have its own standards, the County requires the Contractor utilize DBH policies and procedures as guidelines when enforcing compliance standards.

i. Communication

Contractor shall establish and maintain effective lines of communication between its Compliance Officer and Contractor's employees and subcontractors. Contractor's employees may use Contractor's approved Compliance Hotline or DBH's Compliance Hotline (800) 398-9736 to

report fraud, waste, abuse or unethical practices. Contractor shall ensure its Compliance Officer establishes and maintains effective lines of communication with DBH's Compliance Officer and program.

j. Subpoena

In the event that a subpoena or other legal process commenced by a third party in any way concerning the Services provided under this Contract is served upon Contractor or County, such party agrees to notify the other party in the most expeditious fashion possible following receipt of such subpoena or other legal process. Contractor and County further agree to cooperate with the other party in any lawful effort by such other party to contest the legal validity of such subpoena or other legal process commenced by a third party as may be reasonably required and at the expense of the party to whom the legal process is directed, except as otherwise provided herein in connection with defense obligations by Contractor for County.

- k. In accordance with the Termination paragraph of this Agreement, the County may terminate this Agreement upon thirty (30) days written notice if Contractor fails to perform any of the terms of this Compliance paragraph. At the County's sole discretion, Contractor may be allowed up to thirty (30) days for corrective action.

G. Sex Offender Requirements

Contractor shall ensure client registration protocols for non-DBH referrals include, a screening process to ensure clients ever convicted of a sex offense against a minor or currently registered as a sex offender with violations of CA Penal Code (PC) § 208 or 208.5, are not accepting into housing or treatment in facilities within one-half (1/2) mile (2640 feet) of any school, including any or all of kindergarten and grades 1 to 12, as required by PC § 3003, subdivision (g). Contractor shall obtain criminal history information for any client residing longer than twenty-four (24) hours, prior to rendering services.

Additionally, if Contractor's facility(ies) is a licensed community care facility and within one (1) mile of an elementary school, Contractor must seek/obtain disclosure from each client to confirm client has not been convicted of a sex offense of a minor as described herein, and assure residence in Contractor facility (for the duration of treatment and/or housing) is not prohibited, pursuant to CA Health and Safety Code (HSC) § 1564

XXIII. Patients' Rights

Contractor shall take all appropriate steps to fully protect patients' rights, as specified in Welfare and Institutions Code Sections 5325 et seq; Title 9 California Code of Regulations (CCR), Sections 861, 862, 883, 884; and Title 22 CCR, Sections 72453 and 72527.

XXIV. Confidentiality

Contractor agrees to comply with confidentiality requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), commencing with Subchapter C, and all State and Federal statutes and regulations regarding confidentiality, including but not limited to

applicable provisions of Welfare and Institutions Code Sections 5328 et seq. and 14100.2, Title 22, California Code of Regulations Section 51009 and Title 42, Code of Federal Regulations Part 2.

- A. Contractor shall have all employees acknowledge an Oath of Confidentiality mirroring that of DBH's, including confidentiality and disclosure requirements, as well as sanctions related to non-compliance. Contractor shall have all employees sign acknowledgement of the Oath on an annual basis.
- B. Contractor shall not use or disclose PHI other than as permitted or required by law.

XXV. Admission Policies

- A. Contractor shall develop patient/client admission policies, which are in writing and available to the public.
- B. Contractor's admission policies shall adhere to policies that are compatible with Department of Behavioral Health service priorities, and Contractor shall admit clients according to procedures and time frames established by DBH.
- C. If Contractor is found not to be in compliance with the terms of Admission Policies Article, this Agreement may be subject to termination.

XXVI. Medical Records/Protected Health Information

- A. Contractor agrees to maintain and retain medical records according to the following:
 - 1. The minimum maintenance requirement of medical records is:
 - a. The information contained in the medical record shall be confidential and shall be disclosed only to authorized persons in accordance to local, State and Federal laws.
 - b. Documents contained in the medical record shall be written legibly in ink or typewritten, be capable of being photocopied and shall be kept for all clients accepted for care or admitted, if applicable.
 - c. If the medical record is electronic, the Contractor shall make the computerized records accessible for the County's review.
 - 2. The minimum contractual requirement for the retention of medical records is:
 - a. For adults and emancipated minors, ten (10) years following discharge (last date of service), the final date of the contract period or from the date of completion of any audit, whichever is later;
 - b. For unemancipated minors, a minimum of ten (10) years after they have attained the age of 18, but in no event less than ten (10) years following discharge (last date of service), the final date of the contract period or from the date of completion of any audit, whichever is later.
 - c. County shall be informed within three (3) business days, in writing, if client medical records are defaced or destroyed prior to the expiration of the required retention period.

- B. Should patient/client records be misplaced and cannot be located after the Contractor has performed due diligence, the Contractor shall report to DBH as a possible breach of PHI in violation of HIPAA. Should the County and Contractor determine the chart cannot be located, all billable services shall be disallowed/rejected.
- C. Contractor shall ensure that all patient/client records are stored in a secure manner and access to records is limited to those employees of Contractor who have a business need. Security and access of records shall occur at all times, during and after business hours.
- D. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records.
- E. The IIHI or PHI under this Contract shall be and remain the property of the County. The Contractor agrees that it acquires no title or rights to any of the types of client information.
- F. The County shall store the medical records for all the Contractor's County funded clients when a Contract ends its designated term, a Contract is terminated, a Contractor relinquishes its contracts or if the Contractor ceases operations.
 - 1. Contractor shall deliver to DBH all data, reports, records and other such information and materials (in electronic or hard copy format) pertaining to the medical records that may have been accumulated by Contractor or subcontractor under this Contract, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.
 - 2. Contractor shall be responsible for the boxing, indexing and delivery of any and all records that will be stored by DBH Medical Records Unit. Contractor shall arrange for delivery of any and all records to DBH Medical Records Unit within seven (7) calendar days (this may be extended to thirty (30) calendar days with approval of DBH) of cessation of business operations.
 - 3. Should the Contractor fail to relinquish the medical records to the County, the County shall report the Contractor and its qualified professional personnel to the applicable licensing or certifying board(s).
 - 4. Contractor shall maintain responsibility for the medical records of non-county funded clients.

XXVII. Transfer of Care

Prior to the termination or expiration of this Contract, and upon request by the County, the Contractor shall assist the County in the orderly transfer of behavioral health care for beneficiaries in San Bernardino County. In doing this, the Contractor shall make available to DBH copies of medical records and any other pertinent information, including information maintained by any subcontractor that is necessary for efficient case management of beneficiaries. Under no circumstances will the costs for reproduction of records to the County from the Contractor be the responsibility of the client.

XXVIII. Quality Assurance/Utilization Review

- A. Contractor agrees to be in compliance with the Laws and Regulations Article of this Contract.
- B. County shall establish standards and implement processes for Contractor that will support understanding of, compliance with, documentation standards set forth by the State. The County has the right to monitor performance so that the documentation of care provided will satisfy the requirements set forth. The documentation standards for beneficiary care are minimum standards to support claims for the delivery of specialty mental health services. All documentation shall be addressed in the beneficiary record.
- C. Contractor agrees to implement a Quality Improvement Program as part of program operations. This program will be responsible for monitoring documentation, quality improvement and quality care issues. Contractor will work with DBH Quality Management Division on a regular basis, and provide any tools/documents used to evaluate Contractor's documentation, quality of care and the quality improvement process.
- D. When quality of care documentation or issues are found to exist by DBH, Contractor shall submit a plan of correction to be approved by DBH Quality Management.
- E. Contractor agrees to be part of the County Quality Improvement planning process through the annual submission of Quality Improvement Outcomes in County identified areas.

XXIX. Independent Contractor Status

Contractor understands and agrees that the services performed hereunder by its officers, agents, employees, or contracting persons or entities are performed in an independent capacity and not in the capacity of officers, agents or employees of the County.

All personnel, supplies, equipment, furniture, quarters, and operating expenses of any kind required for the performance of this Contract shall be provided by Contractor.

XXX. Subcontractor Status

- A. If Contractor intends to subcontract any part of the services provided under this Contract to an individual, company, firm, corporation, partnership or other organization, not in the employment of or owned by Contractor who is performing services on behalf of Contractor under the Contract or under a separate contract with or on behalf of Contractor, Contractor must ensure a written Memorandum of Understanding (MOU) with that individual, agency, company, firm, corporation, partnership or other organization is in place prior to services commencing. The MOU must clearly define the following:
 - 1. The name of the subcontracting agency.
 - 2. The amount (units, minutes, etc.) and types of services to be rendered under the MOU.
 - 3. The amount of funding to be paid to the subcontracting agency.

4. The subcontracting agency's role and responsibilities as it relates to this Contract.
 5. A detailed description of the methods by which the Contractor will insure that all subcontracting agencies meet the monitoring requirements associated with funding regulations.
 6. A budget sheet outlining how the subcontracting agency will spend the allocation.
 7. Additionally, each MOU shall contain the following requirements:
 - a. Subcontractor shall comply with the Right to Monitor and Audit Performance and Records requirements, as referenced in the Performance Article.
 - b. Subcontractor agrees to comply with Personnel Article related to the review of applicable Federal databases in accordance with Title 42 of the Code of Federal Regulations, Section 455.436, and applicable professional disciplines' and licensing and/or certifying boards' code of ethics and conduct.
 - c. Subcontractor shall operate continuously throughout the term of the MOU with all licenses, certifications, and/or permits as are necessary to perform services and comply with Licensing, Certification, and Accreditation Article related to excluded and ineligible status.
 - d. Subcontractor agrees to perform work under this MOU in compliance with confidentiality requirements, as referenced in the Confidentiality and Laws and Regulations Articles.
 - e. MOU is governed by, and construed in accordance with, all laws and regulations, and all contractual obligations of the Contractor under the primary contract.
 - f. Subcontractor's delegated activities and reporting responsibilities follow the Contractor's obligations in the primary contract.
 - g. Subcontractor shall be knowledgeable in and adhere to primary contractor's program integrity requirements and compliance program, as referenced in the Laws and Regulations Article.
 - h. Subcontractor agrees to not engage in unlawful discriminatory practices, as referenced in the Nondiscrimination Article.
- B. Any subcontracting agency must be disclosed in writing during the contract approval process to DBH, as well as disclosed via Disclosure of Subcontractor Agreement(s). The Disclosure must list any/all subcontractor agreements for services that are part of this contract agreement with the DBH Program contact and Compliance on an annual basis; and Contractor will be responsible for producing proof of subcontract agreement(s) if/as requested by DBH. The Contractor will be fully responsible for the performance, duties and obligations of a subcontracting agency, including the determination of the subcontractor selected and the ability to comply with the requirements of this Contract. DBH will not reimburse contractor or subcontractor for

any expenses rendered without subcontractor being disclosed according to requirements referenced in this Subcontractor Status section. Further, Contractor must ensure any subcontracted services expenses are reflected in approved budgets and disclosed appropriately (including fiscal year subcontracting service started).

- C. At DBH's request, Contractor shall provide information regarding the subcontractor's qualifications and a listing of a subcontractor's key personnel including, if requested by DBH, resumes of proposed subcontractor personnel.
- D. Contractor shall remain directly responsible to DBH for its subcontractors and shall indemnify the County for the actions or omissions of its subcontractors under the terms and conditions specified in Indemnification and Insurance Article.
- E. Ineligible Persons
Contractor shall adhere to Prohibited Affiliations and Licensing, Certification and Accreditation Articles regarding Ineligible Persons or Excluded Parties for its subcontractors.
- F. Upon expiration or termination of this Contract for any reason, DBH will have the right to enter into direct Contracts with any of the Subcontractors. Contractor agrees that its arrangements with Subcontractors will not prohibit or restrict such Subcontractors from entering into direct Contracts with DBH.

XXXI. Attorney Costs & Fees

If any legal action is instituted to enforce any party's rights hereunder, each party shall bear its own costs and attorneys' fees, regardless of who is the prevailing party. This paragraph shall not apply to those costs and attorney fees directly arising from a third-party legal action against a party hereto and payable under Indemnification and Insurance Article, Part A.

XXXII. Indemnification and Insurance

- A. Indemnification
Contractor agrees to indemnify, defend (with counsel reasonably approved by the County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this Contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.
- B. Additional Insured
All policies, except for the Workers' Compensation, Errors and Omissions and Professional Liability policies, shall contain endorsements naming the County and its officers, employees, agents and volunteers as additional insured with respect to liabilities arising out of the performance of services hereunder. The additional insured endorsements shall not limit the scope of coverage for the County to vicarious liability

but shall allow coverage for the County to the full extent provided by the policy. Such additional insured coverage shall be at least as broad as Additional Insured (Form B) endorsement form ISO, CG 2010.11 85.

C. Waiver of Subrogation Rights

Contractor shall require the carriers of required coverages to waive all rights of subrogation against the County, its officers, employees, agents, volunteers, contractors, and subcontractors. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor's employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the County.

D. Policies Primary and Non-Contributory

All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the County.

E. Severability of Interests

Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between the Contractor and the County or between the County and any other insured or additional insured under the policy.

F. Proof of Coverage

Contractor shall furnish Certificates of Insurance to the County Department administering the Contract evidencing the insurance coverage at the time the contract is executed. Additional endorsements, as required, shall be provided prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within fifteen (15) days of the commencement of this Contract, the Contractor shall furnish a copy of the Declaration page for all applicable policies and will provide complete certified copies of the policies and all endorsements immediately upon request.

G. Acceptability of Insurance Carrier

Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum "Best" Insurance Guide rating of "A-VII".

H. Deductibles and Self-Insured Retention

Any and all deductibles or self-insured retentions in excess of \$10,000 shall be declared to and approved by Risk Management.

I. Failure to Procure Coverage

In the event that any policy of insurance required under this Contract does not comply with the requirements, is not procured, or is canceled and not replaced, the County has the right but not the obligation or duty to cancel the Contract or obtain insurance if it

deems necessary and any premiums paid by the County will be promptly reimbursed by the Contractor or County payments to the Contractor will be reduced to pay for County purchased insurance.

J. Insurance Review

Insurance requirements are subject to periodic review by the County. The Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the County. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the County, inflation, or any other item reasonably related to the County's risk.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of the County to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the County.

K. Insurance Specifications

Contractor agrees to provide insurance set forth in accordance with the requirements herein. If the Contractor uses existing coverage to comply with these requirements and that coverage does not meet the specified requirements, the Contractor agrees to amend, supplement or endorse the existing coverage to do so. The type(s) of insurance required is determined by the scope of the contract services.

Without in anyway affecting the indemnity herein provided and in addition thereto, the Contractor shall secure and maintain throughout the contract term the following types of insurance with limits as shown:

1. Workers' Compensation/Employers Liability

A program of Workers' Compensation insurance or a State-approved, Self-Insurance Program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits, covering all persons including volunteers providing services on behalf of the Contractor and all risks to such persons under this Contract.

If Contractor has no employees, it may certify or warrant to the County that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers' Compensation coverage will be waived by the County's Director of Risk Management.

With respect to Contractors that are non-profit corporations organized under California or Federal law, volunteers for such entities are required to be covered by Workers' Compensation insurance.

2. Commercial/General Liability Insurance

Contractor shall carry General Liability Insurance covering all operations performed by or on behalf of the Contractor providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars (\$1,000,000), per occurrence. The policy coverage shall include:

- a. Premises operations and mobile equipment.
- b. Products and completed operations.
- c. Broad form property damage (including completed operations).
- d. Explosion, collapse and underground hazards.
- e. Personal Injury.
- f. Contractual liability.
- g. \$2,000,000 general aggregate limit.

3. Automobile Liability Insurance

Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hired and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars (\$1,000,000) for bodily injury and property damage, per occurrence.

If the Contractor is transporting one or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars (\$2,000,000) for bodily injury and property damage per occurrence.

If the Contractor owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

4. Umbrella Liability Insurance

An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a "dropdown" provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.

5. Cyber Liability Insurance

Cyber Liability Insurance with limits of not less than \$1,000,000 for each occurrence or event with an annual aggregate of \$2,000,000 covering claims involving privacy violations, information theft, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion and network security.

The policy shall protect the involved County entities and cover breach response cost as well as regulatory fines and penalties.

L. Professional Services Requirements

1. Professional Liability Insurance with limits of not less than one million (\$1,000,000) per claim or occurrence and two million (\$2,000,000) aggregate.

or

Errors and Omissions Liability Insurance with limits of not less than one million (\$1,000,000) per occurrence and two million (\$2,000,000) aggregate.

or

Directors and Officers Insurance coverage with limits of not less than one million (\$1,000,000) shall be required for contracts with charter labor committees or other not-for-profit organizations advising or acting on behalf of the County.

2. Abuse/Molestation Insurance – The Contractor shall have abuse or molestation insurance providing coverage for all employees for the actual or threatened abuse or molestation by anyone of any person in the care, custody, or control of any insured, including negligent employment, investigation, and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate.

3. If insurance coverage is provided on a “claims made” policy, the “retroactive date” shall be shown and must be before the date of the start of the contract work. The “claims made” insurance shall be maintained or “tail” coverage provided for a minimum of five (5) years after contract completion.

XXXIII. Nondiscrimination

A. General

Contractor agrees to serve all clients without regard to race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability pursuant to the Civil Rights Act of 1964, as amended (42 U.S.C., Section 2000d), Executive Order No. 11246, September 24, 1965, as amended, Title IX of the Education Amendments of 1972, and Age Discrimination Act of 1975.

Contractor shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability.

B. Americans with Disabilities Act/Individuals with Disabilities

Contractor agrees to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) which prohibits discrimination on the basis of disability, as well as all applicable Federal and State laws and regulations, guidelines and interpretations issued pursuant thereto. Contractor shall report to the applicable DBH Program Manager if its

offices/facilities have accommodations for people with physical disabilities, including offices, exam rooms, and equipment.

C. Employment and Civil Rights

Contractor agrees to and shall comply with the County's Equal Employment Opportunity Program and Civil Rights Compliance requirements:

1. Equal Employment Opportunity Program

Contractor agrees to comply with the provisions of the Equal Employment Opportunity Program of San Bernardino County and rules and regulations adopted pursuant thereto: Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, and 13672; Title VII of the Civil Rights Act of 1964 (and Division 21 of the California Department of Social Services Manual of Policies and Procedures and California Welfare and Institutions Code, Section 10000); the California Fair Employment and Housing Act; and other applicable Federal, State, and County laws, regulations and policies relating to equal employment or social services to welfare recipients, including laws and regulations hereafter enacted.

During the term of the Contract, Contractor shall not discriminate against any employee, applicant for employment, or service recipient on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, age, political affiliation or military and veteran status.

2. Civil Rights Compliance

a. Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by State regulation. Consistent with the requirements of applicable Federal or State law, the Contractor shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference or mental or physical disabilities. The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified individuals with disabilities in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of the United States Department of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977. The Contractor shall include the nondiscrimination and compliance provisions of this Contract in all subcontracts to perform work under this Contract. Notwithstanding other provisions of this section, the Contractor may require a determination of medical necessity pursuant to Title 9, CCR, Section 1820.205, Section 1830.205 or Section 1830.210, prior to providing covered services to a beneficiary.

- b. Contractor shall prohibit discrimination on the basis of race, color, national origin, sex, gender identity, age, disability, or limited English proficiency (LEP) in accordance with Section 1557 of the Affordable Care Act (ACA), appropriate notices, publications, and DBH Non-Discrimination-Section 1557 of the Affordable Care Act Policy (COM0953).

D. Sexual Harassment

Contractor agrees that clients have the right to be free from sexual harassment and sexual contact by all staff members and other professional affiliates.

- E. Contractor shall not discriminate against beneficiaries on the basis of health status or need for health care services, pursuant to 42 C.F.R. Section 438.6(d)(3).

- F. Contractor shall not discriminate against Medi-Cal eligible individuals who require an assessment or meet medical necessity criteria for specialty mental health services on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability and will not use any policy or practice that has the effect of discriminating on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability [42 C.F.R. § 438.3(d)(4)].

G. Policy Prohibiting Discrimination, Harassment, and Retaliation

- 1. Contractor shall adhere to the County's Policy Prohibiting Discrimination, Harassment and Retaliation (07-01). This policy prohibits discrimination, harassment, and retaliation by all persons involved in or related to the County's business operations.

The County prohibits discrimination, harassment, and/or retaliation on the basis Race, Religion, Color, National Origin, Ancestry, Disability, Sex/Gender, Gender Identity/Gender Expression/Sex Stereotype/Transgender, Sexual Orientation, Age, Military and Veteran Status. These classes and/or categories are Covered Classes covered under this policy; more information is available at www.dfeh.ca.gov/employment.

The County prohibits discrimination against any employee, job applicant, unpaid intern in hiring, promotions, assignments, termination, or any other term, condition, or privilege of employment on the basis of a Protected Class. The County prohibits verbal harassment, physical harassment, visual harassment, and sexual harassment directed to a Protected Class.

- 2. Contractor shall comply with 45 C.F.R. § 160.316 to refrain from intimidation or retaliation. Contractors may not threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against any individual or other person for:

- a) Filing of a complaint

- b) Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing
- c) Opposing any unlawful act of practice, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not involve a disclosure of protected health information.

XXXIV. Contract Amendments

Contractor agrees that any alterations, variations, modifications, or waivers of the provisions of the Contract shall be valid only when they have been reduced to writing, duly signed by both parties and attached to the original of the Contract and approved by the required persons and organizations.

XXXV. Assignment

- A. This Agreement shall not be assigned by Contractor, either in whole or in part, without the prior written consent of the Director.
- B. This Contract and all terms, conditions and covenants hereto shall insure to the benefit of, and binding upon, the successors and assigns of the parties hereto.
- C. If the ownership of the Contractor changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the State and DBH with written documentation stating:
 - 1. That the new licensee shall have custody of the clients' records and that these records or copies shall be available to the former licensee, the new licensee and the County; or
 - 2. That arrangements have been made by the licensee for the safe preservation and the location of the clients' records, and that they are available to both the new and former licensees and the County; or
 - 3. The reason for the unavailability of such records.

XXXVI. Legality and Severability

The parties' actions under the Contract shall comply with all applicable laws, rules, regulations, court orders and governmental agency orders. The provisions of this Contract are specifically made severable. If a provision of the Contract is terminated or held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall remain in full effect.

XXXVII. Improper Consideration

- A. Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Contract.
- B. The County, by written notice, may immediately terminate any Contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the County with respect to the proposal and award process or

any solicitation for consideration was not reported. This prohibition shall apply to any amendment, extension or evaluation process once a Contract has been awarded.

- C. Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the County Administrative Office. In the event of a termination under this provision, the County is entitled to pursue any available legal remedies.

XXXVIII. Venue

The venue of any action or claim brought by any party to the Contract will be the Superior Court of California, County of San Bernardino, San Bernardino District. Each party hereby waives any law or rule of the court, which would allow them to request or demand a change of venue. If any action or claim concerning the Contract is brought by any third-party and filed in another venue, the parties hereto agree to use their best efforts to obtain a change of venue to the Superior Court of California, County of San Bernardino, San Bernardino District.

XXXIX. Conclusion

- A. This Agreement consisting of sixty-two (62) pages, Schedules, Addenda, and Attachments inclusive is the full and complete document describing the services to be rendered by Contractor to the County, including all covenants, conditions and benefits.
- B. IN WITNESS WHEREOF, the Board of Supervisors of San Bernardino County has caused this Agreement to be subscribed by the Clerk thereof, and Contractor has caused this Agreement to be subscribed on its behalf by its duly authorized officers, the day, month, and year first above written.

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

SAN BERNARDINO COUNTY

Helping Hearts California, LLC

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

► _____
 Dawn Rowe, Chair, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

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

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

Title CEO and Administrator
(Print or Type)

By _____
 Deputy

Dated: _____

Address 1845 Business Center Dr. Suite 130

San Bernardino, CA 92408

FOR COUNTY USE ONLY

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

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **1767 N. Acacia Ave**
 City, State, Zip Code: **Rialto, CA 92376**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

FY 2025-2026
 July 1, 2025 to June 30, 2026

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485.00	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:29 PDT) Jennifer Pacheco (May 28, 2025 15:37 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 5/13/2025
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,796	100.00%	0.00%	\$80,796
2 Client activities and Misc Client Costs	\$9,699	100.00%	0.00%	\$9,699
3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025-2026
July 1, 2025 to June 30, 2026

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 5/13/2025
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
2.	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LL
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 5/13/2025
 Updated

<i>Client Service Projections for: July 1, 2025 to June 30, 2026</i>													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **1767 N. Acacia Ave**
 City, State, Zip Code: **Rialto, CA 92376**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

FY 2026-2027
 July 1, 2026 to June 30, 2027

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 13:55 PDT) Thelma Rodriguez (May 28, 2025 13:42 PDT) Jennifer Pacheco (May 28, 2025 13:42 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2026-2027
July 1, 2026 to June 30, 2027**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 1767 N. Acacia Ave
City, State, Zip Code: Rialto, CA 92376
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,796	100.00%	0.00%	\$80,796
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3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2026-2027
 July 1, 2026 to June 30, 2027

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
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3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: -helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2026 to June 30, 2027</i>													
	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **1767 N. Acacia Ave**
 City, State, Zip Code: **Rialto, CA 92376**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated:

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

FY 2027-2028
 July 1, 2027 to June 30, 2028

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,755	384,755
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES		-	-	-	-
6	PATIENT INSURANCE		-	-	-	-
7	MEDI-CARE		-	-	-	-
8	GRANTS/OTHER		-	-	-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	366	1,096
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,196	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,512	88,512
19	TOTAL AMOUNT (11*13*17)		-	-	1,065,060	1,065,060
FUNDING:						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,065,060	1,065,060
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,065,060	1,065,060

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2027-2028
July 1, 2027 to June 30, 2028**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 1767 N. Acacia Ave
City, State, Zip Code: Rialto, CA 92376
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,795	100.00%	0.00%	\$80,795
2 Client activities and Misc Client Costs	\$9,699	100.00%	0.00%	\$9,699
3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,755			\$384,755
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2027-2028
 July 1, 2027 to June 30, 2028

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
2.	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2027 to June 30, 2028</i>													
	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **1767 N. Acacia Ave**
 City, State, Zip Code: **Rialto, CA 92376**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

**FY 2028-2029
July 1, 2028 to June 30, 2029**

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,755	384,755
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
CONTRACT DETAILS						
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,512	88,512
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:28 PDT) Thelma Rodriguez (May 28, 2025 16:18 PDT) Jennifer Pacheco (May 28, 2025 16:18 PDT)

Ynez Cross | Thelma Rodriguez | Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) | DBH FISCAL SERVICES (PRINT NAME) | PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2028-2029
July 1, 2028 to June 30, 2029

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 1767 N. Acacia Ave
City, State, Zip Code: Rialto, CA 92376
Date Form Completed: 5/13/2025
Updated: _____

Prepared by: Ynez Cross
Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,795	100.00%	0.00%	\$80,795
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3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,755			\$384,755
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2028-2029
July 1, 2028 to June 30, 2029

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 1767 N. Acacia Ave
City, State, Zip Code: Rialto, CA 92376
Date Form Completed: 5/13/2025
Updated _____

Prepared by: Ynez Cross
Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LL
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 5/13/2025
 Updated

<i>Client Service Projections for: July 1, 2028 to June 30, 2029</i>													
	Jul-28	Aug-28	Sep-28	Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29	Apr-29	May-29	Jun-29	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	174	186	180	186	180	2,196

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **1767 N. Acacia Ave**
City, State, Zip Code: **Rialto, CA 92376**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2029-2030
July 1, 2029 to June 30, 2030

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,151	1,062,151
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,151	1,062,151
CONTRACT INFORMATION						
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: *Ynez Cross* 05/28/2025 *Thelma Rodriguez* 05/28/2025 *Jennifer Pacheco* 05/28/2025
Ynez Cross (May 28, 2025 15:46 PDT) Thelma Rodriguez (May 28, 2025 16:18 PDT) Jennifer Pacheco (May 28, 2025 16:18 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,151			\$1,062,151

SCHEDULE A & B

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2029-2030
 July 1, 2029 to June 30, 2030

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
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6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1767 N. Acacia Ave
 City, State, Zip Code: Rialto, CA 92376
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2029 to June 30, 2030</i>													
	Jul-29	Aug-29	Sep-29	Oct-29	Nov-29	Dec-29	Jan-30	Feb-30	Mar-30	Apr-30	May-30	Jun-30	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: Helping Hearts California
Contract #: #24-82
Address: 13132 Aurora Ave
City, State, Zip Code: Victorville, CA 92392
Legal Entity No.: 01984 RU36JJAR
Date: 5/13/2025
Updated

Prepared by: Ynez Cross
Title: CEO

FY 2025-2026
July 1, 2025 to June 30, 2026

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES	-	-	-	477,044	477,044
2	BENEFITS	-	-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS	-	-	-	677,395	677,395
3	OPERATING EXPENSES	-	-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES	-	-	-	-	-
6	PATIENT INSURANCE	-	-	-	-	-
7	MEDI-CARE	-	-	-	-	-
8	GRANTS/OTHER	-	-	-	-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)	-	-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)	-	-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)	-	-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)	-	-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)	-	-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)	-	-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:40 PDT) Thelma Rodriguez (May 28, 2025 16:19 PDT) Jennifer Pacheco (May 28, 2025 16:19 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2025-2026
July 1, 2025 to June 30, 2026**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 13132 Aurora Ave
City, State, Zip Code: Victorville, CA 92392
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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7 Rent	\$119,496	100.00%	0.00%	\$119,496
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9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
2.	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health ins
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2025 to June 30, 2026</i>													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: Helping Hearts California
Contract #: #24-82
Address: 13132 Aurora Ave
City, State, Zip Code: Victorville, CA 92392
Legal Entity No.: 01984 RU36JJAR
Date: 5/13/2025
Updated

Prepared by: Ynez Cross
Title: CEO

FY 2026-2027
July 1, 2026 to June 30, 2027

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED:
 Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:41 PDT) Thelma Rodriguez (May 28, 2025 15:19 PDT) Jennifer Pacheco (May 28, 2025 15:19 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,796	100.00%	0.00%	\$80,796
2 Client activities and Misc Client Costs	\$9,699	100.00%	0.00%	\$9,699
3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
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6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2026 to June 30, 2027</i>													
	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: **Helping Hearts Californi**
Contract #: **#24-82**
Address: **13132 Aurora Ave**
City, State, Zip Code: **Victorville, CA 92392**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**

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

FY 2027-2028
July 1, 2027 to June 30, 2028

Updated

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,755	384,755
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	366	1,096
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,196	2,196
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,512	88,512
19	TOTAL AMOUNT (11*13*17)		-	-	1,065,060	1,065,060
FUNDING:						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,065,060	1,065,060
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,065,060	1,065,060

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco

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

SCHEDULE A & B

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

**FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,755			\$384,755
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

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11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2027 to June 30, 2028</i>													
	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **13132 Aurora Ave**
City, State, Zip Code: **Victorville, CA 92392**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2028-2029
July 1, 2028 to June 30, 2029

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,755	384,755
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
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12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
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FUNDING:						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:45 PDT) Thelma Rodriguez (May 28, 2025 15:45 PDT) Jennifer Pacheco (May 28, 2025 15:45 PDT)

PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)
 Ynez Cross Thelma Rodriguez Jennifer Pacheco

SCHEDULE A & B

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

**FY 2028-2029
July 1, 2028 to June 30, 2029**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 13132 Aurora Ave
City, State, Zip Code: Victorville, CA 92392
Date Form Completed: 45,790
Updated _____

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.

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9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,755			\$384,755
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
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11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
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<i>Client Service Projections for: July 1, 2028 to June 30, 2029</i>													
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Projected Bed Days	186	186	180	186	180	186	186	174	186	180	186	180	2,196

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

Contractor Name: **Helping Hearts Californi**
Contract #: **#24-82**
Address: **13132 Aurora Ave**
City, State, Zip Code: **Victorville, CA 92392**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**

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

FY 2029-2030
July 1, 2029 to June 30, 2030

Updated

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
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4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,151	1,062,151
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,151	1,062,151
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:44 PDT) Thelma Rodriguez (May 28, 2025 16:21 PST) Jennifer Pacheco (May 28, 2025 16:21 PST)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,796	100.00%	0.00%	\$80,796
2 Client activities and Misc Client Costs	\$9,699	100.00%	0.00%	\$9,699
3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,151			\$1,062,151

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 13132 Aurora Ave
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2029 to June 30, 2030</i>													
	Jul-29	Aug-29	Sep-29	Oct-29	Nov-29	Dec-29	Jan-30	Feb-30	Mar-30	Apr-30	May-30	Jun-30	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **11253 Blackwood St**
City, State, Zip Code: **Fontana, CA 92337**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2025-2026
July 1, 2025 to June 30, 2026

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
CONTRACT INFORMATION						
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:46 PDT) Thelma Rodriguez (May 28, 2025 16:21 PDT) Jennifer Pacheco (May 28, 2025 16:21 PDT)

PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE
 Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,796	100.00%	0.00%	\$80,796
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4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2025-2026
 July 1, 2025 to June 30, 2026

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
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4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2025 to June 30, 2026</i>													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: **Helping Hearts Californi**
Contract #: **#24-82**
Address: **11253 Blackwood St**
City, State, Zip Code: **Fontana, CA 92337**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2026-2027
July 1, 2026 to June 30, 2027

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:46 PDF) Thelma Rodriguez (May 28, 2025 16:21 PDF) Jennifer Pacheco (May 28, 2025 16:21 PDF)

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco
PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2026-2027
July 1, 2026 to June 30, 2027**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 11253 Blackwood St
City, State, Zip Code: Fontana, CA 92337
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

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7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
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9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2026 to June 30, 2027</i>													
	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **11253 Blackwood St**
 City, State, Zip Code: **Fontana, CA 92337**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

FY 2027-2028
 July 1, 2027 to June 30, 2028

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,755	384,755
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	366	1,096
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,196	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
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19	TOTAL AMOUNT (11*13*17)		-	-	1,065,060	1,065,060
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,065,060	1,065,060
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,065,060	1,065,060

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 14:47 PDT) Thelma Rodriguez (May 28, 2025 14:22 PDT) Jennifer Pacheco (May 28, 2025 14:22 PDT)

Ynez Cross | Thelma Rodriguez | Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) | DBH FISCAL SERVICES (PRINT NAME) | PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

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5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
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10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,755			\$384,755
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2027-2028
July 1, 2027 to June 30, 2028

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 11253 Blackwood St
City, State, Zip Code: Fontana, CA 92337
Date Form Completed: 45,790
Updated _____

Prepared by: Ynez Cross
Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2027 to June 30, 2028</i>													
	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **11253 Blackwood St**
 City, State, Zip Code: **Fontana, CA 92337**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

FY 2028-2029
 July 1, 2028 to June 30, 2029

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,755	384,755
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,512	88,512
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED:
Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:48 PDT) Thelma Rodriguez (May 28, 2025 16:22 PDT) Jennifer Pacheco (May 28, 2025 16:22 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross | Thelma Rodriguez | Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2028-2029
July 1, 2028 to June 30, 2029**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 11253 Blackwood St
City, State, Zip Code: Fontana, CA 92337
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,795	100.00%	0.00%	\$80,795
2 Client activities and Misc Client Costs	\$9,699	100.00%	0.00%	\$9,699
3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,755			\$384,755
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2028-2029
 July 1, 2028 to June 30, 2029

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2028 to June 30, 2029</i>													
	Jul-28	Aug-28	Sep-28	Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29	Apr-29	May-29	Jun-29	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	174	186	180	186	180	2,196

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **11253 Blackwood St**
City, State, Zip Code: **Fontana, CA 92337**
Legal Entity No.: **01984 RU36JJAR**
Date **5/13/2025**
Updated

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

FY 2029-2030
July 1, 2029 to June 30, 2030

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,151	1,062,151
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,151	1,062,151
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:49 PDT) Thelma Rodriguez (May 28, 2025 16:23 PDT) Jennifer Pacheco (May 28, 2025 16:23 PDT)

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco

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

SCHEDULE A & B

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

**FY 2029-2030
July 1, 2029 to June 30, 2030**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 11253 Blackwood St
City, State, Zip Code: Fontana, CA 92337
Date Form Completed: 45,790
Updated: _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,151			\$1,062,151

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
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4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: helping Hearts California, LLC
 Contract #: #24-82
 Address: 11253 Blackwood St
 City, State, Zip Code: Fontana, CA 92337
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2029 to June 30, 2030</i>													
	Jul-29	Aug-29	Sep-29	Oct-29	Nov-29	Dec-29	Jan-30	Feb-30	Mar-30	Apr-30	May-30	Jun-30	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **14516 Bonanza Road**
City, State, Zip Code: **Victorville, CA 92392**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2025-2026
July 1, 2025 to June 30, 2026

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED:
 Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:52 PDT) Thelma Rodriguez (May 28, 2025 15:23 PDT) Jennifer Pacheco (May 28, 2025 15:23 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

**STAFFING DETAIL
FY 2025-2026**

July 1, 2025 to June 30, 2026

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,680	34,720	117,418	10.70%	12,564	223	8,848	3,718
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,560	59,030	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,718
Holguin, Celia C	High School	Office Assistant	\$ 50,508	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,410	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 83,266	26,572	89,837	10.70%	9,613	223	6,760	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,720	117,416	10.70%	12,564	223	8,848	3,718
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,718
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2025-2026
 July 1, 2025 to June 30, 2026

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
2.	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2025 to June 30, 2026</i>													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **14516 Bonanza Road**
City, State, Zip Code: **Victorville, CA 92392**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**

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

FY 2026-2027
July 1, 2026 to June 30, 2027

Updated

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
CONTRACT INFORMATION						
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 1:53 PM PDT) Thelma Rodriguez (May 28, 2025 16:24 PDT) Jennifer Pacheco (May 28, 2025 16:24 PDT)

Ynez Cross | Thelma Rodriguez | Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) | DBH FISCAL SERVICES (PRINT NAME) | PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL
FY 2026-2027

July 1, 2026 to June 30, 2027

Schedule B

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniee	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2026-2027
July 1, 2026 to June 30, 2027**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 14516 Bonanza Road
City, State, Zip Code: Victorville, CA 92392
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026-2027
July 1, 2026 to June 30, 2027

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2026 to June 30, 2027</i>													
	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: **Helping Hearts Californi**
Contract #: **#24-82**
Address: **14516 Bonanza Road**
City, State, Zip Code: **Victorville, CA 92392**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2027-2028
July 1, 2027 to June 30, 2028

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
CONTRACT INFORMATION						
11	CONTRACT DAYS				366	366
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,660	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,775,100	1,775,100
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,775,100	1,775,100
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,775,100	1,775,100

APPROVED:
Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 16:40 PDT) Thelma Rodriguez (May 28, 2025 16:33 PDT) Jennifer Pacheco (May 28, 2025 16:33 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE
 Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL
FY 2027-2028

July 1, 2027 to June 30, 2028

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
							0	0	0	0
							0	0	768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2027-2028
July 1, 2027 to June 30, 2028**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated: _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2027-2028
July 1, 2027 to June 30, 2028

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2027 to June 30, 2028</i>													
	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **14516 Bonanza Road**
 City, State, Zip Code: **Victorville, CA 92392**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

FY 2028-2029
 July 1, 2028 to June 30, 2029

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 11:54 PDT) Thelma Rodriguez (May 28, 2025 16:24 PDT) Jennifer Pacheco (May 28, 2025 16:24 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2028-2029

July 1, 2028 to June 30, 2029

Schedule B

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits
 * = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.

SCHEDULE A & B

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

**FY 2028-2029
July 1, 2028 to June 30, 2029**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 14516 Bonanza Road
City, State, Zip Code: Victorville, CA 92392
Date Form Completed: 45,790
Updated: _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2028-2029
July 1, 2028 to June 30, 2029

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2028 to June 30, 2029</i>													
	Jul-28	Aug-28	Sep-28	Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29	Apr-29	May-29	Jun-29	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	290	310	300	310	300	3,660

SCHEDULE A & B

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

Contractor Name: Helping Hearts California
Contract #: #24-82
Address: 14516 Bonanza Road
City, State, Zip Code: Victorville, CA 92392
Legal Entity No.: 01984 RU36JJAR
Date: 45790
Updated

Prepared by: Ynez Cross
Title: CEO

FY 2029-2030
July 1, 2029 to June 30, 2030

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025, Thelma Rodriguez 05/28/2025, Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:54 PDT) Jennifer Pacheco (May 28, 2025 16:34 PDT)

PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE
 Ynez Cross Thelma Rodriguez Jennifer Pacheco
PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL
FY 2029-2030

Schedule B

July 1, 2029 to June 30, 2030

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, precicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,589	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,688	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.

SCHEDULE A & B

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

**FY 2029-2030
July 1, 2029 to June 30, 2030**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 14516 Bonanza Road
City, State, Zip Code: Victorville, CA 92392
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2029-2030
 July 1, 2029 to June 30, 2030

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 14516 Bonanza Road
 City, State, Zip Code: Victorville, CA 92392
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2029 to June 30, 2030</i>													
	Jul-29	Aug-29	Sep-29	Oct-29	Nov-29	Dec-29	Jan-30	Feb-30	Mar-30	Apr-30	May-30	Jun-30	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **747 N. Euclid Ave.**
City, State, Zip Code: **Ontario, CA 91762**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2025-2026
July 1, 2025 to June 30, 2026

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:55 PDT) Thelma Rodriguez (May 28, 2025 16:25 PDT) Jennifer Pacheco (May 28, 2025 16:25 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL
FY 2025-2026

July 1, 2025 to June 30, 2026

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,508	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donnieoe	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2025 to June 30, 2026</i>													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **747 N. Euclid Ave.**
City, State, Zip Code: **Ontario, CA 91762**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2026-2027
July 1, 2026 to June 30, 2027

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:56 PDT) Thelma Rodriguez (May 28, 2025 16:21 PDT) Jennifer Pacheco (May 28, 2025 16:21 PDT)

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco

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

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL
FY 2026-2027

July 1, 2026 to June 30, 2027

Schedule B

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,688	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	D/SW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2026-2027
July 1, 2026 to June 30, 2027**

Prepared by: YNEZ CROSS
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 747 N. Euclid Ave.
City, State, Zip Code: Ontario, CA 91762
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2026 to June 30, 2027</i>													
	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: Helping Hearts California
Contract #: #24-82
Address: 747 N. Euclid Ave.
City, State, Zip Code: Ontario, CA 91762
Legal Entity No.: 01984 RU36JJAR
Date: 5/13/2025
Updated

Prepared by: Ynez Cross
Title: CEO

FY 2027-2028
July 1, 2027 to June 30, 2028

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		366	366	366	1,098
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,660	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,775,100	1,775,100
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,775,100	1,775,100
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,775,100	1,775,100

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:57 PDT) Thelma Rodriguez (May 28, 2025 16:28 PDT) Jennifer Pacheco (May 28, 2025 16:28 PDT)

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco

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

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL
FY 2027-2028

July 1, 2027 to June 30, 2028

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
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TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2027-2028
July 1, 2027 to June 30, 2028**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45,790
 Updated: _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2027-2028
July 1, 2027 to June 30, 2028

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 747 N. Euclid Ave.
City, State, Zip Code: Ontario, CA 91762
Date Form Completed: 45,790
Updated _____

Prepared by: Ynez Cross
Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
2.	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2027 to June 30, 2028</i>													
	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: Helping Hearts California
Contract #: #24-82
Address: 747 N. Euclid Ave.
City, State, Zip Code: Ontario, CA 91762
Legal Entity No.: 01984 RU36JJAR
Date: 5/13/2025
Updated

Prepared by: Ynez Cross
Title: CEO

FY 2028-2029
July 1, 2028 to June 30, 2029

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:51 PDT) Thelma Rodriguez (May 28, 2025 16:23 PDT) Jennifer Pacheco (May 28, 2025 16:23 PDT)

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL
FY 2028-2029

July 1, 2028 to June 30, 2029

Schedule B

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,984
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,889	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,893	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,081	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,984
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,888	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,893	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC

Contract #: #24-82

Address: 747 N. Euclid Ave.

City, State, Zip Code: Ontario, CA 91762

Date Form Completed: 45,790

Updated _____

Prepared by: Ynez Cross

Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2028 to June 30, 2029</i>													
	Jul-28	Aug-28	Sep-28	Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29	Apr-29	May-29	Jun-29	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	290	310	300	310	300	3,660

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **747 N. Euclid Ave.**
 City, State, Zip Code: **Ontario, CA 91762**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **45790**
 Updated

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

FY 2029-2030
 July 1, 2029 to June 30, 2030

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES		-	-	-	-
6	PATIENT INSURANCE		-	-	-	-
7	MEDI-CARE		-	-	-	-
8	GRANTS/OTHER		-	-	-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:58 PDT) Thelma Rodriguez (May 28, 2025 16:29 PDT) Jennifer Pacheco (May 28, 2025 16:29 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL
FY 2029-2030

July 1, 2029 to June 30, 2030

Schedule B

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,984
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,508	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,268	26,572	89,837	10.70%	9,613	223	6,789	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,984
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donnicce	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 747 N. Euclid Ave.
 City, State, Zip Code: Ontario, CA 91762
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2029 to June 30, 2030</i>													
	Jul-29	Aug-29	Sep-29	Oct-29	Nov-29	Dec-29	Jan-30	Feb-30	Mar-30	Apr-30	May-30	Jun-30	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **6272 Robin Lane**
 City, State, Zip Code: **San Bernardino, CA 924**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

FY 2025-2026
 July 1, 2025 to June 30, 2026

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco

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

SCHEDULE A & B

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

**FY 2025-2026
July 1, 2025 to June 30, 2026**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 6272 Robin Lane
City, State, Zip Code: San Bernardino, CA 92407
Date Form Completed: 45,790
Updated: _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,796	100.00%	0.00%	\$80,796
2 Client activities and Misc Client Costs	\$9,699	100.00%	0.00%	\$9,699
3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2025 to June 30, 2026</i>													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **6272 Robin Lane**
City, State, Zip Code: **San Bernardino, CA 924**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2026-2027
July 1, 2026 to June 30, 2027

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
TOTAL SALARIES AND BENEFITS			-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
TOTAL FUNDING			-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 15:59 PDT) Thelma Rodriguez (May 28, 2025 16:30 PDT) Jennifer Pacheco (May 28, 2025 16:30 PDT)

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco

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

SCHEDULE A & B

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

**FY 2026-2027
July 1, 2026 to June 30, 2027**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 6272 Robin Lane
City, State, Zip Code: San Bernardino, CA 92407
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,796	100.00%	0.00%	\$80,796
2 Client activities and Misc Client Costs	\$9,699	100.00%	0.00%	\$9,699
3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE
 FY 2026-2027
 July 1, 2026 to June 30, 2027

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2026 to June 30, 2027</i>													
	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **6272 Robin Lane**
 City, State, Zip Code: **San Bernardino, CA 924**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

FY 2027-2028
 July 1, 2027 to June 30, 2028

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES	-	-	-	477,044	477,044
2	BENEFITS	-	-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS	-	-	-	677,395	677,395
3	OPERATING EXPENSES	-	-	-	384,755	384,755
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES	-	-	-	-	-
6	PATIENT INSURANCE	-	-	-	-	-
7	MEDI-CARE	-	-	-	-	-
8	GRANTS/OTHER	-	-	-	-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		366	366	366	1,098
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,196	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,512	88,512
19	TOTAL AMOUNT (11*13*17)		-	-	1,065,060	1,065,060
FUNDING:						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,065,060	1,065,060
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,065,060	1,065,060

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 16:00 PDT) Thelma Rodriguez (May 28, 2025 16:30 PDT) Jennifer Pacheco (May 28, 2025 16:30 PDT)

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

SCHEDULE A & B

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

**FY 2027-2028
July 1, 2027 to June 30, 2028**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 6272 Robin Lane
City, State, Zip Code: San Bernardino, CA 92407
Date Form Completed: 45,790
Updated: _____

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.

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5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,755			\$384,755
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2027-2028
July 1, 2027 to June 30, 2028

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 6272 Robin Lane
City, State, Zip Code: San Bernardino, CA 92407
Date Form Completed: 45,790
Updated _____

Prepared by: Ynez Cross
Title: CEO

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

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7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to fumiture and facility and repairs due to client negligence or behaviors and replacement of fumiture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2027 to June 30, 2028</i>													
	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

SCHEDULE A & B

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

Contractor Name: **Helping Hearts California**
 Contract #: **#24-82**
 Address: **6272 Robin Lane**
 City, State, Zip Code: **San Bernardino, CA 924**
 Legal Entity No.: **01984 RU36JJAR**
 Date: **5/13/2025**
 Updated

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

FY 2028-2029
July 1, 2028 to June 30, 2029

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,755	384,755
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,150	1,062,150
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,150	1,062,150
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,512	88,512
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 18:01 PDF) Thelma Rodriguez (May 28, 2025 18:01 PDF) Jennifer Pacheco (May 28, 2025 18:01 PDF)

Ynez Cross | Thelma Rodriguez | Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) | DBH FISCAL SERVICES (PRINT NAME) | PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL
FY 2028-2029

July 1, 2028 to June 30, 2029

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	6.52%	8,166	136	5,751	2,415
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	6.52%	7,656	136	5,391	2,264
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	6.52%	13,014	136	9,165	3,849
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	6.52%	7,656	136	5,392	2,264
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	6.52%	4,676	136	3,293	1,383
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	6.52%	8,847	136	4,822	2,025
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	6.52%	20,778	136	14,632	6,145
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	6.52%	7,094	136	4,996	2,098
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	6.52%	7,094	136	4,996	2,098
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	6.52%	5,857	136	4,125	1,732
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	6.52%	15,523	136	10,932	4,591
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	6.52%	8,166	136	5,751	2,415
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	6.52%	7,094	136	4,996	2,098
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	6.52%	7,656	136	5,391	2,264
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	6.52%	7,656	136	5,392	2,264
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	6.52%	4,429	136	3,119	1,310
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	6.52%	4,429	136	3,119	1,310
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	6.52%	11,666	136	8,215	3,450
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	6.52%	6,018	136	4,238	1,780
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	6.52%	6,018	136	4,238	1,780
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
					-		0	0	0	0
									477,044	200,351

Total Program:	3,078,833	TOTAL COST:	677,395
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2028-2029
July 1, 2028 to June 30, 2029**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 6272 Robin Lane
City, State, Zip Code: San Bernardino, CA 92407
Date Form Completed: 45,790
Updated: _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,795	100.00%	0.00%	\$80,795
2 Client activities and Misc Client Costs	\$9,699	100.00%	0.00%	\$9,699
3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,755			\$384,755
GROSS COSTS TOTAL A + B:	\$1,062,150			\$1,062,150

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
2.	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2028 to June 30, 2029</i>													
	Jul-28	Aug-28	Sep-28	Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29	Apr-29	May-29	Jun-29	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	174	186	180	186	180	2,196

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **6272 Robin Lane**
City, State, Zip Code: **San Bernardino, CA 924**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2029-2030
July 1, 2029 to June 30, 2030

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	477,044	477,044
2	BENEFITS		-	-	200,351	200,351
	TOTAL SALARIES AND BENEFITS		-	-	677,395	677,395
3	OPERATING EXPENSES		-	-	384,756	384,756
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,062,151	1,062,151
AGENCY REVENUES						
5	PATIENT FEES		-	-	-	-
6	PATIENT INSURANCE		-	-	-	-
7	MEDI-CARE		-	-	-	-
8	GRANTS/OTHER		-	-	-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,062,151	1,062,151
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				6	6
14	TOTAL CLIENT DAYS (11 * 13)		-	-	2,190	2,190
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	88,513	88,513
19	TOTAL AMOUNT (11*13*17)		-	-	1,062,150	1,062,150
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,062,150	1,062,150
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,062,150	1,062,150

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 16:02 PDT) Thelma Rodriguez Jennifer Pacheco (May 28, 2025 16:31 PDT)

PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE
 Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

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

**FY 2029-2030
July 1, 2029 to June 30, 2030**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 6272 Robin Lane
City, State, Zip Code: San Bernardino, CA 92407
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$80,796	100.00%	0.00%	\$80,796
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3 Clinical Support	\$72,620	100.00%	0.00%	\$72,620
4 Food and Supplies	\$41,324	100.00%	0.00%	\$41,324
5 Int Expense	\$6,280	100.00%	0.00%	\$6,280
6 Prof Liab/Ins	\$13,182	100.00%	0.00%	\$13,182
7 Rent	\$119,496	100.00%	0.00%	\$119,496
8 Repair and Maintenance	\$16,432	100.00%	0.00%	\$16,432
9 Transportation Cost	\$7,283	100.00%	0.00%	\$7,283
10 Utilities	\$17,643	100.00%	0.00%	\$17,643
11			100.00%	\$0
SUBTOTAL B:	\$384,756			\$384,756
GROSS COSTS TOTAL A + B:	\$1,062,151			\$1,062,151

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2029-2030
July 1, 2029 to June 30, 2030

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 6272 Robin Lane
 City, State, Zip Code: San Bernardino, CA 92407
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2029 to June 30, 2030</i>													
	Jul-29	Aug-29	Sep-29	Oct-29	Nov-29	Dec-29	Jan-30	Feb-30	Mar-30	Apr-30	May-30	Jun-30	TOTAL
Unduplicated Clients Served	6	6	6	6	6	6	6	6	6	6	6	6	72
Projected Bed Days	186	186	180	186	180	186	186	168	186	180	186	180	2,190

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

Contractor Name: Helping Hearts California
Contract #: #24-82
Address: 1288 Visconti Drive
City, State, Zip Code: Colton CA 92324
Legal Entity No.: 01984 RU36JJAR
Date: 5/13/2025
Updated

Prepared by: Ynez Cross
Title: CEO

FY 2025-2026
July 1, 2025 to June 30, 2026

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED:
 Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 16:03 PDT) Thelma Rodriguez (May 28, 2025 18:31 PDT) Jennifer Pacheco (May 28, 2025 18:31 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE
 Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL
FY 2025-2026

July 1, 2025 to June 30, 2026

Schedule B

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,718
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,718
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,718
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,718
Reed, Donnicee	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
									768,905	322,937

Total		TOTAL
Program:	3,385,896	COST: 1,091,842

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

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

SCHEDULE A & B

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

**FY 2025-2026
July 1, 2025 to June 30, 2026**

Prepared by: YNEZ CROSS
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 1288 Visconti Drive
City, State, Zip Code: Colton CA 92324
Date Form Completed: 45,790
Updated: _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

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11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
July 1, 2025 to June 30, 2026**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2025 to June 30, 2026</i>													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: Helping Hearts California
Contract #: #24-82
Address: 1288 Visconti Drive
City, State, Zip Code: Colton CA 92324
Legal Entity No.: 01984 RU36JJAR
Date: 5/13/2025
Updated

Prepared by: Ynez Cross
Title: CEO

FY 2026-2027
July 1, 2026 to June 30, 2027

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 *Thelma Rodriguez* 05/28/2025 *Jennifer Pacheco* 05/28/2025
Ynez Cross (May 28, 2025 18:04 PDT) Thelma Rodriguez (May 28, 2025 16:57 PDT) Jennifer Pacheco (May 28, 2025 16:57 PDT)
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL
FY 2026-2027

July 1, 2026 to June 30, 2027

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
----------------	-----------	-------------	-----------

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2026-2027
July 1, 2026 to June 30, 2027**

Prepared by: Ynez Cross
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 1288 Visconti Drive
City, State, Zip Code: Colton CA 92324
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026-2027
July 1, 2026 to June 30, 2027

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 to June 30, 2027**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2026 to June 30, 2027</i>													
	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: **Helping Hearts California**
Contract #: **#24-82**
Address: **1288 Visconti Drive**
City, State, Zip Code: **Colton CA 92324**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**

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

FY 2027-2028
July 1, 2027 to June 30, 2028

Updated

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES		-	-	-	-
6	PATIENT INSURANCE		-	-	-	-
7	MEDI-CARE		-	-	-	-
8	GRANTS/OTHER		-	-	-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
CONTRACT DETAILS						
11	CONTRACT DAYS		366	366	366	1,098
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,660	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,775,100	1,775,100
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,775,100	1,775,100
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,775,100	1,775,100

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025
Ynez Cross (May 28, 2025 10:04 PDT) Thelma Rodriguez (May 28, 2025 10:35 PDT) Jennifer Pacheco (May 28, 2025 10:35 PDT)

PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE
 Ynez Cross Thelma Rodriguez Jennifer Pacheco
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL
FY 2027-2028

July 1, 2027 to June 30, 2028

Schedule B

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
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Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
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Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
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TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
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TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
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TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
----------------	-----------	-------------	-----------

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

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

SCHEDULE A & B

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

**FY 2027-2028
July 1, 2027 to June 30, 2028**

Prepared by: YNEZ CROSS
Title: CEO

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 1288 Visconti Drive
City, State, Zip Code: Colton CA 92324
Date Form Completed: 45,790
Updated _____

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
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6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2027-2028
July 1, 2027 to June 30, 2028

Contractor Name: Helping Hearts California, LLC
Contract #: #24-82
Address: 1288 Visconti Drive
City, State, Zip Code: Colton CA 92324
Date Form Completed: 45,790
Updated _____

Prepared by: Ynez Cross
Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to fumiture and facility and repairs due to client negligence or behaviors and replacement of fumiture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 to June 30, 2028**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2027 to June 30, 2028</i>													
	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

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

Contractor Name: **Helping Hearts Californi**
Contract #: **#24-82**
Address: **1288 Visconti Drive**
City, State, Zip Code: **Colton CA 92324**
Legal Entity No.: **01984 RU36JJAR**
Date: **5/13/2025**
Updated

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

FY 2028-2029
July 1, 2028 to June 30, 2029

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco

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

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL
FY 2028-2029

July 1, 2028 to June 30, 2029

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
Reyes, Alma L or designee	Masters or higher licensed BHP	Head Of Service	\$ 140,569	59,039	199,608	10.70%	21,358	223	15,041	6,317
Boyle, Kathy or designee	Bachelors	Health Information Manager	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Holguin, Celia C	High School	Office Assistant	\$ 50,506	21,212	71,718	10.70%	7,674	223	5,404	2,270
Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
Hampton, Christal	Masters or higher	President	\$ 224,419	94,256	318,675	10.70%	34,098	223	24,013	10,085
Debose, Jasmine	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Cisneros, Jennifer	Bachelors	Recruiter	\$ 63,266	26,572	89,837	10.70%	9,613	223	6,769	2,843
Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
Whitworth, Brian	Bachelors or higher	Senior Program Coordinator	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Vanni, Lisa K	Bachelors or higher	Staff Developer	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,416	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donniece	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 126,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
Adams, Kathy	Bachelors	Quality Assurance	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Community Specialist	\$ 65,000	27,300	92,300	10.70%	9,876	223	6,955	2,921
TBD	High School	Program Director	\$ 76,624	32,182	108,806	100.00%	108,806	2,080	76,624	32,182
TBD	High School	WDD BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WDN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WED BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WEN BHT-1	\$ 46,498	19,529	66,027	100.00%	66,027	2,080	46,498	19,529
TBD	High School	WDD Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WED Lead BHT	\$ 58,844	24,715	83,559	100.00%	83,559	2,080	58,844	24,715
TBD	High School	WD Transition BHT-2	\$ 48,237	20,259	68,496	100.00%	68,496	2,080	48,237	20,259
TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
							-	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
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Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

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

SCHEDULE A & B

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

**FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45,790
 Updated _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Admin Expense	\$171,154	100.00%	0.00%	\$171,154
2 Client activities and Misc Client Costs	\$16,166	100.00%	0.00%	\$16,166
3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2028-2029
July 1, 2028 to June 30, 2029

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

ITEM		Justification of Cost
1.	Admin Expense	Administrative costs includes audits and accounting, executive compensation not to exceed 15% of modified direct costs.
.2	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
3.	Clinical Support	Electronic health records computer and technology support, office supplies, continued education and training of staff, license, permit and compliance fees
4.	Food and Supplies	Food and household supplies for clients.
5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to fumiture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2028-2029
July 1, 2028 to June 30, 2029**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2028 to June 30, 2029</i>													
	Jul-28	Aug-28	Sep-28	Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29	Apr-29	May-29	Jun-29	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	290	310	300	310	300	3,660

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

Contractor Name: Helping Hearts California
Contract #: #24-82
Address: 1288 Visconti Drive
City, State, Zip Code: Colton CA 92324
Legal Entity No.: 01984 RU36JJAR
Date: 5/13/2025
Updated

Prepared by: Ynez Cross
Title: CEO

FY 2029-2030
July 1, 2029 to June 30, 2030

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
EXPENSES						
1	SALARIES		-	-	768,905	768,905
2	BENEFITS		-	-	322,937	322,937
	TOTAL SALARIES AND BENEFITS		-	-	1,091,842	1,091,842
3	OPERATING EXPENSES		-	-	678,408	678,408
4	TOTAL EXPENSES (1+2+3)	-	-	-	1,770,250	1,770,250
AGENCY REVENUES						
5	PATIENT FEES				-	-
6	PATIENT INSURANCE				-	-
7	MEDI-CARE				-	-
8	GRANTS/OTHER				-	-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	1,770,250	1,770,250
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				10	10
14	TOTAL CLIENT DAYS (11 * 13)		-	-	3,650	3,650
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	177,025	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	14,752	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	485	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	147,521	147,521
19	TOTAL AMOUNT (11*13*17)		-	-	1,770,250	1,770,250
FUNDING:						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	1,770,250	1,770,250
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	1,770,250	1,770,250

APPROVED: Ynez Cross 05/28/2025 Thelma Rodriguez 05/28/2025 Jennifer Pacheco 05/28/2025

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

Ynez Cross Thelma Rodriguez Jennifer Pacheco
PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)

SCHEDULE A & B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL
FY 2029-2030

July 1, 2029 to June 30, 2030

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

CONTRACTOR NAME: **Helping Hearts California, LLC**

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Rabbady, Wessam or designee	Masters or higher, prelicensed or licensed	Clinical Therapist	\$ 88,200	37,044	125,244	10.70%	13,401	223	9,437	3,964
Zepeda, Jessica or designee	Bachelors	Director of Personnel	\$ 82,689	34,729	117,418	10.70%	12,564	223	8,848	3,716
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Wims, Taylor A	Bachelors	Payroll and Benefits Advocate	\$ 73,956	31,061	105,017	10.70%	11,237	223	7,913	3,324
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Rodriguez, Anthony D	High School	Program Coordinator	\$ 76,624	32,182	108,806	10.70%	11,642	223	8,199	3,443
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Larry, Christopher	Bachelors or higher	Senior Director of Operations	\$ 167,668	70,421	238,089	10.70%	25,476	223	17,940	7,535
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Daniels, Valerie	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,688	34,729	117,418	10.70%	12,564	223	8,848	3,716
McClanahan, Blythe	DHCS Program Director min qualifications	Supervising Program Director	\$ 82,693	34,731	117,424	10.70%	12,564	223	8,848	3,716
Reed, Donnicee	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
Rodriguez, Carlos A	High School	Transportation Tech.	\$ 47,843	20,094	67,937	10.70%	7,269	223	5,119	2,150
DeVito, Ashley	DSW	Clinical Program Development	\$ 128,000	52,920	178,920	10.70%	19,144	223	13,482	5,662
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TBD	High School	WE Transition BHT-2	\$ 50,317	21,133	71,450	100.00%	71,450	2,080	50,317	21,133
					-		0	0	0	0
									768,905	322,937

Total Program:	3,385,896	TOTAL COST:	1,091,842
----------------	-----------	-------------	-----------

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

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

SCHEDULE A & B

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

**FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

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3 Clinical Support	\$121,033	100.00%	0.00%	\$121,033
4 Food and Supplies	\$68,873	100.00%	0.00%	\$68,873
5 Int Expense	\$11,121	100.00%	0.00%	\$11,121
6 Prof Liab/Ins	\$21,970	100.00%	0.00%	\$21,970
7 Rent	\$199,159	100.00%	0.00%	\$199,159
8 Repair and Maintenance	\$27,387	100.00%	0.00%	\$27,387
9 Transportation Cost	\$12,138	100.00%	0.00%	\$12,138
10 Utilities	\$29,406	100.00%	0.00%	\$29,406
11			100.00%	\$0
SUBTOTAL B:	\$678,408			\$678,408
GROSS COSTS TOTAL A + B:	\$1,770,250			\$1,770,250

SCHEDULE A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2029-2030
July 1, 2029 to June 30, 2030

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45,790
 Updated: _____

Prepared by: Ynez Cross
 Title: CEO

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

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2.	Client activities and Misc Client Costs	Cost of client activities in home and community for clients including first and and medical expenses not covered by health insurance.
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5.	Int Expense	Interest paid to Citizen's Business Bank to cover payroll and expenses due to payment lag from DBH
6.	Prof Liab/Ins	Professional Liability Insurance and other policies as required by DBH contract
7.	Rent	Rent for facility at \$1,500 per member per month and includes all taxes, property taxes and insurance, and all maintenance due to wear and tear and repairs other than client damage of causes, such as plumbing costs for clogged toilets.
8.	Repair and Maintenance	Damage to furniture and facility and repairs due to client negligence or behaviors and replacement of furniture such as mattresses if soiled
9.	Transportation Cost	Includes auto insurance and vehicle lease, fuel, auto maintenance related to community activities and client appointments, treatment, etc.
10.	Utilities	Annual utilities including water, electric, natural gas, telephone, internet and cable
11.		

SCHEDULE A & B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2029-2030
July 1, 2029 to June 30, 2030**

Contractor Name: Helping Hearts California, LLC
 Contract #: #24-82
 Address: 1288 Visconti Drive
 City, State, Zip Code: Colton CA 92324
 Date Form Completed: 45790
 Updated

<i>Client Service Projections for: July 1, 2029 to June 30, 2030</i>													
	Jul-29	Aug-29	Sep-29	Oct-29	Nov-29	Dec-29	Jan-30	Feb-30	Mar-30	Apr-30	May-30	Jun-30	TOTAL
Unduplicated Clients Served	10	10	10	10	10	10	10	10	10	10	10	10	120
Projected Bed Days	310	310	300	310	300	310	310	280	310	300	310	300	3,650

**ADULT RESIDENTIAL FACILITIES WITH LONG TERM and TRANSITIONAL
SOCIAL REHABILITATION TREATMENT SERVICES
SERVICE DESCRIPTION**

I. DEFINITION OF RECOVERY, WELLNESS, AND DISCOVERY WITHIN
REHABILITATIVE MENTAL HEALTH SERVICES

- A. Mental health recovery, wellness, and discovery is an approach to helping the individual to live a healthy, satisfying, and hopeful life despite limitations and/or continuing effects caused by his or her mental illness. “Rehabilitation” is a strength-based approach to skills development that focuses on maximizing a client’s functioning. Services will support the client in accomplishing his/her desired results. Program staffing should be multi-disciplinary and reflect the cultural, linguistic, ethnic, age, gender, sexual orientation and other social characteristics of the community, which the program serves. Families, caregivers, human service agency personnel and other significant support persons should be encouraged to participate in the planning and implementation process in responding to the client’s needs and desires, and in facilitating the client’s choices and responsibilities. Programs may be designed to use both licensed and non-licensed personnel who are experienced in providing mental health services.

It is believed that all clients can recover, even if that recovery is not complete. The recovery, wellness, and discovery approach involve collaborating with the client to facilitate hope and empowerment, with the goals of counteracting internal and external “stigma,” improving self-esteem, encouraging client self-management of his/her life and making his/her own choices and decisions, re-integrating the client back into his/her community as a contributing member, and achieving a satisfying and fulfilling life.

- B. These Adult Residential Facilities (ARF) are certified to provide Social Rehabilitation Treatment Services (SRTS), serving clients with a serious behavioral health condition whose needs require a supervised setting for their psychiatric and medical care transitioning from locked higher levels of care to a community treatment setting in a homelike environment. These facilities are licensed as transitional (up to 12 months) or long-term (up to 18 months).
- C. All contract agencies are required to provide services under Title 9, Chapter 11, Section 1810.249, which superseded the rehabilitation option and targeted case management guidelines of July 1, 1993, and more recent guidelines as may be incorporated or referenced herein by attachment. Minimum guidelines are detailed in Section III, “DESCRIPTION OF SPECIFIC SERVICES

TO BE PROVIDED” of this Addendum.

II. PERSONS TO BE SERVED

A. The program will assist adult clients experiencing a behavioral health condition who no longer meet medical necessity for an acute psychiatric hospital or who have reached treatment goals in a locked psychiatric adult residential facility. However, this adult client needs further treatment services such as individual and group therapy, case management and assistance with accessing needed medical and psychiatric appointments as well as community-based activities and other support services that will teach and enhance skills for independent living including proper medication regime, social skills, financial management/budgeting and family reconciliation. This includes clients learning to adjust to their behavioral health symptoms and medical conditions; clients previously unsuccessfully discharged to family due to shortage of placement options; and/or clients who have utilized psychiatric hospital units as their primary provider for behavioral health issues. The long-term (up to 18 months) or transitional (up to 12 months) residential treatment services will allow for seamless transitions upon discharge from restrictive psychiatric settings into lower levels of appropriate Rehabilitative Psychiatric Care. The unlocked residential setting offers clients a more appropriate, less restrictive level of care to assist in their recovery and improved functionality.

B. Client Access Management

1. Contractor shall respond to all DBH's requests within seventy-two (72) hours unless indicated otherwise within this contract. In addition, responses to referrals timeframe, scheduling of admission or readmission, and outcome of interviews shall occur within seventy-two (72) hours. Furthermore, the contractor shall communicate with DBH staff to timely evaluate the appropriateness of admission for clients in need of further stabilization as deemed appropriate.
2. Admission and discharge criteria shall be written and shall be consistent with program goals.
3. Length of Stay: The planned length of stay shall be in accordance with the client's assessed service plan, with the goal of transitioning the client to a lower level of care within twelve (12) months if a Transitional facility and eighteen (18) months if a Long-Term facility. The contractor shall provide DBH written notification when a client's stay shall exceed the allotted time given per state regulation, documenting the reasons for the extended stay as well as a detailed plan outlining steps that will be taken to ensure client is working towards discharge.

C. Provider Adequacy

Contractor shall submit to DBH documentation verifying it has the capacity to serve the expected enrollment in its service area in accordance with the network adequacy standards developed by DHCS. Documentation shall be submitted no less frequently than the following:

1. At the time it enters into this Contract with the County;
2. On an annual basis; and
3. At any time there has been a significant change, as defined by DBH, in the Contractor's operations that would affect the adequacy capacity of services, including the following:
 - a. A decrease of twenty-five percent (25%) or more in services or providers available to beneficiaries;
 - b. Changes in benefits;
 - c. Changes in geographic service area; and
 - d. Details regarding the change and Contractor's plans to ensure beneficiaries continue to have access to adequate services and providers.

D. It is further expected that the client population will be reflective of the social, economic and ethnic characteristics of the communities served by the Contractor.

III. DESCRIPTION OF SPECIFIC SERVICES TO BE PROVIDED

A. DEFINITIONS

1. Adult Residential Facility (ARF): Licensed facility that provides 24-hour a day, non-medical care and supervision for clients ages 18-59 or any person 60 years of age or older under specified requirements. These clients may have a mental, physical or developmental disability.
2. Adult Residential Treatment (ART): services provided in a non-institutional residential setting where clients are supported in their efforts to restore, maintain and apply interpersonal and independent living skills, and access community support systems.
3. Alcohol and Drug Counselor (ADC): provides psychoeducational substance use disorder group therapy including relapse prevention and will rotate access for all residential sites on a bi-weekly basis to ensure all residents are provided the opportunity to attend the groups.
4. Mental Health Services:
 - a. Admission:

Contractor shall have an admission agreement, signed on entry by the client or an authorized representative, describing the services to be provided and the expectations and rights of the client regarding house rules, client involvement in the program and fees. The client or authorized representative shall receive a copy of the signed admission agreement.
 - b. Assessment:

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

c. Plan Development:

Service activity that consists of developing and approving a needs and service plan for each client and monitoring of a client's progress.

d. Therapy:

A therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an client or group of clients and may include family therapy at which the client is present. Short-term psychotherapy shall be provided by licensed, registered or waived staff practicing within their scope of practice up to and including master level interns supervised by licensed personnel.

e. Rehabilitation:

Service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a client's or group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. An activity program that encourages socialization, program and community involvement, which links the clients to resources that are available after leaving the program.

f. Crisis Intervention:

An established protocol for responding to clients experiencing a mental health crisis. The protocol shall ensure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. Staff on site will be trained in de-escalation techniques; training will include appropriate agencies for intervention and safeguarding other clients and staff.

g. Medication Support Services:

Contractor will facilitate each client's needs to linkage with providers for psychiatric and medical needs, including assistance with appointments, pharmacy and transportation.

h. Self-Administered Medication:

Assistance will need to be provided for in-house self-administered medication in compliance with the State of California, Manual of Policies and Procedures, Community Care and Licensing Division, Social Rehabilitation Facilities, Title 22, Division 6, Chapter 2 and shall comply with all procedures, training, record keeping and reviews as mandated.

i. Case Management:

Linkage to behavioral health supports, in home and community settings; linkage to appropriate resources and services available in the community based on needs to achieve community reintegration, including benefit acquisition, housing, medical care, psychiatric care, and/or self-help programs; provide advocacy support as needed; provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for client needs.

j. Case Conferences

The Contractor's staff shall hold regular case conferences to evaluate the effects of treatment and the need for continued treatment.

k. Transportation:

Provide transportation to appointments and social rehabilitative activities (including community-based activities), and transitional supportive services, all for which meet educational, vocational, and personal well-being development, with supervision by staff. Includes assistance with learning to access the public transportation system for continuing self-reliance.

l. Discharge:

A written discharge summary will be prepared and submitted to DBH outlining services provided, goals accomplished, transition plan and linkage to next level of care, including referrals to community resources.

5. Psychoeducation: An evidence-based therapeutic intervention for patients and their loved ones that provides information and support to better understand and cope with mental illness.
6. Psychosocial Rehabilitation: Services that are rehabilitative mental health services interventions designed to reduce psychosocial dysfunction (i.e.,

interpersonal cognitive, behavioral development, etc.) and restore recipients to their highest level of functioning.

7. **Psychotherapy:** Psychotherapy (psychological therapy or talking therapy) is the use of psychological methods, particularly when based on regular personal interaction, to help a person change behavior and overcome problems in desired ways to improve an client's well-being and mental health.
8. **Quality Management Specialist:** Refers to a staff person who is knowledgeable of California's Title 9 Medi-Cal requirements for Specialty Mental Health Services including Adult Residential Treatment (ART) and provides training to staff and monitors all aspects of documentation, Medi-Cal billing submissions, and chart reviews.
9. **Resource Specialist:** Refers to a staff person who evaluates a client's needs and coordinates and assists clients with community resources to meet that need.
10. **Severe Persistent Mental Illness (SPMI):** refers to a collection of mental disorders that usually affect people in early adulthood and often have profound effects on family relations, educational attainment, occupational productivity, and social role functioning over the life course.
11. **Social Rehabilitation Facility (SRF):** Provides 24 hour a day non-medical care and supervision in a group setting to adults recovering from a behavioral health condition who temporarily need assistance, guidance or counseling. This type of facility must have a California Department of Social Services Community Care License as an Adult Residential Facility (ARF), certification with California Department of Health Care Services (DHCS) as a Social Rehabilitation Residential Facility, and Medi-Cal Certification DHCS to submit Medi-Cal billing for Adult Residential Treatment (ART).
 - a. **Certified Long-Term Adult Social Rehabilitation Residential Facility:** A Social Rehabilitation Facility that provides residential treatment for up to 18 months to assist clients to attain and maintain community stabilization.
 - b. **Certified Transitional Adult Social Rehabilitation Residential Facility:** A Social Rehabilitation Facility that provides residential treatment for up to 12 months to assist clients to attain and maintain community stabilization.

B. Overview

DBH requires access to 54 beds, following all guidelines for Adult Residential Treatment services within the California Code of Regulations (CCR) Title 22-**Adult Residential Facility**, that provides treatment services listed within CCR Title 9 - Article 3.5 Standards for the Certification of **Social Rehabilitation**

Programs including CCR Title 22 § 51341 which states “(7) Adult residential treatment service means rehabilitation services provided in a non-institutional residential setting where clients are supported in their efforts to restore, maintain and apply interpersonal and independent living skills, and access community support systems. Programs shall provide a therapeutic community including a range of activities and services for clients who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. This is a structured package program with services available day and night, seven days a week.”

Providing both Long Term and Transitional Residential Treatment Programs; as defined by the State of California, Community Care Licensing (CCL):

- CCR Title 9 Section 531 (b)- **Transitional Residential Treatment Program**, a program shall provide:

Services as specified in either subsection (h) or (i) of section 541 which shall provide a therapeutic environment in which clients are supported in their efforts to acquire and apply interpersonal and independent living skills. The program shall also assist the client in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability for independent living upon discharge from the program. The planned length of stay in the program shall be in accordance with the client's assessed need, but not to exceed one (1) year; however, a length of stay not exceeding a maximum total of 12 months is permitted to ensure successful completion of the treatment plan and appropriate referral. The reasons for a length of stay beyond one (1) year shall be documented in the client's case record.

- CCR Title 9 Section 531 (c)- **Long Term Residential Treatment Program**, a program shall provide:

Services as specified in subsection (j) of section 541 in order to provide a 24-hour therapeutic residential setting with a full range of social rehabilitation services, as defined in section 532 of these regulations, including day programming for clients who require intensive support in order to avoid long-term hospitalization or institutionalization. The planned length of stay shall be in accordance with the client's assessed needs but under no circumstances may that length of stay be extended beyond eighteen (18) months.

C. Mental Health Treatment services:

Mental health services are interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning consistent with the requirements for learning, development, independent living and enhanced self-sufficiency. Services shall be directed toward achieving the client’s goals/desired results/personal milestones, and minimum guidelines for the provision of coordinated services under the rehabilitation and targeted case

management options are set forth below. The definition of these activities can be found above and not all of the activities need to be provided for a service to be billable. Mental Health services are inclusive of but not limited to the following:

- a. Admission - Contractor shall have an admission agreement, signed on entry by the client or an authorized representative, describing the services to be provided and the expectations and rights of the client regarding house rules, client involvement in the program and fees. The client or authorized representative shall receive a copy of the signed admission agreement.
- b. Assessment - There shall be a written **assessment** of each client on admission which includes at least:
 - i. Health and psychiatric histories;
 - ii. Psychosocial skills;
 - iii. Social support skills;
 - iv. Current psychological, educational, vocational and other functional limitations;
 - v. Medical needs, as reported; and,
 - vi. Meal planning, shopping and budgeting skills.
- c. Plan Development -The program and client shall together develop a written treatment/rehabilitation plan called a **Client Recovery Plan** at DBH. This plan, specifying goals and objectives, describes the staff and client's responsibilities for their achievement. Clients shall be involved in an ongoing review of progress towards reaching established goals and be involved in the planning and evaluation of their treatment goals. The plan shall contain at least the following elements:
 - i. Statement of specific treatment needs and goals.
 - ii. Description of specific services to address identified treatment needs.
 - iii. Documentation of reviews by staff and client of the service plan adhering to the following schedule:
 - iv. Transitional Residential Treatment Program: at least once every 30 days.
 - v. Long Term Residential Treatment Program: at least once every 60 days.
 - vi. Anticipated length of stay needed to accomplish identified goals, and methods to evaluate the achievement of these goals.

- vii. If a client service plan requires services to be provided by another program or agency, there shall be documented evidence in the client's case record of communication between all persons responsible for carrying out specific aspects of the service plan.
- viii. The Contractor shall arrange for clients to attend community programs when needs are identified in the service plan which cannot be met by the facility, but can be met in the community
- d. Therapy - Structured day and evening services shall be available seven (7) days a week. Services in all programs shall include, but not be limited to:
 - i. Individual and group counseling;
 - ii. Crisis intervention;
 - iii. Access to an Alcohol and Drug Counselor (ADC), classes and activities that support sobriety.
 - iv. Planned activities;
 - v. Counseling, with available members of the client's family, when indicated in the client's service plan;
 - vi. The development of community support systems for clients to maximize their utilization of non-mental health community resources;
 - vii. Pre-vocational or vocational counseling;
 - viii. Client advocacy, including assisting clients to develop their own advocacy skills;
 - ix. An activity program that encourages socialization within the program and general community, and which links the client to resources which are available after leaving the program;
 - x. Use of the residential environment to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skills.
 - xi. In addition to the services above, **Transitional** Residential Treatment Programs shall provide services which emphasize the development of vocational skills, and linkages to services offering transitional employment or job placement.
 - xii. In addition to the services above **Long-Term** Residential Treatment Programs shall provide pre-vocational and vocational services. These services shall be designed to provide a continuum of vocational training and experience including volunteer activities, supported employment, transitional employment and job placement. When any of these vocational services are provided by outside agencies or programs, written agreements or documented treatment plans shall be developed consistent with the treatment goals and orientation of the program. Long-Term Residential Treatment Programs shall also include provisions for special

education services and learning disability assessment and remediation.

- e. Rehabilitation
 - f. Crisis Intervention
 - g. Medication Support Service
 - h. Self-Administered Medication
 - i. Case Management
 - j. Case Conferences
 - k. Transportation
- I. Discharge - Discharging these clients to navigate community resources on their own without support could impact client stability which may in turn increase the likelihood of acute psychiatric hospitalization. As the client becomes self-sufficient, prior to discharge, the support services process must include:**
- i. Client reaching self-sufficiency in self-administered medication;
 - ii. Self-monitoring of health indicators;
 - iii. Daily hygiene;
 - iv. Coordination of care for medical and psychiatric disorders;
 - v. Developed skills pertaining to:
 - Independent living,
 - Daily life activities,
 - Social skills,
 - Budgeting,
 - Vocational support,
 - Transportation for education purposes, etc.;
 - vi. Schedule and provide transportation for the following:
 - Medical/dental appointments;
 - Skills building exercises; and
 - Recreational activities.
 - vii. Provide advocacy support as needed;
 - viii. Family involved reconciliation activities;
 - ix. Regularly scheduled case conferences with relevant support system;
 - x. Referrals and linkage to other DBH resources, such as:
 - Substance Use Disorder services,

- Community Crisis Response Team,
 - Crisis Walk-In Clinic (CWIC),
 - Outpatient mental health clinics and primary care providers.
- xi. Linkage to all community re-integration resources for each client as needed including:
- Behavioral health treatment,
 - Case management to ensure a higher level of re-integration success.

There shall be a written discharge summary prepared by staff and client, which includes an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans.

D. Coordination of Care

Contractor shall deliver care to and coordinate services for all of its beneficiaries by doing the following [42 C.F.R. § 438.208(b)]:

1. Ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity [42 C.F.R. § 438.208(b)(1)].
2. Coordinate the services Contractor furnishes to the beneficiary between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays. Coordinate the services Contractor furnishes to the beneficiary with the services the beneficiary receives from any other managed care organization, in FFS Medicaid, from community and social support providers, and other human services agencies used by its beneficiaries [(42 C.F.R. § 438.208(b)(2)(i)-(iv), CCR, title 9 § 1810.415.]

IV. BILLING UNIT

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

V. FACILITY LOCATIONS, NUMBER OF BEDS, STAFFING

- A. Provide and maintain a home-like environment within a community that is also a fully functioning long-term or transitional facility providing residential treatment services for clients referred by DBH.

- B. The maximum number of beds for this contract is 54 beds located between the following facilities:

ADDRESS
HHCA Visconti 1288 Visconti Drive Colton CA 92324 Lic 366426866
HHCA Bonanza 14516 Bonanza Road Victorville, CA 92392 Lic 361800429
HHCA Aurora 13132 Aurora Ave Victorville, CA 92392 Lic 36188064
HHCA Acacia 1767 N. Acacia Ave Rialto, CA 92376 Lic 365530012
HHCA Euclid 747 N. Euclid Ave. Ontario, CA 91762 Lic 361800061
HHCA Blackwood 11253 Blackwood St Fontana, CA 92337 Lic 361880686
HHCA Robin Lane 6272 Robin Lane San Bernardino, CA 92407 Lic 365530099

- A. The Contractor shall obtain the prior written consent of the Director of DBH or the designee before terminating services at any of the above location or providing services at another office location.

- B. Facilities will remain in compliance with a certification of Social Rehabilitation Program Services issued by the State of California Department of Health Care Services and a license as an Adult Residential Facility (ARF) from CCL.
- C. Food Services: Meals will be provided on-site. The expectation is a minimum of three meals and two snacks daily. Some meals will be prepared by clients to assist in education of daily living activities. Snacks should be easily accessible with a focus on fresh produce. A monthly menu will be posed by the first of each month.
- D. Access to Phones/Outside Communication: Phone and mail access will be available, unless limited access is addressed in the client's needs and service plan and agreed upon by the Office of the Public Guardian should the client be a Lanterman Petris Short (LPS) Conservatee.
- E. Rules and Procedures: Rules and procedures will be established, posted, and maintained as required by Certification for Social Rehabilitation Program Services standards.
- F. The Contractor shall provide adequate furnishings and clinical supplies to do therapy and in-home services in a clinically effective manner.
- G. Additional Facilities Requirements
 - 1. Maintain current Certificate of Occupancy, proof of compliance with all Federal, State, County and/or Local requirements and licensure for an Adult Residential treatment Facility with a Social rehabilitation Certification, Contractor will provide proof to DBH prior contract approval and renewals prior to expiration.
 - 2. Facility will operate 24 hours per day, 365 days per year.
 - 3. The Contractor shall comply with all requirements of the State to maintain Medi-Cal Certification.
 - 4. Contractor will obtain necessary fire clearances. Contractor to submit annual fire clearances for all locations and submit copies to **DBH Quality Management with a cc to DBH Program Manager(s)** office within 30 days prior to expiration.
 - 5. Short-Doyle/Medi-Cal Contractors must notify DBH at least sixty days prior to a change of ownership or a change of address. DBH will request a new provider number from the State.
 - 6. The Contractor shall maintain the facility exterior and interior appearances in a safe, clean, and attractive manner.
 - 7. The Contractor shall have adequate fire extinguishers and smoke alarms, as well as a fire safety plan.
- H. Contractor is responsible for notifying DBH of any changes in hours or availability. Notice of change in hours must be provided in writing to the DBH

Access Unit at fax number 909-890-0353, as well as the DBH program contact overseeing the Contract.

VI. STAFFING

All staff shall be employed, or contracted for, by the Contractor. The staff described are listed by location, in attached Budget Schedules A and B. Staff work the designated number of hours per week in full time equivalents (FTE's), perform the job functions specified for Social Rehabilitation Treatment and shall meet the California Code of Regulations requirements. All clinical treatment staff providing services with DBH funding shall be licensed or waived by viable internship by the State.

- A. Contractor shall hire and train qualified staff in compliance to all applicable State regulations.
- B. Staff Training Plan – Contractor shall provide training for staff on an ongoing basis, including cultural competency and crisis intervention training that addresses a diverse adult population.
- C. Vacancies or changes in staffing plan from the authorized positions with Budget Schedules A and B shall be submitted to the appropriate DBH Program Manager within 48 hours of Contractor's knowledge of such occurrence. Such notice shall include a plan of action to address the vacancy or a justification for the staffing plan change.

VII. ADMINISTRATIVE AND PROGRAMMATIC REQUIREMENTS

- A. If applicable, Contractor shall have written procedures for referring clients to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
- B. Contractor shall maintain client records in compliance with all regulations set forth by the State and provide access to clinical records by DBH staff.

Records shall include but not limited to admission, assessment, diagnosis and personal service plan, monthly review, progress notes and discharge summary with appropriate required signatures.
- C. Contractor shall maintain ongoing compliance with Medi-Cal Utilization Review requirements and record keeping requirements. The Contractor will participate in on-going contract related Medi-Cal audits by the State. A copy of the plan of correction regarding deficiencies will be forwarded to DBH.
- D. Contractor shall maintain high standards of quality of care for the units of service which it has committed to provide.
 - 1. Contractor's staff shall hold regular case conferences to evaluate the effects of treatment and the need for continued treatment.
 - 2. Contractor has the primary responsibility to provide the full range of mental health services, as defined in Addendum I, Section III, to clients referred to Contractor.

3. Contractor, in conjunction with DBH, shall develop a system to screen and prioritize clients awaiting treatment and those in treatment to target the availability of service to the most severely ill clients. Contractor and the applicable DBH Program Manager or designee will have ongoing collaboration to assist Contractor in identifying the target population(s) as defined in Section II (“Persons To Be Served”) to this Addendum. Contractor will participate as needed in weekly staffing of cases to assist in identifying needs. Referrals will be generated by DBH.
 4. Summary copies of internal peer review conducted must be forwarded to DBH.
- E. Contractor shall participate in DBH’s annual evaluation of the program and shall make required changes in areas of deficiency.
 - F. Contractor shall ensure that there are adequate budgeted funds to pay for all necessary treatment staff, supplies and tools.
 - G. Contractor shall make available to the DBH Program Manager copies of all administrative policies and procedures utilized and developed for service location(s) and shall maintain ongoing communication with the Program Manager regarding those policies and procedures.
 - H. Contractor must submit a report to the DBH Program Manager by the fifth of each month. As a minimum, the monthly report must include an overview of the total caseload, number of Medi-Cal cases and non-Medi-Cal cases. The report is to cover changes and status of staffing, program and services that impact service delivery under the Contract. A copy of staff or team and peer review meetings minutes will be forwarded to DBH.
 - I. Contractor shall submit additional reports as required by DBH.
 - J. Contractor’s Director or designee must attend regional meetings as scheduled.
 - K. Per Department of Health Care Services (DHCS) Information Notice, Contractor shall be required to participate in concurrent review at the initial admission and at the 9 month mark of stay evaluating the medical necessity to continue treatment services in the Transitional or Long-Term Social Rehabilitation Facility.
 - L. Contractor shall complete the Adults Need and Strengths Assessment (ANSA) as required during initial Clinical Assessment, quarterly, and at time of discharge.
 - M. Contractor shall report all incidents to DBH immediately. Written incident reports will be done in cases where clients engage in illegal activity, self-injury, property destruction or violence toward others.
 - N. Medication Storage Requirements

Contractor is required to store and dispense medications in compliance with all pertinent Federal and State standards, specifically:

1. All medications obtained by prescription are labeled in compliance with Federal and State laws. Prescription labels are altered only by persons legally authorized to do so.
 2. Medications intended for external use only and food items are stored separately from medications intended for internal use.
 3. All medications are stored at proper temperatures: room temperature medications at 59-86 degrees Fahrenheit and refrigerated medications at 36-46 degrees Fahrenheit.
 4. Medications are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
 5. Medications are not retained after the expiration date. Intramuscular multidose vials are dated and initialed when opened.
 6. A medication log is maintained to ensure Contractor disposes of expired, contaminated, deteriorated and abandoned medications in a manner consistent with State and Federal laws.
 7. Policies and procedures are in place for dispensing, administering and storing medications.
- O. Contractor shall make clients aware of their responsibility to pay for their own medications. However, if the client experiences a financial hardship, and the client cannot function without the prescribed medication, Contractor is to make provisions for medications listed on the current Medi-Cal Formulary which may include:
- Purchasing Medications
 - Utilizing DBH Clinics
 - Utilizing County Hospital
 - Utilizing Pharmaceutical Companies programs
 - And other methods that result in client's access to needed medications.
- P. Contractor understands that compliance with all standards listed is required by the State and the County of San Bernardino. Failure to comply with any of the above requirements or Special Provisions below may result in reimbursement checks being withheld until Contractor is in full compliance.
- Q. Helping Hearts will prioritize the acceptance and placement of clients referred from Lanterman-Petris-Short (LPS) designated hospitals or detention centers who are:
- Conserved pursuant to the Lanterman-Petris-Short (LPS) Act,
 - Awaiting the Social Rehabilitation level of care, or

- Individuals determined by the appropriate DBH team to meet criteria for a Helping Hearts facility (internal step-down from Long-Term residential facilities)

Such referrals shall be placed in a Helping Hearts facility within fifteen (15) days of referral by DBH, unless no vacant beds are available.

- R. Helping Hearts will prioritize new referrals. Any internal house changes will not delay the admission of clients from the hospitals, detention centers, or waitlist.
- S. If a client is accepted from a waitlist, placement should occur within 7 days of prior client discharge from facility.
- T. Helping Hearts clients will need to be seen by an internal medical provider and not utilize the DBH community Clinic medical providers.
- U. Helping Hearts will take active discharge planning steps for all clients within 3 months of their final treatment date, or sooner, if they are close to meeting their treatment plan goals and participate in frequent discharge planning meetings with DBH.
- V. If a client could benefit from further treatment, beyond a Social Rehabilitation level of care, which is typically 12-18 months, Helping Hearts will submit a formal request ,stating the reason for ongoing treatment need and the attempts Helping Hearts has made to step clients down.

VIII. COUNTY DEPARTMENT OF BEHAVIORAL HEALTH RESPONSIBILITIES

- A. DBH shall provide technical assistance to Contractor in regard to Medi-Cal requirements, as well as charting and Utilization Review requirements.
- B. DBH shall participate in evaluating the progress of the overall program in regard to responding to the mental health needs clients.
- C. DBH shall monitor Contractor on a regular basis in regard to compliance with all of the above requirements.
- D. DBH shall provide linkages with the total Mental Health system to assist Contractor in meeting the needs of its clients.

IX. SPECIAL PROVISIONS

- A. A review of productivity of Contractor shall be conducted after the end of each quarter of each fiscal year.
- B. Contractor and DBH will work jointly to monitor outcome measures.
- C. Contractor and DBH will participate in evaluating the progress of the overall program in regard to responding to the mental health needs of local communities (i.e. Annual Program Review, quarterly site reviews, audits, etc.).

X. OUTCOME MEASURES AND DATA REPORTING REQUIREMENTS

- A. Outcome Data Requirements: Contractor shall be responsible for collecting and entering data via the data collection instrument developed by the County and the State on all clients referred to the agency. Contractor shall ensure the data is

entered electronically at network sites and downloaded at the County centralized database (Integrated System). In addition to the below performance-based criteria, data collection shall include demographic data, the number of case openings, the number of case closings, and the services provided. DBH may base future funding for Contractor upon positive performance outcomes, which DBH will monitor throughout the year. Contractor shall collect data in a timely manner and submit it to DBH.

1. Program Consideration

The process-based criteria which shall be achieved are as follows:

PROCESS BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
a. Agency has linguistic capability sufficient to meet the needs of clients to be served	Review of staffing pattern and personnel records	Staff shall be available to meet the linguistic needs of clients in Service Area and surrounding area
b. Provider offers immediate access to Mental Health Services for clients in need of long-term and transitional residential treatment services	Client satisfaction survey	100% of clients entering the Program are seen in a timely fashion, ensuring client satisfaction as measured by self-reports that are included in a voluntary client satisfaction survey
c. Agency identifies clients with co-occurring mental health and substance use disorders and provides appropriate services	Information Systems (IS) report	100% of clients entering the Program will be screened for co-occurring mental health and substance use disorders, and subsequently referred for appropriate services, as needed
d. Agency provides (or arranges access to) peer support and self-help groups	Sample review of client records	A minimum of 50% of clients will be referred to peer support and self-help groups
e. Services reduce emergency room visits and hospital admissions for mental health related crisis	IS report and analysis	Clients demonstrate decreased use of hospital services compared with baseline period
f. Agency provides required number of beds:	Annual reporting	FY 2025/26 – 54 beds FY 2026/27 – 54 beds FY 2027/28 – 54 beds FY 2028/29 – 54 beds

ADDENDUM I

		FY 2029/30 – 54 beds
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*Exceptions are to be negotiated between Contractor and DBH.

2. The outcomes-based criteria which shall be achieved are as follows:

GOALS	KEY OUTCOMES
Reduce the unnecessary hospitalizations	<ul style="list-style-type: none">• Reduced administrative hospital days• Increased use of alternative crisis interventions (e.g., CWIC, CCRT, CSU)• Increase in number of clients diverted from hospitalization

ATTESTATION REGARDING INELIGIBLE/EXCLUDED PERSONS

Contractor Helping Hearts California, LLC shall:

To the extent consistent with the provisions of this Agreement, comply with regulations found in Title 42 Code of Federal Regulations (CFR), Parts 1001 and 1002, et al regarding exclusion from participation in Federal and State funded programs, which provide in pertinent part:

1. Contractor certifies to the following:
 - a. it is not presently excluded from participation in Federal and State funded health care programs,
 - b. there is not an investigation currently being conducted, presently pending or recently concluded by a Federal or State agency which is likely to result in exclusion from any Federal or State funded health care program, and/or
 - c. unlikely to be found by a Federal and State agency to be ineligible to provide goods or services.
2. As the official responsible for the administration of Contractor, the signatory certifies the following:
 - a. all of its officers, employees, agents, sub-contractors and/or persons having five percent (5%) or more of direct or indirect ownership or control interest of the Contractor are not presently excluded from participation in any Federal or State funded health care programs,
 - b. there is not an investigation currently being conducted, presently pending or recently concluded by a Federal or State agency of any such officers, employees, agents and/or sub-contractors which is likely to result in an exclusion from any Federal and State funded health care program, and/or
 - c. its officers, employees, agents and/or sub-contractors are otherwise unlikely to be found by a Federal or State agency to be ineligible to provide goods or services.
3. Contractor certifies it has reviewed, at minimum prior to hire or contract start date and monthly thereafter, the following lists in determining the organization nor its officers, employees, agents, sub-contractors and/or persons having five percent (5%) or more of direct or indirect ownership or control interest of the Contractor are not presently excluded from participation in any Federal or State funded health care programs:
 - a. OIG's List of Excluded Individuals/Entities (LEIE).
 - b. United States General Services Administration's System for Award Management (SAM).
 - c. California Department of Health Care Services Suspended and Ineligible Provider (S&I) List, if receives Medi-Cal reimbursement.
4. Contractor certifies that it shall notify DBH immediately (within 24 hours) by phone and in writing within ten (10) business days of being notified of:
 - a. Any event, including an investigation, that would require Contractor or any of its officers, employees, agents and/or sub-contractors exclusion or suspension under Federal or State funded health care programs, or
 - b. Any suspension or exclusionary action taken by an agency of the Federal or State government against Contractor, or one or more of its officers, employees, agents and/or sub-contractors, barring it or its officers, employees, agents and/or sub-contractors from providing goods or services for which Federal or State funded health care program payment may be made.

Printed name of authorized official

Signature of authorized official

Date

DATA SECURITY REQUIREMENTS

Pursuant to its contract with the State Department of Health Care Services, the Department of Behavioral Health (DBH) requires Contractor adhere to the following data security requirements:

A. Personnel Controls

1. Employee Training. All workforce members who assist in the performance of functions or activities on behalf of DBH, or access or disclose DBH Protected Health Information (PHI) or Personal Information (PI) must complete information privacy and security training, at least annually, at Contractor's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.
2. Employee Discipline. Appropriate sanctions must be applied against workforce members who fail to comply with privacy policies and procedures or any provisions of these requirements, including termination of employment where appropriate.
3. Confidentiality Statement. All persons that will be working with DBH PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The Statement must be signed by the workforce member prior to accessing DBH PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for DBH inspection for a period of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.
4. Background Check. Before a member of the workforce may access DBH PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each workforce member's background check documentation for a period of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

B. Technical Security Controls

1. Workstation/Laptop Encryption. All workstations and laptops that store DBH PHI or PI either directly or temporarily must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk unless approved in writing by DBH's Office of Information Technology.
2. Server Security. Servers containing unencrypted DBH PHI or PI must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.
3. Minimum Necessary. Only the minimum necessary amount of DBH PHI or PI required to perform necessary business functions may be copied, downloaded, or exported.

4. Removable Media Devices. All electronic files that contain DBH PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, Blackberry, backup tapes, etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.
5. Antivirus / Malware Software. All workstations, laptops and other systems that process and/or store DBH PHI or PI must install and actively use comprehensive anti-virus software / Antimalware software solution with automatic updates scheduled at least daily.
6. Patch Management. All workstations, laptops and other systems that process and/or store DBH PHI or PI must have all critical security patches applied with system reboot if necessary. There must be a documented patch management process which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within thirty (30) days of vendor release. Applications and systems that cannot be patched within this time frame due to significant operational reasons must have compensatory controls implemented to minimize risk until the patches can be installed. Application and systems that cannot be patched must have compensatory controls implemented to minimize risk, where possible.
7. User IDs and Password Controls. All users must be issued a unique user name for accessing DBH PHI or PI. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed at least every ninety (90) days, preferably every sixty (60) days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:
 - a. Upper case letters (A-Z)
 - b. Lower case letters (a-z)
 - c. Arabic numerals (0-9)
 - d. Non-alphanumeric characters (special characters)
8. Data Destruction. When no longer needed, all DBH PHI or PI must be wiped using the Gutmann or U.S. Department of Defense (DoD) 5220.22-M (7 Pass) standard, or by degaussing. Media may also be physically destroyed in accordance with NIST Special Publication 800-88. Other methods require prior written permission of DBH's Office of Information Technology.
9. System Timeout. The system providing access to DBH PHI or PI must provide an automatic timeout, requiring re-authentication of the user session after no more than twenty (20) minutes of inactivity.
10. Warning Banners. All systems providing access to DBH PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.
11. System Logging. The system must maintain an automated audit trail which can identify the user or system process which initiates a request for DBH PHI or PI, or

which alters DBH PHI or PI. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If DBH PHI or PI is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

12. Access Controls. The system providing access to DBH PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.
13. Transmission Encryption. All data transmissions of DBH PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing DBH PHI can be encrypted. This requirement pertains to any type of DBH PHI or PI in motion such as website access, file transfer, and E-Mail.
14. Intrusion Detection. All systems involved in accessing, holding, transporting, and protecting DBH PHI or PI that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

C. Audit Controls

1. System Security Review. Contractor must ensure audit control mechanisms that record and examine system activity are in place. All systems processing and/or storing DBH PHI or PI must have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.
2. Log Review. All systems processing and/or storing DBH PHI or PI must have a routine procedure in place to review system logs for unauthorized access.
3. Change Control. All systems processing and/or storing DBH PHI or PI must have a documented change control procedure that ensures separation of duties and protects the confidentiality, integrity and availability of data.

D. Business Continuity/Disaster Recovery Controls

1. Emergency Mode Operation Plan. Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of DBH PHI or PI held in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.
2. Data Backup Plan. Contractor must have established documented procedures to backup DBH PHI to maintain retrievable exact copies of DBH PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore DBH PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of DBH data.

E. Paper Document Controls

1. Supervision of Data. DBH PHI or PI in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an employee authorized to access the information. DBH PHI or PI in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.
2. Escorting Visitors. Visitors to areas where DBH PHI or PI is contained shall be escorted and DBH PHI or PI shall be kept out of sight while visitors are in the area.
3. Confidential Destruction. DBH PHI or PI must be disposed of through confidential means, such as cross cut shredding and pulverizing.
4. Removal of Data. Only the minimum necessary DBH PHI or PI may be removed from the premises of Contractor except with express written permission of DBH. DBH PHI or PI shall not be considered "removed from the premises" if it is only being transported from one of Contractor's locations to another of Contractor's locations.
5. Faxing. Faxes containing DBH PHI or PI shall not be left unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the intended recipient before sending the fax.
6. Mailing. Mailings containing DBH PHI or PI shall be sealed and secured from damage or inappropriate viewing of such PHI or PI to the extent possible.

Mailings which include 500 or more individually identifiable records of DBH PHI or PI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of DBH to use another method is obtained.