



Contract Number

21-692 A-1

SAP Number

4400017814

Department of Behavioral Health

| | |
|---|---|
| Department Contract Representative | Christopher Carso |
| Telephone Number | (909) 388-0856 |
| Contractor | South Coast Children’s Society, Inc. dba South Coast Community Services |
| Contractor Representative | Gil Garcia |
| Telephone Number | (714) 966-8603 |
| Contract Term | October 1, 2021 – September 30, 2025 |
| Original Contract Amount | \$6,945,000 |
| Amendment Amount | \$2,315,000 |
| Total Contract Amount | \$9,260,000 |
| Cost Center | 9206291000 |
| Grant Number (If Applicable) | N/A |

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and South Coast Children’s Society, Inc. dba South Coast Community Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

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

I. ARTICLE II GENERAL CONTRACT REQUIREMENTS, paragraphs I and J, are hereby added to read as follows:

I. 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.

J. 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.

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

I. The contract amendment amount of \$2,315,000 shall increase the total contract amount from \$6,945,000 to \$9,260,000 for the contract term.

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

K. The allowable funding sources for this Contract may include: Federal Financial Participation Medi-Cal, 1991 Realignment, and 2011 Realignment. Federal funds may not be used as match funds to draw down federal funds.

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

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

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

A. The term of this Agreement shall be from October 1, 2021 through September 30, 2025 inclusive. The County may, but is not obligated to, extend awarded contract(s) for up to one (1) additional one-year period contingent on the availability of funds and Contractor performance.

V. ARTICLE XVII PERSONNEL, paragraphs L and M, are hereby added amended to read as follows:

L. Executive Order N-6-22 – Russia Sanctions

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

M. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-

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

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

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

- VI. Exhibit I Schedules A and B for FY 2024-25 and 2025-26 are hereby added.
- VII. ATTACHMENT III Campaign Contribution Disclosure (SB1439) is hereby added.

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

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

SAN BERNARDINO COUNTY

► _____
Dawn Rowe, Chair, Board of Supervisors

Dated: _____

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

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

By _____
Deputy

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

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

By _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address 25910 Acero, Suite 160. Mission Viejo

CA 92691

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

► _____
Dawn Martin, Deputy County Counsel

► _____
Ellayna Hoatson, Contracts Supervisor

► _____
Georgina Yoshioka, Director

Date _____

Date _____

Date _____

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP# #21-892 / RTP# 23-107
Address: 26910 Aereo, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024

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

October 1, 2024 - June 30, 2025

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO PROGRAM | TOTAL COST TO PROGRAM | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|----------------------------|-----------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Advertising & Recruitment | \$332 | 0% | \$0 | 100% | \$332 | 0 | 332 |
| 2 Computer & Equipment Expenses | \$907 | 0% | \$0 | 100% | \$907 | | 907 |
| 3 Dues & Publications | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 4 EHR Support Fees | \$1,981 | 0% | \$0 | 100% | \$1,981 | | 1,981 |
| 5 Furniture Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 6 Insurance-Liability | \$4,331 | 0% | \$0 | 100% | \$4,331 | | 4,331 |
| 7 Interest Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 8 Leased Vehicle Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 9 Office Expenses | \$4,057 | 0% | \$0 | 100% | \$4,057 | | 4,057 |
| 10 Office Space/Occupancy | \$35,715 | 0% | \$0 | 100% | \$35,715 | | 35,715 |
| 11 Program Expense: Other | \$3,814 | 0% | \$0 | 100% | \$3,814 | | 3,814 |
| 12 Subcontractors (Psychiatrists) | \$46,800 | 0% | \$0 | 100% | \$46,800 | | 46,800 |
| 13 Telephone & Internet | \$5,912 | 0% | \$0 | 100% | \$5,912 | | 5,912 |
| 14 Training & Training Travel | \$750 | 0% | \$0 | 100% | \$750 | | 750 |
| 15 Transportation Expense | \$119 | 0% | \$0 | 100% | \$119 | | 119 |
| 16 Indirect Expense | \$47,758 | 0% | \$0 | 100% | \$47,758 | | 47,758 |
| SUBTOTAL B: | \$152,476 | | \$0 | | \$152,476 | 0 | 152,476 |
| GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES: | | | | | \$368,890 | 0 | 368,890 |

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

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP #: #21-892 / RTP# 23-107
Address: 28910 Acers, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024

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

October 1, 2024 - June 30, 2025

| ITEM | Justification of Cost |
|-----------------------------------|--|
| 1 Advertising & Recruitment | This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. |
| 2 Computer & Equipment Expenses | Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ |
| 3 Dues & Publications | N/A |
| 4 EHR Support Fees | Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs. |
| 5 Furniture Expense | Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program. |
| 6 Insurance-Liability | This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability, Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours. |
| 7 Interest Expense | N/A |
| 8 Leased Vehicle Expense | N/A |
| 9 Office Expenses | Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year. |
| 10 Office Space/Occupancy | Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program. |
| 11 Program Expense: Other | Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. |
| 12 Subcontractors (Psychiatrists) | Budgeted for 0.12 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$48,800 for psychiatrists is included on Staffing tab. |
| 13 Telephone & Internet | Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access. |
| 14 Training & Training Travel | This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings. |
| 15 Transportation Expense | Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$ 67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings. |
| 16 Indirect Expense | Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs. |

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

| | | | | |
|--|------------------|--------------|--------------|-----------------|
| Prior fiscal year Rates (Completed by DBH) | | | | |
| Old County Contract (CCR) Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 |
| Productivity Expectation: 60% | CM Rate per Min. | MHS Rate/Min | MSS Rate/Min | Crisis Rate/Min |
| Agency Per Min Rates: | \$2.34 | \$3.18 | \$5.91 | \$4.47 |
| NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells | | | | |
| Target Cost Per Unit of Service | \$2.48 | \$3.37 | \$4.73 | \$4.73 |

| | |
|----------------------|---|
| Contractor Name: | South Coast Children's Society |
| Provider # | |
| Contract/RFP# | #21-692 / RTP# 23-107 |
| Address: | 25910 Acero, Suite 160 Mission Viejo, CA 92691 |
| Date Form Completed: | 4/27/2024 |
| Date Form Revised: | |

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

| MONTH | Estimated Units of Service (Minutes) | Planned Clinical FTE's | Projected Revenue Generated by Service Type | | | | | | | Clients Served | | |
|----------------------|--------------------------------------|------------------------|---|--------------------------------|-------------------------|--------------------------|------------------|------------------------------------|-----------------------------------|------------------------------|------------------------------|----------------|
| | | | Case Management (01-06 & 08-09) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | | | | Starting Census | | Monthly Census |
| | | | | | | | | | | Admissions (Episodes Opened) | Discharges (Episodes Closed) | |
| Jul-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | | 85 |
| Aug-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Sep-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Oct-21 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| Nov-21 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| Dec-21 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| Jan-22 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| Feb-22 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| Mar-22 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| Apr-22 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| May-22 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| Jun-22 | 12,308 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | 8 | 8 | | 85 |
| TOTAL | 110,773 | | \$11,667 | \$330,557 | \$38,889 | \$7,778 | | | 72 | 72 | | |
| Total Revenue | | | | | | | \$388,891 | Unduplicated Clients Served | | 157 | | |
| | | | | | | | | | Estimated Cost Per Client: | | \$2,477 | |

| | 15-Outpatient | 15-Outpatient | 15-Outpatient | 15-Outpatient | |
|---|-----------------|------------------------|-----------------------------|---------------------|--------------|
| | Case Management | Mental Health Services | Medication Support Services | Crisis Intervention | TOTAL |
| Total Minutes of Services | 4,710 | 98,203 | 6,216 | 1,644 | 110,773 |
| Total Monthly Minutes of Services (Average) | 393 | 8184 | 518 | 137 | 9231 |
| Dosage (minutes) per client per month | 5 | 96 | 6 | 2 | 109 |
| Dosage (hours) per client per month | 0.08 | 1.60 | 0.10 | 0.03 | 1.81 |
| Total Hours Per Unduplicated Client for Duration of the Program: | | | | | 21.72 |

| Avg Monthly Census | Expected Length of Program (months) |
|--------------------|-------------------------------------|
| 85 | 12 |

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #21-692 / RTP# 23-107
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024
Date Form Revised:

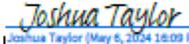
Actual Cost Contract (cost reimbursement)

FY 2025 - 2026 (3 Months)
July 1, 2025 - September 30, 2025

Prepared by: Gil A. Garcia
Title: CFO

| LINE | MODE OF SERVICE | 15-Outpatient Case Management (01-08) | 15-Outpatient Mental Health Services (10-60) | 15-Outpatient Medication Support (80) | 15-Outpatient Crisis Intervention (70) | TOTAL |
|------------------------|--|--|---|--|---|---------|
| 1 | 100% Distribution % | 3.00% | 88.00% | 10.00% | 2.00% | |
| EXPENSES | | | | | | |
| 2 | SALARIES | 1,962 | 55,589 | 6,540 | 1,308 | 65,398 |
| 3 | BENEFITS | 402 | 11,396 | 1,341 | 268 | 13,407 |
| | (2+3 must equal total staffing costs) | 2,364 | 66,984 | 7,881 | 1,576 | 78,805 |
| 4 | OPERATING EXPENSES | 1,525 | 43,202 | 5,083 | 1,017 | 50,826 |
| 5 | TOTAL EXPENSES (2+3+4) | 3,889 | 110,186 | 12,963 | 2,593 | 129,631 |
| AGENCY REVENUES | | | | | | |
| 6 | PATIENT FEES | | | | | 0 |
| 7 | PATIENT INSURANCE | | | | | 0 |
| 8 | MEDI-CARE | | | | | 0 |
| 9 | GRANTS/OTHER | | | | | 0 |
| 10 | TOTAL AGENCY REVENUES (6+7+8+9) | 0 | 0 | 0 | 0 | 0 |
| 11 | CONTRACT AMOUNT (5-10) | 3,889 | 110,186 | 12,963 | 2,593 | 129,631 |
| FUNDING | | | | | | |
| 12 | MEDI-CAL (FFP) | 1,720 | 48,722 | 5,732 | 1,146 | 57,320 |
| 13 | EPSDT (2011 Realignment) | 1 | 32 | 4 | 1 | 38 |
| 14 | 1991 Realignment Match | 1,938 | 54,909 | 6,460 | 1,292 | 64,599 |
| 15 | | 0 | 0 | 0 | 0 | 0 |
| 16 | 1991 Realignment - Net County | 230 | 6,523 | 767 | 153 | 7,674 |
| 17 | FUNDING TOTAL | 3,889 | 110,186 | 12,963 | 2,593 | 129,631 |
| 18 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | 0 | 0 | 0 | 0 | 0 |
| 19 | STATE FUNDING (Including Realignment) | 2,169 | 61,464 | 7,231 | 1,447 | 72,311 |
| 20 | FEDERAL FUNDING | 1,720 | 48,722 | 5,732 | 1,146 | 57,320 |
| 21 | TOTAL FUNDING | 3,889 | 110,186 | 12,963 | 2,593 | 129,631 |
| 22 | TARGET COST PER UNIT OF SERVICE | \$0.83 | \$1.12 | \$2.09 | \$1.58 | \$0.00 |
| 23 | UNITS OF TIME (Minutes) | 4,710 | 98,194 | 6,212 | 1,645 | 110,762 |

APPROVED:

| | | | | | |
|---|------------|---|------------|---|------------|
|  | 05/06/2024 |  | 05/06/2024 |  | 05/06/2024 |
| PROVIDER AUTHORIZED SIGNATURE | DATE | DBH FISCAL SERVICES | DATE | DBH PROGRAM MANAGER | DATE |
| Gil A. Garcia | | Anthony Altamirano | | Joshua Taylor | |
| PROVIDER AUTHORIZED SIGNER (PRINT NAME) | | DBH FISCAL SERVICES (PRINT NAME) | | DBH PROGRAM MANAGER (PRINT NAME) | |
| CFO | | Administrative Supervisor I | DBH FISCAL | Roger Ma | |

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2028

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP# #21-882 / RTP# 23-107
Address: 26810 Aero, Suite 180
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO PROGRAM | TOTAL COST TO PROGRAM | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|----------------------------|-----------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Advertising & Recruitment | \$111 | 0% | \$0 | 100% | \$111 | 0 | 111 |
| 2 Computer & Equipment Expenses | \$302 | 0% | \$0 | 100% | \$302 | | 302 |
| 3 Dues & Publications | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 4 EHR Support Fees | \$660 | 0% | \$0 | 100% | \$660 | | 660 |
| 5 Furniture Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 6 Insurance-Liability | \$1,444 | 0% | \$0 | 100% | \$1,444 | | 1,444 |
| 7 Interest Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 8 Leased Vehicle Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 9 Office Expenses | \$1,352 | 0% | \$0 | 100% | \$1,352 | | 1,352 |
| 10 Office Space/Occupancy | \$11,905 | 0% | \$0 | 100% | \$11,905 | | 11,905 |
| 11 Program Expense: Other | \$1,271 | 0% | \$0 | 100% | \$1,271 | | 1,271 |
| 12 Subcontractors (Psychiatrists) | \$15,600 | 0% | \$0 | 100% | \$15,600 | | 15,600 |
| 13 Telephone & Internet | \$1,971 | 0% | \$0 | 100% | \$1,971 | | 1,971 |
| 14 Training & Training Travel | \$250 | 0% | \$0 | 100% | \$250 | | 250 |
| 15 Transportation Expense | \$40 | 0% | \$0 | 100% | \$40 | | 40 |
| 16 Indirect Expense | \$15,920 | 0% | \$0 | 100% | \$15,920 | | 15,920 |
| SUBTOTAL B: | \$50,826 | | \$0 | | \$50,826 | 0 | 50,826 |
| GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES: | | | | | \$129,631 | 0 | 129,631 |

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

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
 Provider # _____
 Contract/RFP# #21-692 / RTP# 23-107
 Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
 Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

| ITEM | Justification of Cost |
|-----------------------------------|--|
| 1 Advertising & Recruitment | This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. |
| 2 Computer & Equipment Expenses | Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors. |
| 3 Dues & Publications | N/A |
| 4 EHR Support Fees | Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. |
| 5 Furniture Expense | Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program. |
| 6 Insurance-Liability | This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; |
| 7 Interest Expense | N/A |
| 8 Leased Vehicle Expense | N/A |
| 9 Office Expenses | Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year. |
| 10 Office Space/Occupancy | Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility. |
| 11 Program Expense: Other | Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th |
| 12 Subcontractors (Psychiatrists) | Budgeted for 0.12 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$15,600 for psychiatrists is included on Staffing tab. |
| 13 Telephone & Internet | Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access. |
| 14 Training & Training Travel | This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings. |
| 15 Transportation Expense | Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.67 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel |
| 16 Indirect Expense | Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is |

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

| | | | | |
|--|------------------|--------------|--------------|-----------------|
| Prior fiscal year Rates (Completed by DBH) | | | | |
| Old County Contract (CCR) Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 |
| Productivity Expectation: 60% | CM Rate per Min. | MHS Rate/Min | MSS Rate/Min | Crisis Rate/Min |
| Agency Per Min Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 |
| NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells | | | | |
| Target Cost Per Unit of Service | \$0.83 | \$1.12 | \$1.58 | \$1.58 |

| | |
|----------------------|---|
| Contractor Name: | South Coast Children's Society |
| Provider # | |
| Contract/RFP# | #21-692 / RTP# 23-107 |
| Address: | 25910 Acero, Suite 160 Mission Viejo, CA 92691 |
| Date Form Completed: | 4/27/2024 |
| Date Form Revised: | |

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

| MONTH | Estimated Units of Service (Minutes) | Planned Clinical FTE's | Projected Revenue Generated by Service Type | | | | | | | Clients Served | | |
|----------------------|--------------------------------------|------------------------|---|--------------------------------|-------------------------|--------------------------|--|--|-----------------------------------|------------------------------------|------------------------------|----------------|
| | | | Case Management (01-06 & 08-09) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | | | | Starting Census | | Monthly Census |
| | | | | | | | | | | Admissions (Episodes Opened) | Discharges (Episodes Closed) | |
| Jul-24 | 36,921 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | | 8 | 8 | 85 |
| Aug-24 | 36,921 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | | 8 | 8 | 85 |
| Sep-24 | 36,921 | 2.37 | \$1,296 | \$36,729 | \$4,321 | \$864 | | | | 8 | 8 | 85 |
| Oct-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Nov-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Dec-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Jan-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Feb-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Mar-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Apr-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| May-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Jun-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| TOTAL | 110,762 | | \$3,889 | \$110,186 | \$12,963 | \$2,593 | | | | 24 | 24 | |
| Total Revenue | | | | | | | | | \$129,631 | Unduplicated Clients Served | | 109 |
| | | | | | | | | | Estimated Cost Per Client: | \$1,189 | | |

| | 15-Outpatient | 15-Outpatient | 15-Outpatient | 15-Outpatient | |
|---|-----------------|------------------------|-----------------------------|---------------------|--------------|
| | Case Management | Mental Health Services | Medication Support Services | Crisis Intervention | TOTAL |
| Total Minutes of Services | 4,710 | 98,194 | 6,212 | 1,645 | 110,762 |
| Total Monthly Minutes of Services (Average) | 393 | 8183 | 518 | 137 | 9230 |
| Dosage (minutes) per client per month | 5 | 96 | 6 | 2 | 109 |
| Dosage (hours) per client per month | 0.08 | 1.60 | 0.10 | 0.03 | 1.81 |
| Total Hours Per Unduplicated Client for Duration of the Program: | | | | | 21.72 |

| Avg Monthly Census | Expected Length of Program (months) |
|--------------------|-------------------------------------|
| 85 | 12 |

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #21-692 / RTP# 23-107
Address: 25910 Apelo, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024
Date Form Revised:

Actual Cost Contract (cost reimbursement)

Prepared by: Gil A. Garcia
Title: CFO

FY 2024 - 2025 (3 Months)
October 1, 2024 - June 30, 2025

| LINE # | MODE OF SERVICE | 15-Outpatient | | | | TOTAL |
|-----------------|---|-------------------------|--------------------------------|-------------------------|--------------------------|---------|
| | | Case Management (01-00) | Mental Health Services (10-80) | Medication Support (80) | Crisis Intervention (70) | |
| 1 | 100% Distribution % EXPENSES | 3.00% | 66.00% | 10.00% | 2.00% | |
| 2 | SALARIES | 6,270 | 177,654 | 20,900 | 4,180 | 209,005 |
| 3 | BENEFITS | 1,285 | 36,419 | 4,285 | 857 | 42,846 |
| | (2+3 must equal total staffing costs) | 7,556 | 214,073 | 25,185 | 5,037 | 251,851 |
| 4 | OPERATING EXPENSES | 5,326 | 150,904 | 17,753 | 3,551 | 177,534 |
| 5 | TOTAL EXPENSES (2+3+4) | 12,882 | 364,977 | 42,938 | 8,588 | 429,385 |
| AGENCY REVENUES | | | | | | |
| 6 | PATIENT FEES | | | | | 0 |
| 7 | PATIENT INSURANCE | | | | | 0 |
| 8 | MEDI-CARE | | | | | 0 |
| 9 | GRANTS/OTHER | | | | | 0 |
| 10 | TOTAL AGENCY REVENUES (6+7+8+9) | 0 | 0 | 0 | 0 | 0 |
| 11 | CONTRACT AMOUNT (5-10) | 12,882 | 364,977 | 42,938 | 8,588 | 429,385 |
| FUNDING | | | | | | |
| 12 | 94.00% MEDI-CAL (FFP) 47.00% | 5,696 | 161,384 | 18,986 | 3,797 | 189,863 |
| 13 | 3.00% EPSDT (2011 Realignment) 1.00% | 4 | 106 | 12 | 2 | 124 |
| 14 | 52.00% 1991 Realignment Match | 6,419 | 181,880 | 21,399 | 4,280 | 213,978 |
| 15 | | 0 | 0 | 0 | 0 | 0 |
| 16 | 5.92% 1991 Realignment - Net County | 763 | 21,607 | 2,542 | 508 | 25,420 |
| 17 | FUNDING TOTAL | 12,882 | 364,977 | 42,938 | 8,588 | 429,385 |
| 18 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | 0 | 0 | 0 | 0 | 0 |
| 19 | STATE FUNDING (including Realignment) | 7,186 | 203,593 | 23,952 | 4,791 | 239,522 |
| 20 | FEDERAL FUNDING | 5,696 | 161,384 | 18,986 | 3,797 | 189,863 |
| 21 | TOTAL FUNDING | 12,882 | 364,977 | 42,938 | 8,588 | 429,385 |
| 22 | TARGET COST PER UNIT OF SERVICE | \$2.72 | \$3.70 | \$6.88 | \$5.20 | \$0.00 |
| 23 | UNITS OF TIME (Minutes) | 4,730 | 98,617 | 6,243 | 1,651 | 111,240 |

APPROVED:

 05/06/2024
 PROVIDER AUTHORIZED SIGNATURE DATE
Gil A. Garcia
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 CFO

 05/06/2024
 DBH FISCAL SERVICES DATE
Anthony Altamirano
 Administrative Supervisor I DBH FISCAL

 05/06/2024
 DBH PROGRAM MANAGER DATE
Joshua Taylor
 Roger Ma

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP# 221-982 / RTP# 23-107
Address: 26910 Aero, Suite 180
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024

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

October 1, 2024 - June 30, 2025

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO PROGRAM | TOTAL COST TO PROGRAM | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|----------------------------|-----------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Advertising & Recruitment | \$1,172 | 0% | \$0 | 100% | \$1,172 | 0 | 1,172 |
| 2 Computer & Equipment Expenses | \$1,706 | 0% | \$0 | 100% | \$1,706 | | 1,706 |
| 3 Dues & Publications | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 4 EHR Support Fees | \$2,745 | 0% | \$0 | 100% | \$2,745 | | 2,745 |
| 5 Furniture Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 6 Insurance-Liability | \$9,056 | 0% | \$0 | 100% | \$9,056 | | 9,056 |
| 7 Interest Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 8 Leased Vehicle Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 9 Office Expenses | \$3,998 | 0% | \$0 | 100% | \$3,998 | | 3,998 |
| 10 Office Space/Occupancy | \$43,412 | 0% | \$0 | 100% | \$43,412 | | 43,412 |
| 11 Program Expense: Other | \$3,854 | 0% | \$0 | 100% | \$3,854 | | 3,854 |
| 12 Subcontractors (Psychiatrists) | \$50,700 | 0% | \$0 | 100% | \$50,700 | | 50,700 |
| 13 Telephone & Internet | \$6,356 | 0% | \$0 | 100% | \$6,356 | | 6,356 |
| 14 Training & Training Travel | \$1,125 | 0% | \$0 | 100% | \$1,125 | | 1,125 |
| 15 Transportation Expense | \$679 | 0% | \$0 | 100% | \$679 | | 679 |
| 16 Indirect Expense | \$52,731 | 0% | \$0 | 100% | \$52,731 | | 52,731 |
| SUBTOTAL B: | \$177,534 | | \$0 | | \$177,534 | 0 | 177,534 |
| GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES: | | | | | \$429,384 | 0 | 429,384 |

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

Contractor Name: South Coast Children's Society
 Provider # _____
 Contract/RFQ # W21-682 / RTP# 23-107
 Address: 25916 Acero, Suite 160
Mission Viejo, CA 92691
 Date Form Completed: 4/27/2024

Prepared by: Gl A. Garcia
 Title: CFO

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

October 1, 2024 - June 30, 2025

| ITEM | Justification of Cost |
|-----------------------------------|---|
| 1 Advertising & Recruitment | This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. |
| 2 Computer & Equipment Expenses | Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ |
| 3 Dues & Publications | N/A |
| 4 EHR Support Fees | Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs. |
| 5 Furniture Expense | Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program. |
| 6 Insurance-Liability | This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours. |
| 7 Interest Expense | N/A |
| 8 Leased Vehicle Expense | N/A |
| 9 Office Expenses | Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year. |
| 10 Office Space/Occupancy | Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program. |
| 11 Program Expense: Other | Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. |
| 12 Subcontractors (Psychiatrists) | Budgeted for 0.13 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$50,700 for psychiatrists is included on Staffing tab. |
| 13 Telephone & Internet | Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access. |
| 14 Training & Training Travel | This line item is for training costs via training videos (Trelax) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings. |
| 15 Transportation Expense | Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.57 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings. |
| 16 Indirect Expense | Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs. |

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

| | | | | |
|--|------------------|--------------|--------------|-----------------|
| Prior fiscal year Rates (Completed by DBH) | | | | |
| Old County Contract (CCR) Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 |
| Productivity Expectation: 60% | CM Rate per Min. | MHO Rate/Min | MSS Rate/Min | Crisis Rate/Min |
| Agency Per Min Rates: | \$2.34 | \$3.18 | \$5.91 | \$4.47 |
| NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells | | | | |
| Target Cost Per Unit of Service | \$2.72 | \$3.70 | \$5.20 | \$5.20 |

| | |
|----------------------|---|
| Contractor Name: | South Coast Children's Society |
| Provider # | |
| Contract/RFP# | #21-692 / RTP# 23-107 |
| Address: | 25910 Acero, Suite 160 Mission Viejo, CA 92691 |
| Date Form Completed: | 4/27/2024 |
| Date Form Revised: | |

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

| MONTH | Estimated Units of Service (Minutes) | Planned Clinical FTE's | Projected Revenue Generated by Service Type | | | | | | Clients Served | | |
|----------------------|--------------------------------------|------------------------|---|--------------------------------|-------------------------|--------------------------|------------------------------|------------------------------------|----------------|-----|--|
| | | | Case Management (01-06 & 08-09) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | Starting Census | | Monthly Census | | |
| | | | | | | | Admissions (Episodes Opened) | Discharges (Episodes Closed) | | | |
| Jul-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | 85 | |
| Aug-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Sep-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Oct-21 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| Nov-21 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| Dec-21 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| Jan-22 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| Feb-22 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| Mar-22 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| Apr-22 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| May-22 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| Jun-22 | 12,360 | 2.38 | \$1,431 | \$40,553 | \$4,771 | \$954 | 8 | 8 | 85 | | |
| TOTAL | 111,240 | | \$12,882 | \$364,977 | \$42,938 | \$8,588 | 72 | 72 | | | |
| Total Revenue | | | | | | | \$429,385 | Unduplicated Clients Served | | 157 | |
| | | | | | | | Estimated Cost Per Client: | \$2,735 | | | |

| | 15-Outpatient | 15-Outpatient | 15-Outpatient | 15-Outpatient | |
|---|-----------------|------------------------|-----------------------------|---------------------|--------------|
| | Case Management | Mental Health Services | Medication Support Services | Crisis Intervention | TOTAL |
| Total Minutes of Services | 4,730 | 98,617 | 6,243 | 1,651 | 111,240 |
| Total Monthly Minutes of Services (Average) | 394 | 8218 | 520 | 138 | 9270 |
| Dosage (minutes) per client per month | 5 | 97 | 6 | 2 | 109 |
| Dosage (hours) per client per month | 0.08 | 1.61 | 0.10 | 0.03 | 1.82 |
| Total Hours Per Unduplicated Client for Duration of the Program: | | | | | 21.81 |

| | |
|-------------------------------------|----|
| Avg Monthly Census | 85 |
| Expected Length of Program (months) | 12 |

SCHEDULE A - Planning Estimate

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #21-692 / RFP# 23-107
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024
Date Form Revised:

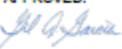
Actual Cost Contract (cost reimbursement)

Prepared by: Gil A. Garcia
Title: CFO

FY 2025 - 2026 (3 Months)
July 1, 2025 - September 30, 2025

| LINE # | MODE OF SERVICE | 15-Outpatient Case Management (01-00) | 15-Outpatient Mental Health Services (10-50) | 15-Outpatient Medication Support (60) | 15-Outpatient Crisis Intervention (70) | TOTAL |
|-----------------|--|---------------------------------------|--|---------------------------------------|--|---------|
| 1 | 100% Distribution % EXPENSES | 3.00% | 86.00% | 10.00% | 2.00% | |
| 2 | SALARIES | 2,090 | 59,218 | 6,967 | 1,393 | 69,668 |
| 3 | BENEFITS (2+3 must equal total staffing costs) | 428 | 12,140 | 1,428 | 286 | 14,282 |
| 4 | OPERATING EXPENSES | 2,519 | 71,358 | 8,395 | 1,679 | 83,950 |
| 5 | TOTAL EXPENSES (2+3+4) | 4,294 | 121,661 | 14,313 | 2,863 | 143,130 |
| AGENCY REVENUES | | | | | | |
| 6 | PATIENT FEES | | | | | 0 |
| 7 | PATIENT INSURANCE | | | | | 0 |
| 8 | MEDI-CARE | | | | | 0 |
| 9 | GRANTS/OTHER | | | | | 0 |
| 10 | TOTAL AGENCY REVENUES (6+7+8+9) | 0 | 0 | 0 | 0 | 0 |
| 11 | CONTRACT AMOUNT (5-10) | 4,294 | 121,661 | 14,313 | 2,863 | 143,130 |
| FUNDING | | | | | | |
| 12 | MEDI-CAL (FFP) 94.00% | 1,899 | 53,795 | 6,329 | 1,266 | 63,289 |
| 13 | EPSDT (2011 Realignment) 3.00% | 1 | 35 | 4 | 1 | 41 |
| 14 | 1991 Realignment Match 62.00% | 2,140 | 60,628 | 7,133 | 1,426 | 71,327 |
| 15 | | 0 | 0 | 0 | 0 | 0 |
| 16 | 1991 Realignment - Net County 5.92% | 254 | 7,202 | 847 | 169 | 8,473 |
| 17 | FUNDING TOTAL | 4,294 | 121,661 | 14,313 | 2,863 | 143,130 |
| 18 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | 0 | 0 | 0 | 0 | 0 |
| 19 | STATE FUNDING (Including Realignment) | 2,395 | 67,866 | 7,984 | 1,597 | 79,841 |
| 20 | FEDERAL FUNDING | 1,899 | 53,795 | 6,329 | 1,266 | 63,289 |
| 21 | TOTAL FUNDING | 4,294 | 121,661 | 14,313 | 2,863 | 143,130 |
| 22 | TARGET COST PER UNIT OF SERVICE | \$0.91 | \$1.23 | \$2.29 | \$1.73 | \$0.00 |
| 23 | UNITS OF TIME (Minutes) | 4,730 | 98,609 | 6,239 | 1,652 | 111,229 |

APPROVED:

| | | | | | |
|--|------------|--|------------|---|------------|
|  | 05/06/2024 |  | 05/06/2024 |  | 05/06/2024 |
| PROVIDER AUTHORIZED SIGNATURE | DATE | DBH FISCAL SERVICES | DATE | DBH PROGRAM MANAGER | DATE |
| Gil A. Garcia | | Anthony Altamirano | | Joshua Taylor | |
| PROVIDER AUTHORIZED SIGNER (PRINT NAME) | | DBH FISCAL SERVICES (PRINT NAME) | | DBH PROGRAM MANAGER (PRINT NAME) | |
| CFO | | Administrative Supervisor DBH FISCAL | | Roger Ma | |

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2028

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider #: _____
Contract/RFP#: 221-882 / RFP# 23-107
Address: 26810 Azero, Suite 180
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO PROGRAM | TOTAL COST TO PROGRAM | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|----------------------------|-----------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Advertising & Recruitment | \$391 | 0% | \$0 | 100% | \$391 | 0 | 391 |
| 2 Computer & Equipment Expenses | \$569 | 0% | \$0 | 100% | \$569 | | 569 |
| 3 Dues & Publications | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 4 EHR Support Fees | \$915 | 0% | \$0 | 100% | \$915 | | 915 |
| 5 Furniture Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 6 Insurance-Liability | \$3,019 | 0% | \$0 | 100% | \$3,019 | | 3,019 |
| 7 Interest Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 8 Leased Vehicle Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 9 Office Expenses | \$1,333 | 0% | \$0 | 100% | \$1,333 | | 1,333 |
| 10 Office Space/Occupancy | \$14,471 | 0% | \$0 | 100% | \$14,471 | | 14,471 |
| 11 Program Expense: Other | \$1,285 | 0% | \$0 | 100% | \$1,285 | | 1,285 |
| 12 Subcontractors (Psychiatrists) | \$16,900 | 0% | \$0 | 100% | \$16,900 | | 16,900 |
| 13 Telephone & Internet | \$2,119 | 0% | \$0 | 100% | \$2,119 | | 2,119 |
| 14 Training & Training Travel | \$375 | 0% | \$0 | 100% | \$375 | | 375 |
| 15 Transportation Expense | \$226 | 0% | \$0 | 100% | \$226 | | 226 |
| 16 Indirect Expense | \$17,577 | 0% | \$0 | 100% | \$17,577 | | 17,577 |
| SUBTOTAL B: | \$59,180 | | \$0 | | \$59,180 | 0 | 59,180 |
| GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES: | | | | | \$143,130 | 0 | 143,130 |

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2028**

Contractor Name: South Coast Children's Society
 Provider # _____
 Contract/RFP# #21-892 / RFP# 23-107
 Address: 26810 Apero, Suite 180
Mission Viejo, CA 92691
 Date Form Completed: 4/27/2024

Prepared by: Gil A. Garcia
 Title: CFO

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

July 1, 2025 - September 30, 2025

| ITEM | Justification of Cost |
|-----------------------------------|--|
| 1 Advertising & Recruitment | This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. |
| 2 Computer & Equipment Expenses | Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors. |
| 3 Dues & Publications | N/A |
| 4 EHR Support Fees | Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. |
| 5 Furniture Expense | Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program. |
| 6 Insurance-Liability | This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; |
| 7 Interest Expense | N/A |
| 8 Leased Vehicle Expense | N/A |
| 9 Office Expenses | Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year. |
| 10 Office Space/Occupancy | Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility. |
| 11 Program Expense: Other | Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th |
| 12 Subcontractors (Psychiatrists) | Budgeted for 0.13 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$16,900 for psychiatrists is included on Staffing tab. |
| 13 Telephone & Internet | Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as Internet services which enables necessary email access. |
| 14 Training & Training Travel | This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings. |
| 15 Transportation Expense | Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.57 per mile. It will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel |
| 16 Indirect Expense | Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R. Part 200. Indirect cost is |

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2028
Service Projections (Mode 16)**

| Prior fiscal year Rates (Completed by DBH) | | | | | Contractor Name: South Coast Children's Society | | | | | | | |
|--|--------------------------------------|------------------------|---|--------------------------------|---|--------------------------|--|--|-----------------------------------|------------------------------------|-----------------|------------|
| Old County Contract (CCR) Rates: \$2.20 \$2.99 \$5.56 \$4.20 | | | | | Provider# | | | | | | | |
| Productivity Expectation: 60% | | | | | Contract/RFP# #21-692 / RFP# 23-107 | | | | | | | |
| Agency Per Min Rates: \$2.20 \$2.99 \$5.56 \$4.20 | | | | | Address: 25910 Acero, Suite 160 | | | | | | | |
| NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells | | | | | Mission Viejo, CA 92691 | | | | | | | |
| Target Cost Per Unit of Service \$0.91 \$1.23 \$1.73 \$1.73 | | | | | Date Form Completed: 4/27/2024 | | | | | | | |
| ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER | | | | | Date Form Revised: | | | | | | | |
| MONTH | Estimated Units of Service (Minutes) | Planned Clinical FTE's | Projected Revenue Generated by Service Type | | | | | | | Clients Served | | |
| | | | Case Management (01-06 & 08-09) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | | | | | Starting Census | 85 |
| Jul-24 | 37,076 | 2.38 | \$1,431 | \$40,554 | \$4,771 | \$954 | | | | 8 | 8 | 85 |
| Aug-24 | 37,076 | 2.38 | \$1,431 | \$40,554 | \$4,771 | \$954 | | | | 8 | 8 | 85 |
| Sep-24 | 37,076 | 2.38 | \$1,431 | \$40,554 | \$4,771 | \$954 | | | | 8 | 8 | 85 |
| Oct-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Nov-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Dec-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Jan-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Feb-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Mar-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Apr-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| May-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| Jun-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | | |
| TOTAL | 111,229 | | \$4,294 | \$121,661 | \$14,313 | \$2,863 | | | | 24 | 24 | |
| Total Revenue | | | | | | | | | \$143,130 | Unduplicated Clients Served | | 109 |
| | | | | | | | | | Estimated Cost Per Client: | \$1,313 | | |

| | 15-Outpatient | 15-Outpatient | 15-Outpatient | 15-Outpatient | |
|---|-----------------|------------------------|----------------------------|---------------------|--------------|
| | Case Management | Mental Health Services | Mediation Support Services | Crisis Intervention | TOTAL |
| Total Minutes of Services | 4,730 | 98,609 | 6,239 | 1,652 | 111,229 |
| Total Monthly Minutes of Services (Average) | 394 | 8217 | 520 | 138 | 9269 |
| Dosage (minutes) per client per month | 5 | 97 | 6 | 2 | 109 |
| Dosage (hours) per client per month | 0.08 | 1.61 | 0.10 | 0.03 | 1.82 |
| Total Hours Per Unduplicated Client for Duration of the Program: | | | | | 21.81 |

| Avg Monthly Census | Expected Length of Program (months) |
|--------------------|-------------------------------------|
| 85 | 12 |

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #21-692 / RTP# 23-107
Address: 25910 Apero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024
Date Form Revised:

Actual Cost Contract (cost reimbursement)

Prepared by: Gil A. Garcia
Title: CFO

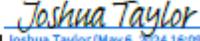
FY 2024 - 2025 (3 Months)
October 1, 2024 - June 30, 2025

| LINE # | MODE OF SERVICE | 15-Outpatient | | | | TOTAL | |
|-----------------|---|-------------------------|--------------------------------|-------------------------|--------------------------|---------|---------|
| | | Case Management (01-00) | Mental Health Services (10-80) | Medication Support (80) | Crisis Intervention (70) | | |
| 1 | 100% Distribution % EXPENSES | 3.00% | 66.00% | 10.00% | 2.00% | | |
| 2 | SALARIES | 8,862 | 251,103 | 29,542 | 5,908 | 295,415 | |
| 3 | BENEFITS | 1,817 | 51,476 | 6,056 | 1,211 | 60,560 | |
| | (2+3 must equal total staffing costs) | 10,679 | 302,579 | 35,598 | 7,120 | 355,976 | |
| 4 | OPERATING EXPENSES | 5,076 | 143,829 | 16,921 | 3,384 | 169,210 | |
| 5 | TOTAL EXPENSES (2+3+4) | 15,756 | 446,408 | 52,519 | 10,504 | 525,186 | |
| AGENCY REVENUES | | | | | | | |
| 6 | PATIENT FEES | | | | | 0 | |
| 7 | PATIENT INSURANCE | | | | | 0 | |
| 8 | MEDI-CARE | | | | | 0 | |
| 9 | GRANTS/OTHER | | | | | 0 | |
| 10 | TOTAL AGENCY REVENUES (6+7+8+9) | 0 | 0 | 0 | 0 | 0 | |
| 11 | CONTRACT AMOUNT (5-10) | 15,756 | 446,408 | 52,519 | 10,504 | 525,186 | |
| FUNDING | | | | | | | |
| 12 | 94.00% MEDI-CAL (FFP) | 47.00% | 6,967 | 197,391 | 23,222 | 4,644 | 232,224 |
| 13 | 3.00% EPSDT (2011 Realignment) | 1.00% | 5 | 129 | 15 | 3 | 152 |
| 14 | 1991 Realignment Match | 52.00% | 7,851 | 222,460 | 26,172 | 5,235 | 261,719 |
| 15 | | | 0 | 0 | 0 | 0 | 0 |
| 16 | 5.92% 1991 Realignment - Net County | | 933 | 26,427 | 3,109 | 622 | 31,091 |
| 17 | FUNDING TOTAL | | 15,756 | 446,408 | 52,519 | 10,504 | 525,186 |
| 18 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | | 0 | 0 | 0 | 0 | 0 |
| 19 | STATE FUNDING (including Realignment) | | 8,789 | 249,017 | 29,297 | 5,860 | 292,963 |
| 20 | FEDERAL FUNDING | | 6,967 | 197,391 | 23,222 | 4,644 | 232,224 |
| 21 | TOTAL FUNDING | | 15,756 | 446,408 | 52,519 | 10,504 | 525,186 |
| 22 | TARGET COST PER UNIT OF SERVICE | | \$2.44 | \$3.32 | \$6.17 | \$4.67 | \$0.00 |
| 23 | UNITS OF TIME (Minutes) | | 6,451 | 134,492 | 8,514 | 2,251 | 151,708 |

APPROVED:

 05/06/2024
 PROVIDER AUTHORIZED SIGNATURE DATE
 Gil A. Garcia
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)
 CFO

 05/06/2024
 DBH FISCAL SERVICES DATE
 Anthony Altamirano
 Administrative Supervisor I DBH FISCAL

 05/06/2024
 DBH PROGRAM MANAGER DATE
 Joshua Taylor
 Roger Ma

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP# #21-882 / RTP# 23-107
Address: 25810 Azero, Suite 180
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024

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

October 1, 2024 - June 30, 2025

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO PROGRAM | TOTAL COST TO PROGRAM | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|----------------------------|-----------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Advertising & Recruitment | \$870 | 0% | \$0 | 100% | \$870 | 0 | 870 |
| 2 Computer & Equipment Expenses | \$3,158 | 0% | \$0 | 100% | \$3,158 | | 3,158 |
| 3 Dues & Publications | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 4 EHR Support Fees | \$2,771 | 0% | \$0 | 100% | \$2,771 | | 2,771 |
| 5 Furniture Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 6 Insurance-Liability | \$7,841 | 0% | \$0 | 100% | \$7,841 | | 7,841 |
| 7 Interest Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 8 Leased Vehicle Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 9 Office Expenses | \$775 | 0% | \$0 | 100% | \$775 | | 775 |
| 10 Office Space/Occupancy | \$17,556 | 0% | \$0 | 100% | \$17,556 | | 17,556 |
| 11 Program Expense: Other | \$2,833 | 0% | \$0 | 100% | \$2,833 | | 2,833 |
| 12 Subcontractors (Psychiatrists) | \$62,400 | 0% | \$0 | 100% | \$62,400 | | 62,400 |
| 13 Telephone & Internet | \$4,604 | 0% | \$0 | 100% | \$4,604 | | 4,604 |
| 14 Training & Training Travel | \$1,500 | 0% | \$0 | 100% | \$1,500 | | 1,500 |
| 15 Transportation Expense | \$406 | 0% | \$0 | 100% | \$406 | | 406 |
| 16 Indirect Expense | \$64,496 | 0% | \$0 | 100% | \$64,496 | | 64,496 |
| SUBTOTAL B: | \$169,210 | | \$0 | | \$169,210 | 0 | 169,210 |
| GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES: | | | | | \$525,185 | 0 | 525,185 |

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

Prepared by: Gl A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP#: 221-482 / RTP# 23-107
Address: 22810 Acorn, Suite 180
Mission Viejo, CA 92691
Date Form Completed: 10/27/2024

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

October 1, 2024 - June 30, 2025

| ITEM | Justification of Cost |
|-----------------------------------|--|
| 1 Advertising & Recruitment | This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. |
| 2 Computer & Equipment Expenses | Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ |
| 3 Dues & Publications | N/A |
| 4 EHR Support Fees | Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs. |
| 5 Furniture Expense | Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program. |
| 6 Insurance-Liability | This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours. |
| 7 Interest Expense | N/A |
| 8 Leased Vehicle Expense | N/A |
| 9 Office Expenses | Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year. |
| 10 Office Space/Occupancy | Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program's FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program. |
| 11 Program Expense: Other | Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. |
| 12 Subcontractors (Psychiatrists) | Budgeted for 0.16 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$82,400 for psychiatrists is included on Staffing tab. |
| 13 Telephone & Internet | Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access. |
| 14 Training & Training Travel | This line item is for training costs via training videos (iRelias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings. |
| 15 Transportation Expense | Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.57 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings. |
| 16 Indirect Expense | Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as: Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/sick/holiday pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs. |

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

| | | | | |
|--|------------------|--------------|--------------|-----------------|
| Prior fiscal year Rates (Completed by DBH) | | | | |
| Old County Contract (CCR) Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 |
| Productivity Expectation: 60% | CM Rate per Min. | MHD Rate/Min | MSS Rate/Min | Crisis Rate/Min |
| Agency Per Min Rates: | \$2.34 | \$3.18 | \$5.91 | \$4.47 |
| NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells | | | | |
| Target Cost Per Unit of Service | \$2.44 | \$3.32 | \$4.67 | \$4.67 |

| | |
|----------------------|---|
| Contractor Name: | South Coast Children's Society |
| Provider # | |
| Contract/RFP# | #21-692 / RTP# 23-107 |
| Address: | 25910 Acero, Suite 160 Mission Viejo, CA 92691 |
| Date Form Completed: | 4/27/2024 |
| Date Form Revised: | |

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

| MONTH | Estimated Units of Service (Minutes) | Planned Clinical FTE's | Projected Revenue Generated by Service Type | | | | | | Clients Served | | |
|----------------------|--------------------------------------|------------------------|---|--------------------------------|-------------------------|--------------------------|------------------------------|------------------------------------|----------------|-----|--|
| | | | Case Management (01-06 & 08-09) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | Starting Census | | Monthly Census | | |
| | | | | | | | Admissions (Episodes Opened) | Discharges (Episodes Closed) | | | |
| Jul-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Aug-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Sep-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Oct-21 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| Nov-21 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| Dec-21 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| Jan-22 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| Feb-22 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| Mar-22 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| Apr-22 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| May-22 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| Jun-22 | 16,856 | 3.25 | \$1,751 | \$49,601 | \$5,835 | \$1,167 | 11 | 11 | 110 | | |
| TOTAL | 151,708 | | \$15,756 | \$446,408 | \$52,519 | \$10,504 | 99 | 99 | 1100 | | |
| Total Revenue | | | | | | | \$525,186 | Unduplicated Clients Served | | 209 | |
| | | | | | | | Estimated Cost Per Client: | \$2,513 | | | |

| | 15-Outpatient | 15-Outpatient | 15-Outpatient | 15-Outpatient | |
|---|-----------------|------------------------|-----------------------------|---------------------|--------------|
| | Case Management | Mental Health Services | Medication Support Services | Crisis Intervention | TOTAL |
| Total Minutes of Services | 6,451 | 134,492 | 8,514 | 2,251 | 151,708 |
| Total Monthly Minutes of Services (Average) | 538 | 11208 | 709 | 188 | 12642 |
| Dosage (minutes) per client per month | 5 | 102 | 6 | 2 | 115 |
| Dosage (hours) per client per month | 0.08 | 1.70 | 0.11 | 0.03 | 1.92 |
| Total Hours Per Unduplicated Client for Duration of the Program: | | | | | 22.99 |

| Avg Monthly Census | Expected Length of Program (months) |
|--------------------|-------------------------------------|
| 110 | 12 |

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #21-692 / RTP# 23-107
Address: 25910 Acero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024
Date Form Revised:

Actual Cost Contract (cost reimbursement)

Prepared by: Gil A. Garcia
Title: CFO

FY 2025 - 2026 (3 Months)
July 1, 2025 - September 30, 2025

| LINE # | MODE OF SERVICE | 15-Outpatient | | 15-Outpatient | | 15-Outpatient | | TOTAL |
|-----------------|--|-------------------------|--------------------------------|-------------------------|--------------------------|---------------|--------|---------|
| | | Case Management (01-00) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | | | |
| 1 | 100% Distribution % EXPENSES | 3.00% | 86.00% | 10.00% | 2.00% | | | |
| 2 | SALARIES | 2,954 | 83,701 | 9,847 | 1,959 | 0 | | 98,472 |
| 3 | BENEFITS (2+3 must equal total staffing costs) | 606 | 17,159 | 2,019 | 404 | 0 | | 20,187 |
| 4 | OPERATING EXPENSES | 3,560 | 100,860 | 11,866 | 2,373 | 0 | | 118,659 |
| 5 | TOTAL EXPENSES (2+3+4) | 1,692 | 47,938 | 5,640 | 1,126 | 0 | | 56,396 |
| 5 | TOTAL EXPENSES (2+3+4) | 5,252 | 148,798 | 17,506 | 3,501 | 0 | | 175,057 |
| AGENCY REVENUES | | | | | | | | |
| 6 | PATIENT FEES | | | | | | | 0 |
| 7 | PATIENT INSURANCE | | | | | | | 0 |
| 8 | MEDI-CARE | | | | | | | 0 |
| 9 | GRANTS/OTHER | | | | | | | 0 |
| 10 | TOTAL AGENCY REVENUES (6+7+8+9) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | CONTRACT AMOUNT (5-10) | 5,252 | 148,798 | 17,506 | 3,501 | 0 | | 175,057 |
| FUNDING | | | | | | | | |
| 12 | 94.00% MEDI-CAL (FFP) | 47.00% | 2,322 | 65,795 | 7,741 | 1,548 | 0 | 77,406 |
| 13 | 3.00% EPSDT (2011 Realignment) | 1.00% | 2 | 43 | 5 | 1 | 0 | 51 |
| 14 | 1991 Realignment Match | 52.00% | 2,617 | 74,151 | 8,723 | 1,745 | 0 | 87,236 |
| 15 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | 5.92% 1991 Realignment - Net County | | 311 | 8,809 | 1,036 | 207 | 0 | 10,363 |
| 17 | FUNDING TOTAL | | 5,252 | 148,798 | 17,506 | 3,501 | 0 | 175,057 |
| 18 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | STATE FUNDING (Including Realignment) | | 2,930 | 83,003 | 9,765 | 1,953 | 0 | 97,651 |
| 20 | FEDERAL FUNDING | | 2,322 | 65,795 | 7,741 | 1,548 | 0 | 77,406 |
| 21 | TOTAL FUNDING | | 5,252 | 148,798 | 17,506 | 3,501 | 0 | 175,057 |
| 22 | TARGET COST PER UNIT OF SERVICE | | \$0.81 | \$1.11 | \$2.06 | \$1.55 | \$0.00 | |
| 23 | UNITS OF TIME (Minutes) | | 6,451 | 134,481 | 8,508 | 2,253 | 0 | 151,692 |

APPROVED:

| | | | | | |
|--|------------|--|------------|---|------------|
|  | 05/06/2024 |  | 05/06/2024 |  | 05/06/2024 |
| PROVIDER AUTHORIZED SIGNATURE | DATE | DBH FISCAL SERVICES | DATE | DBH PROGRAM MANAGER | DATE |
| Gil A. Garcia | | Anthony Altamirano | | Joshua Taylor | |
| PROVIDER AUTHORIZED SIGNER (PRINT NAME) | | DBH FISCAL SERVICES (PRINT NAME) | | DBH PROGRAM MANAGER (PRINT NAME) | |
| CFO | | Administrative Supervisor I | DBH FISCAL | Roger Ma | |

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP#: #21-882 / RTP# 23-107
Address: 25810 Acaero, Suite 180
Mission Viejo, CA 92681
Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO PROGRAM | TOTAL COST TO PROGRAM | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|----------------------------|-----------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Advertising & Recruitment | \$290 | 0% | \$0 | 100% | \$290 | 0 | 290 |
| 2 Computer & Equipment Expenses | \$1,053 | 0% | \$0 | 100% | \$1,053 | | 1,053 |
| 3 Dues & Publications | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 4 EHR Support Fees | \$924 | 0% | \$0 | 100% | \$924 | | 924 |
| 5 Furniture Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 6 Insurance-Liability | \$2,614 | 0% | \$0 | 100% | \$2,614 | | 2,614 |
| 7 Interest Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 8 Leased Vehicle Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 9 Office Expenses | \$258 | 0% | \$0 | 100% | \$258 | | 258 |
| 10 Office Space/Occupancy | \$5,852 | 0% | \$0 | 100% | \$5,852 | | 5,852 |
| 11 Program Expense: Other | \$944 | 0% | \$0 | 100% | \$944 | | 944 |
| 12 Subcontractors (Psychiatrists) | \$20,800 | 0% | \$0 | 100% | \$20,800 | | 20,800 |
| 13 Telephone & Internet | \$1,535 | 0% | \$0 | 100% | \$1,535 | | 1,535 |
| 14 Training & Training Travel | \$500 | 0% | \$0 | 100% | \$500 | | 500 |
| 15 Transportation Expense | \$135 | 0% | \$0 | 100% | \$135 | | 135 |
| 16 Indirect Expense | \$21,493 | 0% | \$0 | 100% | \$21,493 | | 21,493 |
| SUBTOTAL B: | \$56,398 | | \$0 | | \$56,398 | 0 | 56,398 |
| GRAND TOTAL STAFFING AND OPERATING EXPENSES: | | | | | \$175,056 | 0 | 175,056 |

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026 - 2028**

Contractor Name: South Coast Children's Society
 Provider # _____
 Contract/RFP# #21-892 / RTP# 23-107
 Address: 26810 Aereo, Suite 180
Mission Viejo, CA 92691
 Date Form Completed: 4/27/2024

Prepared by: Gil A. Garcia
 Title: CFO

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

July 1, 2025 - September 30, 2025

| ITEM | Justification of Cost |
|-----------------------------------|--|
| 1 Advertising & Recruitment | This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. |
| 2 Computer & Equipment Expenses | Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors. |
| 3 Dues & Publications | N/A |
| 4 EHR Support Fees | Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. |
| 5 Furniture Expense | Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program. |
| 6 Insurance-Liability | This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; |
| 7 Interest Expense | N/A |
| 8 Leased Vehicle Expense | N/A |
| 9 Office Expenses | Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year. |
| 10 Office Space/Occupancy | Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility. |
| 11 Program Expense: Other | Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th |
| 12 Subcontractors (Psychiatrists) | Budgeted for 0.16 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$20,800 for psychiatrists is included on Staffing tab. |
| 13 Telephone & Internet | Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as Internet services which enables necessary email access. |
| 14 Training & Training Travel | This line item is for training costs via training videos (Reelas) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings. |
| 15 Transportation Expense | Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.57 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel |
| 16 Indirect Expense | Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R. Part 200. Indirect cost is |

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2028
Service Projections (Mode 16)**

| Prior fiscal year Rates (Completed by DBH) | | | | | Contractor Name: South Coast Children's Society | | | | | | |
|--|--------------------------------------|------------------------|---|--------------------------------|---|---|--|------------------------------|------------------------------|----------------|-----|
| Old County Contract (OCR) Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 | Provider #: | | | | | | |
| Productivity Expectation: 60% | CM Rate per Min. | MHS Rate/Min | MSS Rate/Min | Crisis Rate/Min | Contract/RFP#: | #21-692 / RTP# 23-107 | | | | | |
| Agency Per Min Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 | Address: | 25910 Acero, Suite 160 Mission Viejo, CA 92691 | | | | | |
| NOTE: If no established agency per minute rates, please input the OCR rates in the highlighted cells | | | | | Date Form Completed: | 4/27/2024 | | | | | |
| Target Cost Per Unit of Service | \$0.81 | \$1.11 | \$1.55 | \$1.55 | Date Form Revised: | | | | | | |
| ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER | | | | | | | | | | | |
| MONTH | Estimated Units of Service (Minutes) | Planned Clinical FTE's | Projected Revenue Generated by Service Type | | | | | Clients Served | | | |
| | | | Case Management (01-06 & 08-09) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | | Admissions (Episodes Opened) | Discharges (Episodes Closed) | Monthly Census | |
| Jul-24 | 50,564 | 3.25 | \$1,751 | \$49,599 | \$5,835 | \$1,167 | | | 11 | 11 | 110 |
| Aug-24 | 50,564 | 3.25 | \$1,751 | \$49,599 | \$5,835 | \$1,167 | | | 11 | 11 | 110 |
| Sep-24 | 50,564 | 3.25 | \$1,751 | \$49,599 | \$5,835 | \$1,167 | | | 11 | 11 | 110 |
| Oct-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Nov-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Dec-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Jan-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Feb-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Mar-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Apr-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| May-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Jun-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| TOTAL | 151,692 | | \$5,252 | \$148,798 | \$17,506 | \$3,501 | | | 33 | 33 | |
| Total Revenue | | | | | \$175,057 | Unduplicated Clients Served | | 143 | | | |
| | | | | | Estimated Cost Per Client: | \$1,224 | | | | | |

| | 15-Outpatient | 15-Outpatient | 15-Outpatient | 15-Outpatient | |
|---|-----------------|------------------------|----------------------------|---------------------|--------------|
| | Case Management | Mental Health Services | Mediation Support Services | Crisis Intervention | TOTAL |
| Total Minutes of Services | 6,451 | 134,481 | 8,508 | 2,253 | 151,692 |
| Total Monthly Minutes of Services (Average) | 538 | 11207 | 709 | 188 | 12641 |
| Dosage (minutes) per client per month | 5 | 102 | 6 | 2 | 115 |
| Dosage (hours) per client per month | 0.08 | 1.70 | 0.11 | 0.03 | 1.92 |
| Total Hours Per Unduplicated Client for Duration of the Program: | | | | | 22.98 |

| Avg Monthly Census | Expected Length of Program (months) |
|--------------------|-------------------------------------|
| 110 | 12 |

(GMH)

Contract/RFP# #21-692 / RTP# 23-107

FY 2024 - 2025 (9 Months)

Address: 25910 Acero, Suite 160

Prepared by: Gil A. Garcia
Title: CFO

October 1, 2024 - June 30, 2025

Mission Viejo, CA 92691

Date Form Completed: 4/27/2024
Date Form Revised:

| LINE # | MODE OF SERVICE | 15-Outpatient Case Management (01-06) | 15-Outpatient Mental Health Services (10-60) | 15-Outpatient Medication Support (80) | 15-Outpatient Crisis Intervention (70) | TOTAL |
|------------------------|---|---------------------------------------|--|---------------------------------------|--|---------|
| 1 | 100% Distribution % | 3.00% | 88.00% | 10.00% | 2.00% | |
| EXPENSES | | | | | | |
| 2 | SALARIES | 6,173 | 174,915 | 20,578 | 4,116 | 205,783 |
| 3 | BENEFITS | 1,266 | 35,857 | 4,219 | 844 | 42,185 |
| | (2+3 must equal total staffing costs) | 7,439 | 210,773 | 24,797 | 4,959 | 247,968 |
| 4 | OPERATING EXPENSES | 4,345 | 123,099 | 14,482 | 2,896 | 144,822 |
| 5 | TOTAL EXPENSES (2+3+4) | 11,784 | 333,872 | 39,279 | 7,856 | 392,790 |
| AGENCY REVENUES | | | | | | |
| 6 | PATIENT FEES | | | | | 0 |
| 7 | PATIENT INSURANCE | | | | | 0 |
| 8 | MEDI-CARE | | | | | 0 |
| 9 | GRANTS/OTHER | | | | | 0 |
| 10 | TOTAL AGENCY REVENUES (6+7+8+9) | 0 | 0 | 0 | 0 | 0 |
| 11 | CONTRACT AMOUNT (5-10) | 11,784 | 333,872 | 39,279 | 7,856 | 392,790 |
| FUNDING | | | | | | |
| 12 | MEDI-CAL (FFP) | 5,210 | 147,630 | 17,368 | 3,474 | 173,682 |
| 13 | EPSDT (2011 Realignment) | 3 | 97 | 11 | 2 | 113 |
| 14 | 1991 Realignment Match | 5,873 | 166,379 | 19,575 | 3,915 | 195,742 |
| 15 | | 0 | 0 | 0 | 0 | 0 |
| 16 | 1991 Realignment - Net County | 698 | 19,765 | 2,325 | 465 | 23,253 |
| 17 | FUNDING TOTAL | 11,784 | 333,872 | 39,279 | 7,856 | 392,790 |
| 18 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | 0 | 0 | 0 | 0 | 0 |
| 19 | STATE FUNDING (Including Realignment) | 6,574 | 186,242 | 21,911 | 4,382 | 219,108 |
| 20 | FEDERAL FUNDING | 5,210 | 147,630 | 17,368 | 3,474 | 173,682 |
| 21 | TOTAL FUNDING | 11,784 | 333,872 | 39,279 | 7,856 | 392,790 |
| 22 | TARGET COST PER UNIT OF SERVICE | \$2.54 | \$3.45 | \$6.42 | \$4.85 | \$0.00 |
| 23 | UNITS OF TIME (Minutes) | 4,637 | 96,673 | 6,120 | 1,618 | 109,048 |

APPROVED:

 05/06/2024
 05/06/2024
 05/06/2024

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE
 Gil A. Garcia Anthony Altamirano Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)
 CFO Administrative Supervisor I DBH FISCAL Roger Ma

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2024 - 2025

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP# 221-982 / RTP# 23-107
Address: 26910 Aero, Suite 180
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024

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

October 1, 2024 - June 30, 2025

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO PROGRAM | TOTAL COST TO PROGRAM | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|----------------------------|-----------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Advertising & Recruitment | \$1,370 | 0% | \$0 | 100% | \$1,370 | 0 | 1,370 |
| 2 Computer & Equipment Expenses | \$826 | 0% | \$0 | 100% | \$826 | | 826 |
| 3 Dues & Publications | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 4 EHR Support Fees | \$1,620 | 0% | \$0 | 100% | \$1,620 | | 1,620 |
| 5 Furniture Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 6 Insurance-Liability | \$3,329 | 0% | \$0 | 100% | \$3,329 | | 3,329 |
| 7 Interest Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 8 Leased Vehicle Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 9 Office Expenses | \$4,075 | 0% | \$0 | 100% | \$4,075 | | 4,075 |
| 10 Office Space/Occupancy | \$32,338 | 0% | \$0 | 100% | \$32,338 | | 32,338 |
| 11 Program Expense: Other | \$2,513 | 0% | \$0 | 100% | \$2,513 | | 2,513 |
| 12 Subcontractors (Psychiatrists) | \$46,800 | 0% | \$0 | 100% | \$46,800 | | 46,800 |
| 13 Telephone & Internet | \$2,912 | 0% | \$0 | 100% | \$2,912 | | 2,912 |
| 14 Training & Training Travel | \$750 | 0% | \$0 | 100% | \$750 | | 750 |
| 15 Transportation Expense | \$52 | 0% | \$0 | 100% | \$52 | | 52 |
| 16 Indirect Expense | \$48,237 | 0% | \$0 | 100% | \$48,237 | | 48,237 |
| SUBTOTAL B: | \$144,822 | | \$0 | | \$144,822 | 0 | 144,822 |
| GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES: | | | | | \$392,790 | 0 | 392,790 |

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

Contractor Name: South Coast Children's Society
 Provider # _____
 Contract/RFP# 221-482 / RTP# 23-107
 Address: 33916 Acorn, Suite 160
Mission Viejo, CA 92691
 Date Form Completed: 10/27/2024

Prepared by: Gl A. Garcia
 Title: CFO

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

October 1, 2024 - June 30, 2025

| ITEM | Justification of Cost |
|-----------------------------------|--|
| 1 Advertising & Recruitment | This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. |
| 2 Computer & Equipment Expenses | Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors, equ |
| 3 Dues & Publications | N/A |
| 4 EHR Support Fees | Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. One-time fee for new licenses purchased for additional staff are charged directly to programs. |
| 5 Furniture Expense | Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program. |
| 6 Insurance-Liability | This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; Cyber Liability; Network Security & Privacy Liability. Doctor's Professional Liability coverage is allocated to those programs that employ subcontracted psychiatrists based on direct service hours. |
| 7 Interest Expense | N/A |
| 8 Leased Vehicle Expense | N/A |
| 9 Office Expenses | Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year. |
| 10 Office Space/Occupancy | Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility, and this resulting percentage is multiplied against the total lease costs. This is the most logical allocation as the greatest determining factor of how much space is utilized is the number of staff requiring office space for each program. Occupancy cost may also include the Program's share of any tenant improvement costs amortized over the life of the lease or Program. |
| 11 Program Expense: Other | Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials that are training kits, handbooks, and other supplies. Client flexible spending are also included in this line item. |
| 12 Subcontractors (Psychiatrists) | Budgeted for 0.12 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$48,800 for psychiatrists is included on Staffing tab. |
| 13 Telephone & Internet | Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as internet services which enables necessary email access. |
| 14 Training & Training Travel | This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings. |
| 15 Transportation Expense | Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.57 per mile, it will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel from the "business home" or office location of the staff for required business travel. We do not reimburse staff commute mileage. Required destinations include travel to client's school, client's home, trainings, and meetings. |
| 16 Indirect Expense | Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R Part 200. Indirect cost is calculated at 14% of direct program costs to provide for administrative support and overhead, and will not exceed 15% of direct program costs. These costs include such departments as Accounting, Human Resources, Administration and IT. The amount includes Salaries and all applicable benefits such as: Vacation/Volunteer pay, Health and Retirement, Employer Taxes, and Workers Compensation. Also included are administrative office rents and expenses, computer servers and network costs and other G&A expenses not chargeable to specific programs. |

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

| | | | | |
|--|------------------|--------------|--------------|-----------------|
| Prior fiscal year Rates (Completed by DBH) | | | | |
| Old County Contract (CCR) Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 |
| Productivity Expectation: 60% | CM Rate per Min. | MHS Rate/Min | MSS Rate/Min | Crisis Rate/Min |
| Agency Per Min Rates: | \$2.34 | \$3.18 | \$5.91 | \$4.47 |
| NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells | | | | |
| Target Cost Per Unit of Service | \$2.54 | \$3.45 | \$4.85 | \$4.85 |

| | |
|----------------------|---|
| Contractor Name: | South Coast Children's Society |
| Provider # | |
| Contract/RFP# | #21-692 / RTP# 23-107 |
| Address: | 25910 Acero, Suite 160 Mission Viejo, CA 92691 |
| Date Form Completed: | 4/27/2024 |
| Date Form Revised: | |

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

| MONTH | Estimated Units of Service (Minutes) | Planned Clinical FTE's | Projected Revenue Generated by Service Type | | | | | | Clients Served | | |
|----------------------|--------------------------------------|------------------------|---|--------------------------------|-------------------------|--------------------------|------------------------------|------------------------------------|----------------|-----|--|
| | | | Case Management (01-06 & 08-09) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | Starting Census | | Monthly Census | | |
| | | | | | | | Admissions (Episodes Opened) | Discharges (Episodes Closed) | | | |
| Jul-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | 85 | |
| Aug-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Sep-21 | 0 | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Oct-21 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| Nov-21 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| Dec-21 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| Jan-22 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| Feb-22 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| Mar-22 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| Apr-22 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| May-22 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| Jun-22 | 12,116 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | | 8 | 8 | 85 | |
| TOTAL | 109,048 | | \$11,784 | \$333,872 | \$39,279 | \$7,856 | | 72 | 72 | | |
| Total Revenue | | | | | | | \$392,790 | Unduplicated Clients Served | | 157 | |
| | | | | | | | Estimated Cost Per Client: | \$2,502 | | | |

| | 15-Outpatient | 15-Outpatient | 15-Outpatient | 15-Outpatient | |
|---|-----------------|------------------------|----------------------------|---------------------|--------------|
| | Case Management | Mental Health Services | Mediation Support Services | Crisis Intervention | TOTAL |
| Total Minutes of Services | 4,637 | 96,673 | 6,120 | 1,618 | 109,048 |
| Total Monthly Minutes of Services (Average) | 386 | 8056 | 510 | 135 | 9087 |
| Dosage (minutes) per client per month | 5 | 95 | 6 | 2 | 107 |
| Dosage (hours) per client per month | 0.08 | 1.58 | 0.10 | 0.03 | 1.78 |
| Total Hours Per Unduplicated Client for Duration of the Program: | | | | | 21.38 |

| Avg Monthly Census | Expected Length of Program (months) |
|--------------------|-------------------------------------|
| 85 | 12 |

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)

Contractor Name: South Coast Children's Society
Provider #
Contract/RFP# #21-692 / RTP# 23-107
Address: 25910 Apero, Suite 160
Mission Viejo, CA 92691
Date Form Completed: 4/27/2024
Date Form Revised:

Actual Cost Contract (cost reimbursement)

Prepared by: Gil A. Garcia
Title: CFO

FY 2025 - 2026 (3 Months)
July 1, 2025 - September 30, 2025

| LINE # | MODE OF SERVICE | 15-Outpatient | | | | TOTAL | |
|-----------------|---|-------------------------|--------------------------------|-------------------------|--------------------------|---------|---------|
| | | Case Management (01-09) | Mental Health Services (10-80) | Medication Support (80) | Crisis Intervention (70) | | |
| 1 | 100% Distribution % EXPENSES | 3.00% | 66.00% | 10.00% | 2.00% | | |
| 2 | SALARIES | 2,058 | 58,305 | 6,859 | 1,372 | 68,594 | |
| 3 | BENEFITS | 422 | 11,952 | 1,406 | 281 | 14,062 | |
| | (2+3 must equal total staffing costs) | 2,480 | 70,258 | 8,266 | 1,653 | 82,656 | |
| 4 | OPERATING EXPENSES | 1,448 | 41,033 | 4,827 | 965 | 48,274 | |
| 5 | TOTAL EXPENSES (2+3+4) | 3,928 | 111,291 | 13,093 | 2,619 | 130,930 | |
| AGENCY REVENUES | | | | | | | |
| 6 | PATIENT FEES | | | | | 0 | |
| 7 | PATIENT INSURANCE | | | | | 0 | |
| 8 | MEDI-CARE | | | | | 0 | |
| 9 | GRANTS/OTHER | | | | | 0 | |
| 10 | TOTAL AGENCY REVENUES (6+7+8+9) | 0 | 0 | 0 | 0 | 0 | |
| 11 | CONTRACT AMOUNT (5-10) | 3,928 | 111,291 | 13,093 | 2,619 | 130,930 | |
| FUNDING | | | | | | | |
| 12 | 94.00% MEDI-CAL (FFP) | 47.00% | 1,737 | 49,210 | 5,789 | 1,158 | 57,894 |
| 13 | 3.00% EPSDT (2011 Realignment) | 1.00% | 1 | 32 | 4 | 1 | 38 |
| 14 | 1991 Realignment Match | 52.00% | 1,957 | 55,460 | 6,525 | 1,305 | 65,247 |
| 15 | | | 0 | 0 | 0 | 0 | 0 |
| 16 | 5.92% 1991 Realignment - Net County | | 233 | 6,588 | 775 | 155 | 7,751 |
| 17 | FUNDING TOTAL | | 3,928 | 111,291 | 13,093 | 2,619 | 130,930 |
| 18 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | | 0 | 0 | 0 | 0 | 0 |
| 19 | STATE FUNDING (including Realignment) | | 2,191 | 62,081 | 7,304 | 1,461 | 73,036 |
| 20 | FEDERAL FUNDING | | 1,737 | 49,210 | 5,789 | 1,158 | 57,894 |
| 21 | TOTAL FUNDING | | 3,928 | 111,291 | 13,093 | 2,619 | 130,930 |
| 22 | TARGET COST PER UNIT OF SERVICE | | \$0.85 | \$1.15 | \$2.14 | \$1.62 | \$0.00 |
| 23 | UNITS OF TIME (Minutes) | | 4,637 | 96,665 | 6,116 | 1,619 | 109,036 |

APPROVED:

| | | | | | |
|---|------------|---|------------|---|------------|
|  | 05/06/2024 |  | 05/06/2024 |  | 05/06/2024 |
| PROVIDER AUTHORIZED SIGNATURE | DATE | DBH FISCAL SERVICES | DATE | DBH PROGRAM MANAGER | DATE |
| Gil A. Garcia | | Anthony Altamirano | | Joshua Taylor | |
| PROVIDER AUTHORIZED SIGNER (PRINT NAME) | | DBH FISCAL SERVICES (PRINT NAME) | | DBH PROGRAM MANAGER (PRINT NAME) | |
| CFO | | Administrative Supervisor I DBH FISCAL | | Roger Ma | |

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2028

Prepared by: Gil A. Garcia
Title: CFO

Contractor Name: South Coast Children's Society
Provider # _____
Contract/RFP# #21-882 / RTP# 23-107
Address: 26810 Aereo, Suite 180
Mission Viejo, CA 92681
Date Form Completed: 4/27/2024

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

July 1, 2025 - September 30, 2025

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO PROGRAM | TOTAL COST TO PROGRAM | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|----------------------------|-----------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Advertising & Recruitment | \$457 | 0% | \$0 | 100% | \$457 | 0 | 457 |
| 2 Computer & Equipment Expenses | \$275 | 0% | \$0 | 100% | \$275 | | 275 |
| 3 Dues & Publications | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 4 EHR Support Fees | \$540 | 0% | \$0 | 100% | \$540 | | 540 |
| 5 Furniture Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 6 Insurance-Liability | \$1,110 | 0% | \$0 | 100% | \$1,110 | | 1,110 |
| 7 Interest Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 8 Leased Vehicle Expense | \$0 | 0% | \$0 | 100% | \$0 | | 0 |
| 9 Office Expenses | \$1,358 | 0% | \$0 | 100% | \$1,358 | | 1,358 |
| 10 Office Space/Occupancy | \$10,779 | 0% | \$0 | 100% | \$10,779 | | 10,779 |
| 11 Program Expense: Other | \$838 | 0% | \$0 | 100% | \$838 | | 838 |
| 12 Subcontractors (Psychiatrists) | \$15,600 | 0% | \$0 | 100% | \$15,600 | | 15,600 |
| 13 Telephone & Internet | \$971 | 0% | \$0 | 100% | \$971 | | 971 |
| 14 Training & Training Travel | \$250 | 0% | \$0 | 100% | \$250 | | 250 |
| 15 Transportation Expense | \$17 | 0% | \$0 | 100% | \$17 | | 17 |
| 16 Indirect Expense | \$16,079 | 0% | \$0 | 100% | \$16,079 | | 16,079 |
| SUBTOTAL B: | \$48,274 | | \$0 | | \$48,274 | 0 | 48,274 |
| GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES: | | | | | \$130,930 | 0 | 130,930 |

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2025 - 2028**

Contractor Name: South Coast Children's Society
 Provider # _____
 Contract/RFP# #21-892 / RTP# 23-107
 Address: 26810 Apero, Suite 180
Mission Viejo, CA 92691
 Date Form Completed: 4/27/2024

Prepared by: Gil A. Garcia
 Title: CFO

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

July 1, 2025 - September 30, 2025

| ITEM | Justification of Cost |
|-----------------------------------|--|
| 1 Advertising & Recruitment | This line item is used for employee recruitment advertising as well as health and sanction screenings prior to employment. |
| 2 Computer & Equipment Expenses | Budgeted to provide efficient, secure, consistent, cost effective and reliable communication infrastructure for the program. Expenditures will include vendors. |
| 3 Dues & Publications | N/A |
| 4 EHR Support Fees | Even though SCCS owns the software rights to its Electronic Medical Records (EMR), we nevertheless must pay monthly maintenance fees to have continued use of the software and ongoing necessary support and enhancements. The amount charged to us on a monthly basis is upon a set fee per user. |
| 5 Furniture Expense | Budgeted to cover the cost of desks, chairs, and related office furnishings as needed for the program. |
| 6 Insurance-Liability | This line item includes contract-required coverage including Comprehensive General Liability with broad form property damage and contractual liability; Automobile Liability including coverage for owned, non-owned, and hired vehicles; Employer's Liability; Professional Liability; Sexual Misconduct Liability; |
| 7 Interest Expense | N/A |
| 8 Leased Vehicle Expense | N/A |
| 9 Office Expenses | Budgeted for general office supplies such as toner cartridges, paper, pencils, pens, filing supplies, and small equipment with an expected life of less than one year. |
| 10 Office Space/Occupancy | Facility rents, including related common-area and operating costs passed through by the lessor, are allocated to the program based on the number of employee Full Time Equivalents (FTEs) occupying the space. We calculate the percentage of the program FTEs to total FTEs housed in the same facility. |
| 11 Program Expense: Other | Budgeted for direct program supplies including charts, client supplies and materials, and therapeutic toys and games. Program Expenses include materials th |
| 12 Subcontractors (Psychiatrists) | Budgeted for 0.12 FTE of Psychiatrist time at a rate of \$250 per hour. The total cost of \$15,600 for psychiatrists is included on Staffing tab. |
| 13 Telephone & Internet | Telephone expenses include cell phones for all direct service staff, supervisors and directors. This cost category also includes all charges on program telephone land lines as well as Internet services which enables necessary email access. |
| 14 Training & Training Travel | This line item is for training costs via training videos (Relias) and in-person trainings to assist staff with proper handling of clients as well as keeping current on general practices related to the program and contract-required trainings. |
| 15 Transportation Expense | Budgeted to cover the reimbursement of staff mileage for services provided on behalf the program. Currently budgeted at \$.57 per mile. It will not exceed standard mileage rates as established by the IRS for the period of the contract. SCCS will only reimburse for business-related miles which include travel |
| 16 Indirect Expense | Indirect administrative costs are costs not identified by any one program or cost center. These costs have been calculated by using the salary allocation method which is an acceptable allocation method as stated in the Code of Federal Regulations Uniform Requirements at 2 C.F.R. Part 200. Indirect cost is |

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026 - 2028
Service Projections (Mode 16)**

| Prior fiscal year Rates (Completed by DBH) | | | | Contractor Name: South Coast Children's Society | | | | | | | |
|---|--------------------------------------|------------------------|---|---|-------------------------|-----------------------------------|------------------------------------|------------------------------|----------------|--|--|
| Old County Contract (CCR) Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 | Provider # | | | | | | |
| Productivity Expectation: 60% | CM Rate per Min. | MHO Rate/Min | MSS Rate/Min | Crisis Rate/Min | Contract/RFP# | #21-692 / RTP# 23-107 | | | | | |
| Agency Per Min Rates: | \$2.20 | \$2.99 | \$5.56 | \$4.20 | Address: | 25910 Acero, Suite 160 | | | | | |
| | | | | | | Mission Viejo, CA 92691 | | | | | |
| | | | | | Date Form Completed: | 4/27/2024 | | | | | |
| | | | | | Date Form Revised: | | | | | | |
| NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells | | | | | | | | | | | |
| Target Cost Per Unit of Service | \$0.85 | \$1.15 | \$1.62 | \$1.62 | | | | | | | |
| ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER | | | | | | | | | | | |
| MONTH | Estimated Units of Service (Minutes) | Planned Clinical FTE's | Projected Revenue Generated by Service Type | | | | | | Clients Served | | |
| | | | Case Management (01-06 & 08-09) | Mental Health Services (10-50) | Medication Support (60) | Crisis Intervention (70) | Starting Census | | Monthly Census | | |
| | | | | | | | Admissions (Epicodes Opened) | Discharges (Epicodes Closed) | | | |
| Jul-24 | 36,345 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | 0 | 0 | 85 | | |
| Aug-24 | 36,345 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | 0 | 0 | 85 | | |
| Sep-24 | 36,345 | 2.33 | \$1,309 | \$37,097 | \$4,364 | \$873 | 0 | 0 | 85 | | |
| Oct-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Nov-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Dec-24 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Jan-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Feb-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Mar-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Apr-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| May-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| Jun-25 | | | \$0 | \$0 | \$0 | \$0 | | | | | |
| TOTAL | 109,036 | | \$3,928 | \$111,291 | \$13,093 | \$2,619 | | | | | |
| Total Revenue | | | | | | \$130,930 | Unduplicated Clients Served | | 112 | | |
| | | | | | | Estimated Cost Per Client: | \$1,169 | | | | |

| | 15-Outpatient | 15-Outpatient | 15-Outpatient | 15-Outpatient | |
|--|-----------------|------------------------|-----------------------------|---------------------|-------|
| | Case Management | Mental Health Services | Medication Support Services | Crisis Intervention | TOTAL |

| | | | | | |
|---|-------|--------|-------|-------|---------|
| Total Minutes of Services | 4,637 | 96,665 | 6,116 | 1,619 | 109,036 |
| Total Monthly Minutes of Services (Average) | 386 | 8055 | 510 | 135 | 9086 |
| Dosage (minutes) per client per month | 5 | 95 | 6 | 2 | 107 |
| Dosage (hours) per client per month | 0.08 | 1.58 | 0.10 | 0.03 | 1.78 |

Total Hours Per Unduplicated Client for Duration of the Program: 21.38

| Avg Monthly Census | Expected Length of Program (months) |
|--------------------|-------------------------------------|
| 85 | 12 |



ATTACHMENT III

Campaign Contribution Disclosure (SB 1439)

DEFINITIONS

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

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

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

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

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

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

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

1. Name of Contractor: South Coast Children's Society, Inc. dba South Coast Community Services
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
 Yes If yes, skip Question Nos. 3-4 and go to Question No. 5 No
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: _____
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):

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

| Company Name | Relationship |
|-------------------------------|--------------|
| Outsource Management Services | Subsidiary |
| | |

6. Name of agent(s) of Contractor:

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

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

| Company Name | Subcontractor(s): | Principal and//or Agent(s): |
|--------------|-------------------|-----------------------------|
| N/A | | |
| | | |

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

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

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

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

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

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

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

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

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