



Contract Number

18-341 A-1

SAP Number

4400008338

Department of Behavioral Health

Department Contract Representative	Tammi Phillips
Telephone Number	(909) 388-0860
Contractor	Pacific Clinics
Contractor Representative	Shawn Caracoza
Telephone Number	(626) 254-5000
Contract Term	July 1, 2018 – June 30, 2021
Original Contract Amount	\$2,067,000
Amendment Amount	\$ 281,680
Total Contract Amount	\$2,348,680
Cost Center	9206382200

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 18-341** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for mental health services, which Contract first became effective July 01, 2018, the following changes are hereby made and agreed to, effective July 1, 2020:

- I. ARTICLE IV. Funding and Budgetary Restrictions, paragraph I is hereby amended to read as follows:
 - I. The contract amendment amount of \$281,680 shall increase the total contract amount from \$2,067,000 to \$2,348,680 for the contract term.
- II. ARTICLE V. Provisional Payment, paragraph R is hereby added to read as follows:
 - R. For FY 2020/21 Contractor may incur and claim a maximum of \$46,947 of the total contract amount for one-time startup related expenses for the Needles facility location as specified in ADDENDUM 1, SERVICE DESCRIPTION, SECTION V FACILITY LOCATION, paragraph A.4 . One-time startup cost must be incurred during the FY 2020/21. Contractor may submit a

monthly claim for reimbursement of one-time costs that are appropriate for the initial startup of the program. These initial one-time costs must be allowable under 2 CFR, Part 200. Contractor must submit the organization's general ledger or profit and loss report with each monthly claim.

1. Contractor may request to transfer unspent start-up funds to direct Mental Health Treatment service mode.
2. Contractor shall request this transfer of funds through a budget modification no later than March 1, 2021.

III. Revised Schedules A and B for FY 2020/21 are hereby added. All previously approved schedules remain in effect.

IV. ADDENDUM I, SERVICE DESCRIPTION, SECTION II PERSONS TO BE SERVED, paragraph is hereby amended to read as follows:

The Contractor will serve a minimum number of adults as referenced in the budget schedules during the term of the Contract in the areas and regions of San Bernardino County more commonly known as Lucerne, Needles, Rialto, and Yucca Valley.

The target population for Adult Mental Health Clubhouse Services comprises adults 18 and over living with mental illness and actively participating in their recovery by seeking social support from their peers and families.

V. ADDENDUM I, SERVICE DESCRIPTION, SECTION V FACILITY LOCATION, paragraph A.4 is hereby added as follows:

A.4 Needles Clubhouse (Tentative)
 1300 Bailey Ave.
 Needles, CA 92363
 Telephone Number: TBD

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

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

COUNTY OF SAN BERNARDINO

►
Curt Hagman, Chairman, Board of Supervisors

Dated: _____
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 the County of San Bernardino

By _____
Deputy

Pacific Clinics

(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 _____

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►
Natalie Kessee, Contracts Manager

Date _____

Reviewed/Approved by Department

►
Veronica Kelley, Director

Date _____

SCHEDULE A

Clubhouse Services - Needles

FY 2020-2021

July 1, 2020 - June 30, 2021

Contract/RFP# **18-341**

Address: 800 S. Santa Anita Ave

Arcadia, CA 91006

Date Form Completed: 6/2/2020

Date Form Revised:

Prepared by: Debbie Torian
Title: Manager of Financial Reporting

LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	60 - Support	45 - Outreach	
#		SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)	Other Non-Medi-Cal Start Up Cost (78)	Community Client Services (20-29)	TOTAL
1	100%	Distribution %	0.00%	0.00%	0.00%	0.00%	16.67%	83.33%	
EXPENSES									
2		SALARIES	0	0	0	0	18,471	92,356	110,827
3		BENEFITS	0	0	0	0	4,618	23,090	27,708
		(2+3 must equal total staffing costs)	0	0	0	0	23,089	115,446	138,535
4		OPERATING EXPENSES	0	0	0	0	23,858	119,288	143,145
5		TOTAL EXPENSES (2+3+4)	0	0	0	0	46,947	234,733	281,680
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)	0	0	0	0	46,947	234,733	281,680
FUNDING									
	Mix %		Share %						
12	100.00%	MEDI-CAL (FFP)	50.00%	0	0	0	0	0	0
13	100.00%	EPSDT (2011 REALIGNMENT)	36.03%	0	0	0	0	0	0
14		MHSA MATCH		0	0	0	46,947	234,733	281,680
15									0
16									0
17		FUNDING TOTAL	0	0	0	0	46,947	234,733	281,680
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	0	0	0	0	46,947	234,733	281,680
20		FEDERAL FUNDING	0	0	0	0	0	0	0
21		TOTAL FUNDING	0	0	0	0	46,947	234,733	281,680
22		SCHEDULE OF MAXIMUM ALLOWANCES	2.20	2.99	5.56	4.20			
23		TARGET COST PER UNIT OF SERVICE							
24		Participants Served					0	800	800
25		Cost Per Participant					\$ -	\$ 293.42	\$ 352.10

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL

FY 2020-2021

Clubhouse Services - Needles

(12 months)

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

CONTRACTOR N Pacific Clinics

Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Cruz, Mauricio	MHRS	Team Supervisor	66,480	16,620	83,100	0.25	20,775	1,950	16,620	4,155
TBD	-	Clubhouse Specialist Lead	35,100	8,775	43,875	1.00	43,875	1,950	35,100	8,775
TBD	-	Clubhouse Specialist	33,250	8,313	41,563	1.00	41,563	1,950	33,250	8,313
TBD	-	Peer Partner	30,230	7,558	37,788	0.50	18,894	1,950	15,115	3,779
Judd, Mathew	-	Director of Desert Programs	93,100	23,275	116,375	0.12	13,428	1,950	10,742	2,686
									110,827	27,708

**TOTAL
COST:** 138,535

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

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

SCHEDULE B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
Clubhouse Services - Needles
FY 2020-2021**

Prepared by: Debbie Torian
Title: Manager of Financial Reporting

Contractor Name: **Pacific Clinics**
Provider # **36 BV**
Contract/RFP# **18-341**
Address: **800 S. Santa Anita Ave**
Arcadia, CA 91006
Date Form Completed: **6/2/20**
Date Form Revised:

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Rent	\$ 63,700	0%	\$0	100%	\$ 63,700
1 Related facility costs	3,600	0%	\$0	100%	3,600
2 Utilities	9,120	0%	\$0	100%	9,120
3 Telephone (cell and landline)	7,650	0%	\$0	100%	7,650
4 Insurance and taxes	910	0%	\$0	100%	910
5 Program and office supplies	5,175	0%	\$0	100%	5,175
6 Conference and training	1,570	0%	\$0	100%	1,570
7 Other operating expenses	19,010	0%	\$0	100%	19,010
8 Admin Overhead-indirect costs	32,410	0%	\$0	100%	32,410
SUBTOTAL B:	\$143,145		\$0		\$143,145
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$281,680

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2020-2021
Clubhouse Services - Needles

Prepared by: Debbie Torian
Title: Manager of Financial Reporting

Contractor Name: **Pacific Clinics**
Provider # **36 BV**
Contract/RFP# **18-341**
Address: **800 S. Santa Anita Ave**
Arcadia, CA 91006
Date Form Completed: **06/02/20**
Date Form Revised:

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

ITEM	Justification of Cost
1 Rent	In lease Negotiations for a location of 7695 SF, 100% Clubhouse use, 1300 Bailey St, Needles, CA. Proposing .69 psf, pending final lease.
2 Related facility costs	Related Facility Costs includes CAM and Property Taxes, and related facility costs includes security system, janitorial, general repairs and maintenance.
3 Utilities	Estimating .20 psf based on historical costs of our other desert clubhouse locations, and possibly sectioning off activity spaces to reduce energy costs, includes electrical, waste removal, water, gas.
4 Telephone (cell and landline)	For office and cell phone costs. Based on current trends at other desert locations.
5 Insurance and taxes	Includes insurance and taxes allocated based on FTE-vehicle, general, commercial, D&O, and professional liability insurances
6 Program and office supplies	Includes supplies for client instructions such as crafts, kitchen skills, housekeeping, other, and office supplies (pens, paper, etc.), postage, small printing projects. We have been operating with outside source donations for program supplies and food products wherever possible at our other desert locations and plan to reach out in Needles for support as well.
7 Conference and training	Continuing Education and Staff Development
8 Other operating expenses	Includes some supervision overnight travel and mileage at the Federal reimbursement rate, other club related transportation costs, new hire recruitment and payroll processing costs specifically for program staff & IT systems costs.
9 Admin Overhead-indirect costs	Indirect Costs rates for Pacific Clinics contracts are calculated at 15% of total program costs. The method used by Pacific Clinics is an entity wide allocation of administrative costs across all programs based on actual FTE program total to agency FTE total. Administrative costs are not charged directly into programs and therefore cannot be detailed into Salaries & Benefits or Services and Supplies categories in the accounting system. Federally approved indirect rate is 20%. Indirect Admin overhead costs are allocated on a proportionate basis using salaries. With low salaries in the SBC programs, the indirect % is currently trending lower than 15%.

SCHEDULE B

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2020-2021
Clubhouse Services - Needles**

Contractor Name: **Pacific Clinics**

Provider # **36 BV**

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Address: **800 S. Santa Anita Ave**

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Date Form Completed: **06/02/20**

Date Form Revised:

	Participant Service Projections for Clubhouse Services - Needles												
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Projected Participant by month													
Case Management (01-09)	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Services (10-50)	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication Support (60)	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisis Intervention (70)	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Promotion (10-19)	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Client Services (20-29)	0	0	55	75	85	90	80	80	80	85	85	85	800
Number of participant Served	0	0	55	75	85	90	80	80	80	85	85	85	800