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

SAN BERNARDINO COUNTY

**Contract Number**
15-391 A-3

**SAP Number**
4400008395

# Department of Behavioral Health

| | |
|---|---|
| **Department Contract Representative** | Tammi Phillips |
| **Telephone Number** | (909) 388-0860 |
| **Contractor** | RIM Family Services, Inc. |
| **Contractor Representative** | Aaron Scullin |
| **Telephone Number** | (909) 336-1800 |
| **Contract Term** | July 1, 2015 through December 31, 2020 |
| **Original Contract Amount** | $ 425,000 |
| **Amendment Amount** | $ 100,000 |
| **Total Contract Amount** | $ 525,000 |
| **Cost Center** | 9203372200 |

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

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**
IN THAT CERTAIN **Contract No. 15-391** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Prevention and Early Intervention Older Adult Community Services, which Contract first became effective July 1, 2015, the following changes are hereby made and agreed to, effective July 1, 2020:

I. ARTICLE IV Funding and Budgetary Restrictions, paragraphs H is hereby replaced to read as follows:

H. The contract amendment amount of $100,000 shall increase the total contract amount from $425,000 to $525,000 for the contract term.

II. ARTICLE XIII Duration and Termination, paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2015 through December 31, 2020 inclusive.

III. Schedules A and B for FY 2020-21 are hereby added.

IV. Addendum I, PROGRAM DESCRIPTION, SECTION III, PERSONS TO BE SERVED, paragraph D is hereby amended to read as follows:

D. Contractor will serve the following areas of San Bernardino County: Mountain. Specific cities and zip codes are listed below:

| City | Zip Code |
|---|---|
| Blue Jay | 92317 |
| Cedar Glen | 92321 |
| Cedarpines Park | 92322 |
| Crest Park | 92326 |
| Crestline | 92325 |
| Rim Forest | 92378 |
| Running Springs | 92382 |
| Green Valley Lake | 92341 |
| Lake Arrowhead | 92352 |
| Twin Peaks | 92391 |
| Skyforest | 92385 |
| Big Bear City | 92314 |
| Big Bear Lake | 92315 |
| Fawnskin | 92333 |
| Sugarloaf | 92386 |

V. 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: JUN 23 2020

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

RIM Family Services, Inc.
*(Print or type name of corporation, company, contractor, etc.)*

By ► DocuSigned by: Aaron M. Scullin
*(Authorized signature - sign in blue ink)*

Name Aaron M. Scullin
*(Print or type name of person signing contract)*

Title Executive Director
*(Print or Type)*

Dated: 6/3/2020

Address PO Box 578, Skyforest, CA 92385
PO Box 578, Skyforest, CA 92385

**FOR COUNTY USE ONLY**

Approved as to Legal Form
► DocuSigned by: Dawn Martin
Dawn Martin, Deputy County Counsel
Date 6/3/2020

Reviewed for Contract Compliance
► DocuSigned by: Natalie Kessee
Natalie Kessee, Contracts Manager
Date 6/3/2020

Reviewed/Approved by Department
► DocuSigned by: Veronica Kelley
Veronica Kelley, Director
Date 6/8/2020

**SCHEDULE A - Planning Estimates**

*Actual Cost Contract (cost reimbursement)*

**SAN BERNARDINO COUNTY**
**DEPARTMENT OF BEHAVIORAL HEALTH**
**PREVENTION AND EARLY INTERVENTION**

**FY 2020 - 2021**
**July 1, 2020 to December 31, 2020**
**(6 months)**

Prepared by: Aaron M. Scullin
Title: Executive Director

Contractor Name: Rim Family Services
Region Mountain
Contract # 15-391
Address: P.O. Box 578
Skyforest, CA 92385
Date Form Completed: 5/6/20
Updated

**PEI County Program: OLDER ADULT COMMUNITY SERVICES**
**State Defined Program: PREVENTION**

| # | | COMPONENTS | Case Management 01-09 | Mental Health Services 10-19; 30-38; 40-48; 50-57 | Mental Health Promotion 10-19 | Community Client Services 20-29 | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | Distribution | 1.00% | 1.00% | 40.00% | 58.00% | | | |
| | | | Mode 15 | | Mode 45 | | | | |
| | | | Early Intervention Services | | Prevention Services | | | | |
| 1 | | **EXPENSES** | | | | | | | |
| 2 | | SALARIES | $ 399 | $ 399 | $ 15,974 | $ 23,163 | | | $ 39,936 |
| 3 | | BENEFITS | $ 172 | $ 172 | $ 6,869 | $ 9,960 | | | $ 17,173 |
| 4 | | **(2+3 must equal total staffing costs)** | $ 571 | $ 571 | $ 22,844 | $ 33,123 | | | $ 57,109 |
| 5 | | OPERATING EXPENSES | $ 429 | $ 429 | $ 17,156 | $ 24,877 | | | $ 42,891 |
| 6 | | **TOTAL EXPENSES (2+3+5)** | $ 1,000 | $ 1,000 | $ 40,000 | $ 58,000 | | | $ 100,000 |
| 7 | | **AGENCY REVENUES** | | | | | | | |
| 8 | | PATIENT FEES | | | | | | | $ - |
| 9 | | PATIENT INSURANCE | | | | | | | $ - |
| 10 | | GRANTS/OTHER | | | | | | | $ - |
| 11 | | **TOTAL AGENCY REVENUES (8+9+10)** | $ - | $ - | $ - | $ - | | | $ - |
| 12 | | **CONTRACT AMOUNT (6-11)** | $ 1,000 | $ 1,000 | $ 40,000 | $ 58,000 | | | $ 100,000 |
| 13 | | **FUNDING** | | | | | | | |
| 14 | | MHSA | $ 1,000 | $ 1,000 | $ 40,000 | $ 58,000 | | | $ 100,000 |
| 15 | | **TOTAL FUNDING** | $ 1,000 | $ 1,000 | $ 40,000 | $ 58,000 | | | $ 100,000 |
| 16 | | COUNTY CONTRACT RATE | $ 2.20 | $ 2.99 | | | | | |
| 17 | | TARGET COST PER UNIT OF SERVICE (Minutes) | $ 0.53 | $ 0.53 | | | | | |
| 18 | | UNITS OF TIME (Minutes) | $ 1,897 | $ 1,897 | | | | | |
| 19 | | **UNDUPLICATED PARTICIPANTS** | | | | | | | |
| 20 | | TOTAL UNDUPLICATED PARTICIPANTS | 3 | 4 | 152 | 132 | | | 291 |
| 21 | | COST PER UNDUPLICATED PARTICIPANT | $ 333.33 | $ 250.00 | $ 263.16 | $ 439.39 | | | $ 343.64 |
| 22 | | **SERVICES** | | | | | | | |
| 23 | | TOTAL SERVICES | 9 | 18 | 998 | 316 | | | 1,341 |
| 24 | | COST PER TOTAL SERVICES | $ 111.11 | $ 55.56 | $ 40.08 | $ 183.54 | | | $ 74.57 |

## SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

**Schedule B**

**STAFFING DETAIL**
**FY 2020 - 2021**
July 1, 2020 to December 31, 2020 (12 months)

**Contractor Name:** Rim Family Services
**Contract #** 15-391

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

**CONTRACTOR NAME:** Rim Family Services

0.50 (6 monts)

| Name | Degree/ License | Position Title | Full Time Annual Salary | Full Time Fringe Benefits | Total Full Time Salaries & Benefits | % Time Spent on Contract Services | Total Salaries and Benefits Charged to Contract Services | Service Hours of Contract Services | Total Salaries Charged to Contract Services | Total Benefits Charged to Contract Services |
|---|---|---|---|---|---|---|---|---|---|---|
| Aaron M. Scullin | B.S., CADC II-CA | Executive Director | 104,000 | 44,720 | 148,720 | 5.00% | 3,718 | 52 | 2,600 | 1,118 |
| Joscelyn Field | B.A., CADC II-CA | PEI Program Director | 64,480 | 27,726 | 92,206 | 5.00% | 2,305 | 52 | 1,612 | 693 |
| TBD | M.A., LMFT, LCSW/Intern | Clinical Supervisor / Therapist | 62,400 | 26,832 | 89,232 | 4.00% | 1,785 | 42 | 1,248 | 537 |
| Bobbi Martinez | Paraprofessional | CARE Program Advocate / Program Coordinator | 49,920 | 21,466 | 71,386 | 20.00% | 7,139 | 208 | 4,992 | 2,147 |
| Marilynn Jordan | Paraprofessional | CARE Program Advocate / Case Manager | 43,680 | 18,782 | 62,462 | 50.00% | 15,616 | 1,040 | 10,920 | 4,696 |
| Margaret Tiefenthaler | Paraprofessional | CARE Program Advocate / Case Manager | 43,680 | 18,782 | 62,462 | 85.00% | 26,546 | 1,768 | 18,564 | 7,982 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | 0 | 0.00% | 0 | 0 | 0 | 0 |
| | | | | | | | | | 39,936 | 17,173 |
| | | | | | | TOTAL COST A: | 57,108 | 3,162 | | |

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

SCHEDULE B

Contractor Name: Rim Family Services
Region Mountain
FY 2020 - 2021
Contract # 15-391
Address: P.O. Box 578
Skyforest, CA 92385
Prepared by: Aaron M. Scullin
Title: Executive Director
Date Form Completed: 5/6/20
Updated

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

**July 1, 2020 to December 31, 2020**

0.50

| | ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO CONTRACT | TOTAL COST TO CONTRACT | Budget Revision: Request Change | Budget Revision: Revised Budget |
|---|---|---|---|---|---|---|---|---|
| 1 | Accounting/Computer | $2,000 | 0% | $0 | 100% | $2,000 | 0 | 2,000 |
| 2 | Advertising & Promotion | $700 | 0% | $0 | 100% | $700 | | 700 |
| 3 | Building Maintenance, Rent | $7,500 | 0% | $0 | 100% | $7,500 | | 7,500 |
| 4 | Contract Services | $1,640 | 0% | $0 | 100% | $1,640 | | 1,640 |
| 5 | Depreciation | $1,440 | 0% | $0 | 100% | $1,440 | | 1,440 |
| 6 | Education/Training | $2,450 | 0% | $0 | 100% | $2,450 | | 2,450 |
| 7 | Insurance & Taxes | $2,600 | 0% | $0 | 100% | $2,600 | | 2,600 |
| 8 | Mileage | $2,600 | 0% | $0 | 100% | $2,600 | | 2,600 |
| 9 | Offce Supplies | $2,406 | 0% | $0 | 100% | $2,406 | | 2,406 |
| 10 | Utilities | $2,300 | 0% | $0 | 100% | $2,300 | | 2,300 |
| 11 | Program Supplies | $3,212 | 0% | $0 | 100% | $3,212 | | 3,212 |
| 12 | Mobile Resource Center | $1,000 | 0% | $0 | 100% | $1,000 | | 1,000 |
| 13 | Allocated Admin | $13,043 | 0% | $0 | 100% | $13,043 | | 13,043 |
| SUBTOTAL B: | | $42,891 | | $0 | | $42,891 | 0 | 42,891 |
| GROSS TOTAL STAFFING AND OPERATING COSTS | | | | | | $99,999 | | |

SCHEDULE B

**SAN BERNARDINO COUNTY**
**DEPARTMENT OF BEHAVIORAL HEALTH**
**SCHEDULE B**
**BUDGET NARRATIVE**
**FY 2020 - 2021**

**Contractor Name:** Rim Family Services
**Region** Mountain
**Contract #** 15-391
**Address:** P.O. Box 578
Skyforest, CA 92385
**Date Form Completed:** 5/6/20
**Updated**

Prepared by: Aaron M. Scullin
Title: Executive Director

**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, 2020 to December 31, 2020**

| | ITEM | Justification of Cost |
|---|---|---|
| 1 | Accounting/Computer | Computer repairs, tech. assistance, audits, internet services, accounting services, payroll. |
| 2 | Advertising & Promotion | Normal advertising expenses, internet, newspaper, flyers, bulletins, phone book. |
| 3 | Building Maintenance, Rent | Expense is for repairs, maintenance, upkeep, snow plowing, alarm, office rent, and storage rental. |
| 4 | Contract Services | Copy machine, snow plowing, pest control, alarm, etc. |
| 5 | Depreciation | Items purchased that cost $3,500 or more are depreciated. Items include the agency building, computer equipment, generator, records storage shed, heating and air conditioning unit, telephone system, etc. |
| 6 | Education/Training | Certification and training / CEUs for staff. |
| 7 | Insurance & Taxes | Liability and D&O, Property Taxes, etc. |
| 8 | Mileage | Mileage to and from older adult centers, meetings and trainings. We reimburse at .58/mile as per the IRS guidelines, etc. |
| 9 | Offce Supplies | Ink cartridges, paper, office supplies. |
| 10 | Utilities | Gas, Electric, telephone, water, etc. |
| 11 | Program Supplies | Teacher and participant manuals, DVD's, activity supplies, materials specific to the programs. |
| 12 | Mobile Resource Center | Fuel, insurance, registration, repairs, maintenance. |
| 13 | Allocated Admin | These costs include indirect administrative costs not identified by any one program. Thes costs include such departments as: Accounting, Human Resources, Quality Control, etc. The amount includes Salaries and applicable benefits such as vacation/sick/holiday pay, health and retirement, employer taxes, and workers compensation. The indirect administrative costs allocated to this program is $13,043.00. (($100,000.00-($100,000.00/1.15))=$13,043.00) |

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

**July 1, 2020 to December 31, 2020**

**Contractor Name:** Rim Family Services
**Region** Mountain
**Contract #** 15-391
**Address:** P.O. Box 578
Skyforest, CA 92385
**Date Form Completed:** 5/6/20
**Updated**

| Year to Date **Unduplicated** Participant Count | | | | |
|---|---|---|---|---|
| Early Intervention | | Mental Health Promotion | Comm. Client Services | Program |
| Case Management | MHS | | | |
| 3 | 4 | 152 | 132 | 291 |

## PEI County Program: OLDER ADULT COMMUNITY SERVICES

## State Defined Program: PREVENTION

| **Service Projections for:** | | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Early Intervention Services | Case Management | 1 | 1 | 1 | 2 | 2 | 2 | | | | | | | 9 |
| | Mental Health Services | 3 | 3 | 3 | 3 | 3 | 3 | | | | | | | 18 |
| Mental Health Promotion | | 166 | 166 | 166 | 166 | 167 | 167 | | | | | | | 998 |
| Community Client Services | | 52 | 52 | 53 | 53 | 53 | 53 | | | | | | | 316 |
| TOTAL | | 222 | 222 | 223 | 224 | 225 | 225 | 0 | 0 | 0 | 0 | 0 | 0 | 1341 |

| **Hours Projections for:** | | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Early Intervention Services | Case Management | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | 32 |
| | Mental Health Services | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | 32 |
| Mental Health Promotion | | 211 | 211 | 211 | 211 | 211 | 211 | | | | | | | 1,265 |
| Community Client Services | | 306 | 306 | 306 | 306 | 306 | 306 | | | | | | | 1,834 |
| TOTAL | | 527 | 527 | 527 | 527 | 527 | 527 | 0 | 0 | 0 | 0 | 0 | 0 | 3,162 |

| **Cost Projections for:** | | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Early Intervention Services | Case Management | $ 167 | $ 167 | $ 167 | $ 167 | $ 167 | $ 167 | | | | | | | $ 1,000 |
| | Mental Health Services | $ 166.67 | $ 167 | $ 167 | $ 167 | $ 167 | $ 167 | | | | | | | $ 1,000 |
| Mental Health Promotion | | $ 6,666.67 | $ 6,667 | $ 6,667 | $ 6,667 | $ 6,667 | $ 6,667 | | | | | | | $ 40,000 |
| Community Client Services | | $ 9,666.67 | $ 9,667 | $ 9,667 | $ 9,667 | $ 9,667 | $ 9,667 | | | | | | | $ 58,000 |
| TOTAL | | $ 16,667 | $ 16,667 | $ 16,667 | $ 16,667 | $ 16,667 | $ 16,667 | $ - | $ - | $ - | $ - | $ - | $ - | $ 100,000 |