



Contract Number

18-349-A-3

SAP Number

4400008356

Department of Behavioral Health

Department Contract Representative	Jesus Maciel
Telephone Number	909-388-0887
Contractor	West End Family Counseling Services
Contractor Representative	Laura Tapia
Telephone Number	(909) 983-2020
Contract Term	July 1, 2018 – September 30, 2024
Original Contract Amount	\$19,430,601
Amendment Amount	\$940,174
Total Contract Amount	\$20,370,775
Cost Center	9203212200

THIS AMENDMENT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and West End Family Counseling Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 18-349** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for 0-5 Comprehensive Treatment Services (CTS): Screening, Assessment, Referral and Treatment (SART) and Early Intervention and Identification Services (EIIS), which Contract first became effective July 1, 2018, the following changes are hereby made and agreed to:

- I. ARTICLE IV FUNDING AND BUDGETARY RESTRICTIONS, paragraphs E and K are hereby amended, and paragraph L is hereby added to read as follows:
 - E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later

than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.

K. The Contract amendment amount of \$940,174 shall increase the total contract amount from \$19,430,601 to \$20,370,775 for the contract term.

L. The allowable funding sources for this Contract may include: the Children and Families Commission for San Bernardino County (First 5), Federal Financial Participation Medi-Cal, and Mental Health Services Act Prevention and Early Intervention funds.

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, 2018, through September 30, 2024 inclusive.

III. ARTICLE XVI PERSONNEL, paragraphs L and M are hereby added 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.

- IV. This amendment hereby adds Schedules A and B for FY 2024/25. All previously approved schedules remain in effect.
- V. This amendment hereby adds ATTACHMENT III "Campaign Contribution Disclosure Form" (SB 1439).
- VI. All other terms, conditions and covenants in Contract No. 18-34 remain in full force and effect.

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

SAN BERNARDINO COUNTY

West End Family Counseling Services

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

Dawn Rowe, Chair, Board of Supervisors

By  _____
(Authorized signature - sign in blue ink)

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

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

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




Title _____
(Print or Type)

By _____
Deputy

Dated: _____
855 North Euclid Avenue

Address _____
Ontario, CA. 91762

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 _____

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Early Identification and Intervention Services
(EIS)

Contractor Name: **West End Family Counseling Services**
 Provider RU # **36EWEI**
 Contract/RFP# **RFP 22-148 EIS/SART**
 Address: **1420 S Milliken Ave
Ontario, CA 91761**
 Date Form Completed: **4/30/2024**
 Date Form Revised:

Actual Cost Contract (cost reimbursement)

FY 2024 - 2025
July 1, 2024 - September 30, 2024

Prepared by: **Raymond Vargas**
 Title: **Director of Operations and Finance**

LINE #	MODE OF SERVICE	SERVICE FUNCTION	Early Intervention Services					Prevention Services		TOTAL		
			15-Outpatient					60 - Client Support				
			Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Client Flexible Support (72)	Non-Medi-Cal Client Support (78)			
1	100%	Distribution %	15.00%	75.72%	0.00%	0.66%	1.00%		7.63%			
1	100%	Distribution %	15.00%	75.72%		0.66%	1.00%		7.63%			
EXPENSES												
2		SALARIES	0	37,136	187,449	0	1,634	2,476		18,877	247,572	
3		BENEFITS	0	7,427	37,489	0	327	495		3,775	49,514	
		(2+3 must equal total staffing costs)	0	44,563	224,938	0	1,961	2,971	0	22,653	297,086	
4		OPERATING EXPENSES	0	14,690	74,151	0	646	979	0	7,467	97,934	
5		TOTAL EXPENSES (2+3+4)	0	59,253	299,089	0	2,607	3,950	0	30,120	395,020	
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	0	0	
11		CONTRACT AMOUNT (5-10)	0	59,253	299,089	0	2,607	3,950	0	30,120	395,020	
FUNDING												
12	Mix %	MEDI-CAL (FFP)	Share %	0	29,431	148,558	0	1,295	1,962		181,247	
13	99.34%		50.00%									
14		PEI Matching Funds (BHSA)	100.00%	0	29,431	148,558	0	1,295	1,962		181,247	
15		Provider Matching Funds (If applicable)		0	0	0	0	0			0	
16												
17		FIRST-5 (Non-Medi-Cal)	8.23%		391	1,972	0	17	26	0	30,120	32,527
18		FUNDING TOTAL		0	59,253	299,089	0	2,607	3,950	0	30,120	395,020
19		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0	0	0	0
20		STATE FUNDING (Including Realignment)		0	29,431	148,558	0	1,295	1,962	0	0	181,247
21		AGENCY FUNDING (non-DBH)		0	0	0	0	0	0	0	0	0
22		FEDERAL FUNDING		0	29,822	150,531	0	1,312	1,988	0	30,120	213,773
23		TOTAL FUNDING		0	59,253	299,089	0	2,607	3,950	0	30,120	395,020
24		TARGET COST PER UNIT OF SERVICE			\$0.98	\$0.98	\$0.00	\$1.73	\$0.98			
25		UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))			60,749	306,639	0	1,504	4,050			372,941

Client Days 0

APPROVED:

Raymond Vargas

May 1, 2024

Anthony Altamirano
Anthony Altamirano (May 1, 2024 13:23 PDT)

May 1, 2024

Allison Cunningham LCSW SPM

May 1, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Raymond Vargas

Anthony Altamirano

Allison Cunningham

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

PREPARED BY:

DBH FISCAL SERVICES

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

FY 2024 - 2025

Prepared by: Raymond Vargas
Title: Director of Operations and Finance

Contractor Name: West End Family Counseling Services
 Provider RU# 36EWEI
 Contract/RFP# RFP 22-148 EIS/SART
 Address: 1420 S Milliken Ave
Ontario, CA 91761

Date Form Completed: 4/30/2024

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, 2024 - September 30, 2024

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	\$94,280	75%	\$70,710	25%	\$23,570
2 Utilities	\$13,683	85%	\$11,669	15%	\$2,014
3 Telephone/Communications	\$14,105	82%	\$11,501	18%	\$2,604
4 Mental Health Promotion	\$4,165	91%	\$3,769	10%	\$396
5 IT Services	\$27,061	82%	\$22,065	18%	\$4,995
6 Electronic Health Record	\$21,649	82%	\$17,652	18%	\$3,996
7 Computer Hardware	\$5,412	82%	\$4,413	18%	\$999
8 Professional Services	\$15,831	82%	\$12,908	18%	\$2,922
9 Insurance	\$19,754	82%	\$16,108	18%	\$3,647
10 Equipment Rental	\$2,706	82%	\$2,206	18%	\$500
11 General and Administrative Expenses	\$41,064	83%	\$33,960	17%	\$7,104
12 Training	\$15,154	82%	\$12,357	18%	\$2,797
13 Travel	\$9,471	82%	\$7,723	18%	\$1,748
14 Client Expenses	\$8,309	82%	\$6,775	18%	\$1,534
15 Subcontractors	\$38,726	0%	\$0	100%	\$38,726
16 Indirect Expense	\$382	0%	\$0	100%	\$382
17		100%	\$0		\$0
52		100%	\$0		\$0
53		100%	\$0		\$0
54		100%	\$0		\$0
55		100%	\$0		\$0
SUBTOTAL B:	\$331,751		\$233,817		\$97,934
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$395,020

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

Contractor Name: West End Family Counseling Services

Provider RU# 36EWEI

Contract/RFP# RFP 22-148 EIS/SART

Address: 1420 S Milliken Ave

Ontario, CA 91761

Date Form Completed: 4/30/2024

Prepared by: Raymond Vargas
Title: Director of Operations and Finance

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, 2024 - September 30, 2024

ITEM	Justification of Cost
1 Rent	Rent is based on the allocated portion to this Program for the rent we pay at the SART Clinic located at 1420 S Milliken Ave in Ontario. Allocation is based on square footage used to service this program.
2 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the SART Clinic located at 1420 S Milliken Ave in Ontario. Allocation is based on square footage used to service this program.
3 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
4 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
5 IT Services	IT Services is based on the % of clinical FTEs for this program for services provided by VC3 Computer Solutions, Bamboo HR and SAGE.
6 Electronic Health Record	Electronic Health Records is based on Clinical FTEs allocated to this program for client records.
7 Computer Hardware	Computer Hardware is the amount we are budgeting to replace computer hardware for this program for direct client care.
8 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
9 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
10 Equipment Rental	Equipment Rental is based on the allocated portion of Clinical FTEs that use the equipment in this program.
11 General and Administrative Expenses	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance
12 Training	Training is calculated based on the clinical FTEs allocated to this program.
13 Travel	Travel is estimated mileage reimbursement to perform direct services for the clients in this program.
14 Client Expenses	Client Expenses is based on the anticipated unduplicated clients served in this program and materials we need to furnish them for client care.
15 Subcontractors	Pediatrician Contractor not to exceed \$2,160, Psychologist Contractors not to exceed \$6,517, Psychiatrist contractors not to exceed \$1,428, Occupational Therapists not to exceed \$1,428
16 Indirect Expense	INDIRECT EXPENSE is allocated to this program for expenses that are not associated to client services. (indirect costs not to exceed 15% of direct costs)
17	
53	
54	
55	

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

Productivity Expectation: 60%

CM Rate per Min. MHS Rate/Min MSS Rate/Min Crisis Rate/Min

Agency Per Min Rates: \$4.50 \$4.50 \$8.00 \$4.50

Target Cost Per Unit of Service \$0.98 \$0.98 \$1.73 \$0.98

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name:	West End Family Counseling Services
Provider RU#:	36EWEI
Contract/RFP#:	RFP 22-148 EIIS/SART
Address:	1420 S Milliken Ave Ontario, CA 91761
Date Form Completed:	4/30/2024
Date Form Revised:	

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type						Clients Served		
			Case Management and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Starting Census		Monthly Census	
								Admissions (Episodes Opened)	Discharges (Episodes Closed)		
Jul-22	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329	18	10	51	
Aug-22	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329	18	10	59	
Sep-22	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329	18	10	67	
Oct-22	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
Nov-22	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
Dec-22	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
Jan-23	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
Feb-23	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
Mar-23	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
Apr-23	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
May-23	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
Jun-23	31,078	6.11	\$4,938	\$24,924	\$0	\$217	\$329			67	
TOTAL	372,941		\$59,253	\$299,089	\$0	\$2,607	\$3,950	54	30		
Total Revenue						\$364,900	Unduplicated Clients Served		97		
								Estimated Cost Per Client:	\$3,762		

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	60,749	306,639	1,504	4,050	372,941
Total Monthly Minutes of Services (Average)	5062	25553	125	337	31078
Dosage (minutes) per client per month	78	393	2	5	478
Dosage (hours) per client per month	1.30	6.55	0.03	0.09	7.97

Total Hours Per Unduplicated Client for Duration of the Program: 23.91

Avg Monthly Census	Expected Length of Program (months)
65	3

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Screening, Assessment, Referral, and Treatment
(SART)

Contractor Name:

Provider RU #

Contract/RFP#

Address:

Date Form Completed:

Date Form Revised:

West End Family Counseling
Services

36EW1
RFP 22-148 EIIS/SART
1420 S Milliken Ave
Ontario, CA 91761
4/30/2024

Actual Cost Contract (cost reimbursement)

Prepared by: Raymond Vargas
Title: Director of Operations and Finance

FY 2024 - 2025
July 1, 2024 - September 30, 2024

LINE #	MODE OF SERVICE	Early Intervention Services					Prevention Services				TOTAL
		15-Outpatient					45 - Outreach		60 - Client Support		
	SERVICE FUNCTION	Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Mental Health Promotion (10-19)	Community Client Services (20-29)	Client Flexible Support (72)	Non-Medi-Cal Client Support (78)	
1	100% Distribution %	15.00%	69.18%	0.00%	0.30%	0.01%	2.50%	2.50%	0.00%	10.51%	
1	100% Distribution %	15.00%	69.18%	0.00%	0.30%	0.01%	2.50%	2.50%	0.00%	10.51%	
EXPENSES											
2	SALARIES	48,358	223,041	0	967	32	8,060	8,060		33,870	322,388
3	BENEFITS	9,672	44,608	0	193	6	1,612	1,612		6,774	64,478
(2+3 must equal total staffing costs)		58,030	267,649	0	1,161	39	9,672	9,672		40,644	386,865
4	OPERATING EXPENSES	23,743	109,511	0	475	16	3,957	3,957	0	16,630	158,289
5	TOTAL EXPENSES (2+3+4)	81,773	377,160	0	1,635	55	13,629	13,629	0	57,274	545,154
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	0	0	0
11	CONTRACT AMOUNT (5-10)	81,773	377,160	0	1,635	55	13,629	13,629	0	57,274	545,154
FUNDING											
12	Mix % FUNDING Share %										
12	98.86% MEDI-CAL (FFP)	50.00%	40,421	186,432	0	808	27				227,688
13											0
13	Agency Match Funds (If applicable)	0.00%	0	0	0	0	0				0
14	PEI Matching Funds (BHSA)	100.00%	40,421	186,432	0	808	27				227,688
15	Prevention & Early Intervention (Non-MediCal)	50.00%	466	2,148	0	9	0	6,814	6,814	0	28,637
16											0
17	FIRST-5 (Non-Medi-Cal)	50.00%	466	2,148	0	9	0	6,814	6,814	0	28,637
18	FUNDING TOTAL		81,773	377,160	0	1,635	55	13,629	13,629	0	57,274
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0	0	0	0
20	STATE FUNDING (Including Realignment)		41,352	190,728	0	827	28	13,629	13,629	0	317,466
21	FEDERAL FUNDING		40,421	186,432	0	808	27	0	0	0	227,688
22	TOTAL FUNDING		81,773	377,160	0	1,635	55	13,629	13,629	0	57,274
23	TARGET COST PER UNIT OF SERVICE	\$	0.97	\$ 0.97	\$ -	\$ 1.73	\$ 0.97				
24	UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))		84,247	388,571	0	948	56				473,823

Client Days 84,247

APPROVED:

Raymond Vargas

May 1, 2024

Anthony Altamirano
Anthony Altamirano (May 1, 2024 13:23 PDT)

May 1, 2024

Allison Cunningham
Allison Cunningham LCSW SPM

May 1, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Raymond Vargas

Anthony Altamirano

Allison Cunningham

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

PREAPRED BY:

DBH FISCAL SERVICES

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

FY 2024 - 2025

Prepared by: Raymond Vargas
Title: Director of Operations and Finance

Contractor Name: West End Family Counseling Services
 Provider RU# 36EW1
 Contract/RFP# RFP 22-148 EIS/SART
 Address: 1420 S Milliken Ave
Ontario, CA 91761
 Date Form Completed: 4/30/2024

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, 2024 - September 30, 2024

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	\$94,280	68%	\$64,111	32%	\$30,170
2 Utilities	\$13,683	81%	\$11,138	19%	\$2,545
3 Telephone/Communications	\$14,105	74%	\$10,507	26%	\$3,598
4 Mental Health Promotion	\$4,165	39%	\$1,624	61%	\$2,540
5 IT Services	\$27,061	74%	\$20,158	26%	\$6,903
6 Electronic Health Record	\$21,649	74%	\$16,126	26%	\$5,523
7 Computer Hardware	\$5,412	74%	\$4,031	26%	\$1,381
8 Professional Services	\$15,831	74%	\$11,792	26%	\$4,038
9 Insurance	\$19,754	74%	\$14,715	26%	\$5,039
10 Equipment Rental	\$2,706	74%	\$2,016	26%	\$690
11 General and Administrative Expenses	\$41,064	76%	\$31,295	24%	\$9,769
12 Training	\$15,154	35%	\$5,304	65%	\$9,850
13 Travel	\$9,471	74%	\$7,055	26%	\$2,416
14 Client Expenses	\$8,309	61%	\$5,037	39%	\$3,272
15 Subcontractors	\$70,554	0%	\$0	100%	\$70,554
16		100%	\$0		\$0
17		100%	\$0		\$0
18		100%	\$0		\$0
54		100%	\$0		\$0
55		100%	\$0		\$0
SUBTOTAL B:	\$363,197		\$204,908		\$158,289
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$545,154

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

Contractor Name: West End Family Counseling Services

Provider RU# 36EW1

Contract/RFP# RFP 22-148 EIS/SART

Address: 1420 S Milliken Ave

Ontario, CA 91761

Date Form Completed: 4/30/2024

Prepared by: Raymond Vargas
Title: Director of Operations and Finance

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, 2024 - September 30, 2024

ITEM	Justification of Cost
1 Rent	Rent is based on the allocated portion to this Program for the rent we pay at the SART Clinic located at 1420 S Milliken Ave in Ontario. Allocation is based on square footage used to service this program.
2 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the SART Clinic located at 1420 S Milliken Ave in Ontario. Allocation is based on square footage used to service this program.
3 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
4 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
5 IT Services	IT Services is based on the % of clinical FTEs for this program for services provided by VC3 Computer Solutions, Bamboo HR and SAGE.
6 Electronic Health Record	Electronic Health Records is based on Clinical FTEs allocated to this program for client records.
7 Computer Hardware	Computer Hardware is the amount we are budgeting to replace computer hardware for this program for direct client care.
8 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
9 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
10 Equipment Rental	Equipment Rental is based on the allocated portion of Clinical FTEs that use the equipment in this program.
11 General and Administrative Expenses	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance
12 Training	Training is calculated based on the clinical FTEs allocated to this program.
13 Travel	Travel is estimated mileage reimbursement to perform direct services for the clients in this program.
14 Client Expenses	Client Expenses is based on the anticipated unduplicated clients served in this program and materials we need to furnish them for client care.
15 Subcontractors	Pediatrician Contractor not to exceed \$3,239, Psychologist Contractors not to exceed \$15,817, Psychiatrist contractors not to exceed \$844, Occupational Therapy contractor not to exceed \$14,608, Speech Therapy not to exceed \$8,626, Nurse not to exceed \$27,420.
16	
17	
54	
55	

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

Productivity Expectation: 60% CM Rate per Min. MHS Rate/Min MSS Rate/Min Crisis Rate/Min
Agency Per Min Rates: \$4.50 \$4.50 \$8.00 \$4.50

Target Cost Per Unit of Service \$0.97 \$0.97 \$1.73 \$0.97

Contractor Name:	West End Family Counseling Services
Provider #:	36EW1
Contract/RFP#:	RFP 22-148 EIIS/SART
Address:	1420 S Milliken Ave Ontario, CA 91761
Date Form Completed:	4/30/2024
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 and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Starting Census		Monthly Census		
								Admissions (Episodes Opened)	Discharges (Episodes Closed)			
Jul-22	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5	20	10	74		
Aug-22	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5	20	10	84		
Sep-22	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5	20	10	94		
Oct-22	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
Nov-22	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
Dec-22	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
Jan-23	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
Feb-23	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
Mar-23	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
Apr-23	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
May-23	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
Jun-23	39,485	8.48	\$6,814	\$31,430	\$0	\$136	\$5			94		
TOTAL	473,823		\$81,773	\$377,160	\$0	\$1,635	\$55	60	30			
Total Revenue						\$460,623	Unduplicated Clients Served		124			
Estimated Cost Per Client:								\$3,715				

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

Total Minutes of Services	84,247	388,571	948	56	473,823
Total Monthly Minutes of Services (Average)	7021	32381	79	5	39485
Dosage (minutes) per client per month	77	354	1	0	432
Dosage (hours) per client per month	1.28	5.90	0.01	0.00	7.19

Total Hours Per Unduplicated Client for Duration of the Program: 21.58

Avg Monthly Census	Expected Length of Program (months)
92	3



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.

Name of Contractor: West End Family Counseling Services

1. 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
2. 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: N/A
3. 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): N/A
4. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	N/A

5. Name of agent(s) of Contractor:

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

6. 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):
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

7. 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	N/A

8. 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.

9. Name of Board of Supervisor Member or other County elected officer: N/A

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members/County elected officer 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.