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

SAN BERNARDINO COUNTY

Contract Number

21-693 A-2

SAP Number
4400017815

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	West End Family Counseling Service
Contractor Representative	Laura Tapia
Telephone Number	(909) 983-2020
Contract Term	October 1, 2021, through September 30, 2026
Original Contract Amount	$2,495,492
Amendment Amount	$ 623,873
Total Contract Amount	$3,119,365
Cost Center	9206341000
Grant Number (If applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

IN THAT CERTAIN **Contract No. 21-693** by and between San Bernardino County, a political subdivision of the State of California, hereinafter called the County, and West End Family Counseling Service, hereinafter called the 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. The original Contractor, West End Family Counseling Services, Inc. informed the County that its legal name is "West End Family Counseling Service". Therefore, all rights, title and interest therein, are assigned to West End Family Counseling Service and West End Family Counseling Service accepts all of West End Family Counseling Services, Inc. obligations, responsibilities and duties. All references to "West End Family Counseling Services, Inc." in the contract are replaced with "West End Family Counseling Service".

II. ARTICLE V FUNDING, paragraph I and J are hereby amended to read as follows:

I. The contract amendment amount of $623,873 shall increase the total contract amount from $2,495,492 to $3,119,365 for the contract term.

J. This amendment hereby adds Schedules A and B for FY 2025-26 and 2026-27 as set forth in Exhibit I. All previously approved schedules remain in effect.

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

D.2 Payments for the partial fiscal years (FY 2021/22, FY 2024/25, and FY 2026/27) will be at different allocation rates. For FY 2021/22, FY 2024/25, and FY 2026/27, payments will be one-ninth (1/9) of the maximum allocations for the mode of service. Foy 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, 2026, inclusive.

V. ARTICLE XVII PERSONNEL, paragraph M is hereby replaced in its entirety and revised as follows:

M. Levine Act Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

Contractor has disclosed to the County using Attachment III – Levine Act Campaign Contribution Disclosure Senate Bill (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than $500 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 $500 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 $500 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. ATTACHMENT III Campaign Contributions Disclosure (SB1439) is hereby replaced with Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached.

VII. Exhibit I Schedules A and B for 2025-26, and 2026-27 are hereby added.

VIII. All other terms and conditions 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.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

Dawn Rowe

Dawn Rowe, Chair, Board of Supervisors

Dated: AUG 19 2025

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

West End Family Counseling Service

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

By ▶ DocuSigned by: Laura Tapia
A51A866DE774E4F...
(Authorized signature - sign in blue ink)

Name Laura Tapia
(Print or type name of person signing contract)

Title Chief Executive Officer-Executive Director
(Print or Type)

Dated: 8/4/2025

Address 885 N. Euclid Ave, Ontario, CA 91762

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
▶ Signed by: Dawn Martin 8FD7412A78978478...	▶ Michael Shin 6880CD1AAC3C482...	▶ DocuSigned by: Georgina Yoshioka 7DE907AEF867495...
Dawn Martin, Deputy County Counsel	Michael Shin, Administrative Manager	Georgina Yoshioka, Director
Date 8/4/2025	Date 8/4/2025	Date 8/4/2025

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
General Mental Health
(GMH)
FY 2025 - 2026 (3 Months)
July 1, 2026 - September 30, 2026

Actual Cost Contract (cost reimbursement)

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

Contractor Name: West End Family Counseling Service
Provider #:
Contract/RFP#: RTP 24-170
Address: 855 N Euclid Ave
Ontario, CA 91762
Date Form Completed: 1/21/2025
Date Form Revised: 1/28/2025

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-60)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		2.00%	73.00%	24.00%	1.00%		
		EXPENSES							
2		SALARIES		1,884	68,762	22,607	942	0	94,194
3		BENEFITS		339	12,377	4,069	170	0	16,955
		(2+3 must equal total staffing costs)		2,223	81,138	26,676	1,111	0	111,149
4		OPERATING EXPENSES		896	32,718	10,757	448	0	44,819
5		TOTAL EXPENSES (2+3+4)		3,119	113,857	37,432	1,560	0	155,968
		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
11		CONTRACT AMOUNT (5-10)		3,119	113,857	37,432	1,560	0	155,968
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	1,467	53,558	17,608	734	0	73,367
13	3.08%	EPSDT (2011 Realignment)	36.03%	33	1,189	391	16	0	1,629
14		1991 Realignment Match	13.97%	1,435	52,369	17,217	717	0	71,739
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		185	6,740	2,216	92	0	9,233
17		FUNDING TOTAL		3,119	113,857	37,432	1,560	0	155,968
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		1,652	60,299	19,824	826	0	82,601
20		FEDERAL FUNDING		1,467	53,558	17,608	734	0	73,367
21		TOTAL FUNDING		3,119	113,857	37,432	1,560	0	155,968
22		TARGET COST PER UNIT OF SERVICE		$3.41	$4.55	$7.39	$5.97	$0.00	
23		UNITS OF TIME (Minutes)		914	25,033	5,065	261	0	31,273

APPROVED:

Raymond Vargas	01/28/2025	Thelma Rodriguez	01/28/2025	Heather Louer	01/30/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
Director of Operations and Finance		Administrative Supervisor I	DBH Fiscal	Roger Ma	

EXHIBIT I

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2025 - 2026
July 1, 2026 - September 30, 2026 (3 months)

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

CONTRACTOR NAME: West End Family Counseling Service

0.25 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Clinical FTE Providing SMHS
CEO	LMFT	Executive Director	N	I	194,649	35,037	229,686	5%	2,750		2,331	420	0.00
CEO	LMFT	Executive Director	N	D	194,649	35,037	229,686	2%	913		774	139	0.00
Program Director	LMFT	Program Director	Y	D	133,174	23,971	157,145	5%	1,964		1,665	300	0.05
Program Director	LMFT	Program Director	N	D	133,174	23,971	157,145	39%	15,322		12,985	2,337	0.00
Quality Assurance	LMFT	Quality Assurance Man	Y	D	123,387	22,210	145,597	1%	400		339	61	0.01
Quality Assurance	LMFT	Quality Assurance Man	N	D	123,387	22,210	145,597	5%	1,962		1,663	299	0.00
Director of Operations and I	MBA	Director of Operations	N	I	130,315	23,457	153,772	6%	2,457		2,082	375	0.00
Administrative Services		Administrative Service	N	D	86,228	15,521	101,749	6%	1,625		1,378	248	0.00
Financial Services	AS	Financial Services Man	N	I	99,296	17,873	117,169	6%	1,872		1,586	288	0.00
Clinician	LCSW	Clinician	Y	D	111,052	19,989	131,041	10%	3,276		2,776	500	0.10
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	26,675		22,606	4,069	1.00
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	26,675		22,606	4,069	1.00
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	36%	9,603		8,138	1,465	0.36
Financial Services	AS	Financial Services Spec	N	I	64,801	11,664	76,465	6%	1,222		1,035	186	0.00
Financial Services		Financial Services Assi	N	I	43,014	7,743	50,757	6%	811		687	124	0.00
Billing		Billing Specialist	N	I	55,444	9,980	65,424	6%	1,045		886	160	0.00
Billing		Billing Assistant	N	I	37,653	6,778	44,431	6%	710		602	108	0.00
Administrative		Office Assistant	N	D	37,721	6,790	44,511	50%	5,564		4,715	849	0.00
Administrative		Administrative Support	N	D	38,960	7,013	45,973	50%	5,747		4,870	877	0.00
Veronica Herrera		Human Resources Spec	N	I	37,686	6,783	44,469	5%	556		471	85	0.00
Psychiatrist	MD	Psychiatrist	Y	C	0	0	0	24%	0		0	0	0.24
							0		0		0	0	0.00
								TOTAL COST:	111,148		94,194	16,955	2.76

*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

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

[1] Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position [2]
Note, administrative and clerical staff are

[2] Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: West End Family Counseling Service
Provider #:
Contract/RFP#: RTP 24-170
Address: 855 N Euclid Ave
Ontario, CA 91762
Date Form Completed: 1/21/2025

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

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, 2026 - September 30, 2026

(3 Months)

	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	Budget Revision: Revised Budget
1	Utilities	$102,688	88%	$90,365	12%	$3,081	0	3,081
2	Property Taxes and Insurance	$73,000	94%	$68,335	6%	$1,166		1,166
3	Professional Services	$32,500	94%	$30,423	6%	$519		519
4	Equipment Expense	$10,000	94%	$9,361	6%	$160		160
5	General and Administrative Expenses	$146,868	94%	$137,483	6%	$2,346		2,346
6	Office Supplies	$100,000	94%	$93,610	6%	$1,598		1,598
7	Specialty Services	$126,000	94%	$117,949	6%	$2,013		2,013
8	Indirect Costs	$6,943	0%	$0	100%	$6,943		6,943
9	Subcontractors	$26,994	0%	$0	100%	$26,994		26,994
10			0%	$0	100%	$0		0
11			0%	$0	100%	$0		0
12			0%	$0	100%	$0		0
13			0%	$0	100%	$0		0
14			0%	$0	100%	$0		0
SUBTOTAL B:		$624,993		$547,527		$44,819	0	44,819
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$155,968	0	155,968

EXHIBIT I

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

Contractor Name: West End Family Counseling Service
Provider #
Contract/RFP# RTP 24-170
Address: 855 N Euclid Ave
Ontario, CA 91762
Date Form Completed: 1/21/2025

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, 2026 - September 30, 2026

	ITEM	Justification of Cost
1	Utilities	Allocated portion of electric, gas, water, telephone expense. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost for Utilities is $102,688 per year * 12%*.25 allocated directly to this program.
2	Property Taxes and Insurance	Allocated portion of property taxes/insurance of clinic facility/professional & D&O liability. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Property Taxes and Insurances are $73,000 per year * 6.39%*.25 allocated directly to this program.
3	Professional Services	Allocated portion of CPA and professional consultants. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Professional Services is $32,500 per year * 6.39%*.25 allocated directly to this program.
4	Equipment Expense	Allocated portion of office equipment lease and maintenance. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Equipment is $10,000 per year * 6.39%*.25 allocated directly to this program.
5	General and Administrative Expenses	Includes janitorial, answering service,advertising, postage, printing, facility maint, training, interest expense, membership dues, non-project specifict repair and maint, gardener, security. Total cost of the General and Administrative Costs are $146,868 per year * 6.39%*.25 allocated directly to this program.
6	Office Supplies	Allocated portion of consumable office supplies, computer hardware expenses and electronic health records. The Agency's direct costs are allocated to each program based on actual program expenses.Total cost of Office Supplies is $100,000 per year * 6.39%*.25 allocated directly to this program's region.
7	Specialty Services	Allocated portion of specialty services performed by our IT vendor, shredding vendor, storage vendor and any other 3rd party vendors. The Agency's direct costs are allocated to each program based on actual program expenses.Total cost of Specialty Services is $126,000 per year * 6.39%*.25 allocated directly to this program.
8	Indirect Costs	INDIRECT EXPENSE is allocated to each Agency program based on the percentage of the total Agency's direct worked wages. (indirect costs not to exceed 15% of direct costs) Total indirect cost of $6,943 allocated to this program for this 3 month period. Indirect Costs = Indirect Admin Costs + Indirect Salaries.
9	Subcontractors	Psychiatrist contractors not to exceed $26,994 for this period
10		

EXHIBIT I

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

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	West End Family Counseling Service
Old County Contract (CCR) 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#	RTP 24-170
Agency Per Min Rates:	$3.00	$4.00	$6.60	$5.25	Address:	855 N Euclid Ave
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Ontario, CA 91762
Target Cost Per Unit of Service	$3.41	$4.55	$5.97	$5.97	Date Form Completed:	1/21/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	1/28/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type: Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Clients Served: Starting Census 31 — Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-24	10,424	2.76	$1,040	$37,952	$12,477	$520				8	5	34
Aug-24	10,424	2.76	$1,040	$37,952	$12,477	$520				7	5	36
Sep-24	10,424	2.76	$1,040	$37,952	$12,477	$520				5	4	37
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	31,273		$3,119	$113,857	$37,432	$1,560				20	14	
			Total Revenue					$155,968	Unduplicated Clients Served			51
									Estimated Cost Per Client:	$3,058		

EXHIBIT I

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	914	25,033	5,065	261	31,273
Total Monthly Minutes of Services (Average)	76	2086	422	22	**2606**
Dosage (minutes) per client per month	2	58	12	1	73
Dosage (hours) per client per month	0.04	0.97	0.20	0.01	**1.22**

Avg Monthly Census	Expected Length of Program (months)
36	3

Total Hours Per Unduplicated Client for Duration of the Program: 3.65

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health

(GMH)

FY 2025 - 2026 (9 Months)

October 1, 2025 - June 30, 2026

Contractor Name: West End Family Counseling Service
Provider #
Contract/RFP# RTP 24-170
Address: 855 N Euclid Ave
Ontario, CA 91762
Date Form Completed: 1/21/2025
Date Form Revised: 1/28/2025

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

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100%	Distribution %		2.00%	73.00%	24.00%	1.00%		
		EXPENSES							
2		SALARIES		5,652	206,285	67,820	2,826	0	282,582
3		BENEFITS		1,017	37,130	12,207	509	0	50,864
		(2+3 must equal total staffing costs)		6,669	243,415	80,027	3,334	0	333,446
4		OPERATING EXPENSES		2,689	98,155	32,270	1,345	0	134,459
5		TOTAL EXPENSES (2+3+4)		9,358	341,570	112,297	4,679	0	467,905
		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
11		CONTRACT AMOUNT (5-10)		9,358	341,570	112,297	4,679	0	467,905
	Mix %	FUNDING	Share %						
12	94.08%	MEDI-CAL (FFP)	50.00%	4,402	160,675	52,825	2,201	0	220,103
13	3.08%	EPSDT (2011 Realignment)	36.03%	98	3,566	1,172	49	0	4,885
14		1991 Realignment Match	13.97%	4,304	157,109	51,652	2,152	0	215,217
15				0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County		554	20,221	6,648	277	0	27,700
17		FUNDING TOTAL		9,358	341,570	112,297	4,679	0	467,905
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)		4,956	180,895	59,472	2,478	0	247,802
20		FEDERAL FUNDING		4,402	160,675	52,825	2,201	0	220,103
21		TOTAL FUNDING		9,358	341,570	112,297	4,679	0	467,905
22		TARGET COST PER UNIT OF SERVICE		$3.41	$4.55	$7.39	$5.97	$0.00	
23		UNITS OF TIME (Minutes)		2,743	75,099	15,194	784	0	93,820

APPROVED:

Raymond Vargas	01/28/2025	Thelma Rodriguez	01/28/2025	Heather Louer	01/30/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH SENIOR PROGRAM MANAGER (PRINT NAME)	
Director of Operations and Finance		Administrative Supervisor I	DBH Fiscal	Roger Ma	

EXHIBIT I

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2025 - 2026
October 1, 2025 - June 30, 2026 (9 months)

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

CONTRACTOR NAME: West End Family Counseling Service 0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C [1]	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	Clinical FTE Providing SMHS
CEO	LMFT	Executive Director	N	I	194,649	35,037	229,686	5%	8,251		6,993	1,259	0.00
CEO	LMFT	Executive Director	N	D	194,649	35,037	229,686	2%	2,739		2,321	418	0.00
Program Director	LMFT	Program Director	Y	D	133,174	23,971	157,145	5%	5,893		4,994	899	0.05
Program Director	LMFT	Program Director	N	D	133,174	23,971	157,145	39%	45,965		38,954	7,012	0.00
Quality Assurance	LMFT	Quality Assurance Mar	Y	D	123,387	22,210	145,597	1%	1,201		1,018	183	0.01
Quality Assurance	LMFT	Quality Assurance Mar	N	D	123,387	22,210	145,597	5%	5,886		4,988	898	0.00
Director of Operations and F	MBA	Director of Operations	N	I	130,315	23,457	153,772	6%	7,370		6,245	1,124	0.00
Administrative Services		Administrative Service	N	D	86,228	15,521	101,749	6%	4,876		4,133	744	0.00
Financial Services	AS	Financial Services Mar	N	I	99,296	17,873	117,169	6%	5,615		4,759	857	0.00
Clinician	LCSW	Clinician	Y	D	111,052	19,989	131,041	10%	9,828		8,329	1,499	0.10
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	80,025		67,818	12,207	1.00
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	80,025		67,818	12,207	1.00
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	36%	28,809		24,415	4,394	0.36
Financial Services	AS	Financial Services Spec	N	I	64,801	11,664	76,465	6%	3,665		3,106	559	0.00
Financial Services		Financial Services Ass	N	I	43,014	7,743	50,757	6%	2,433		2,062	371	0.00
Billing		Billing Specialist	N	I	55,444	9,980	65,424	6%	3,135		2,657	479	0.00
Billing		Billing Assistant	N	I	37,653	6,778	44,431	6%	2,129		1,805	325	0.00
Administrative		Office Assistant	N	D	37,721	6,790	44,511	50%	16,692		14,146	2,546	0.00
Administrative		Administrative Support	N	D	38,960	7,013	45,973	50%	17,240		14,610	2,630	0.00
Veronica Herrera		Human Resources Spec	N	I	37,686	6,783	44,469	5%	1,668		1,413	254	0.00
Psychiatrist	MD	Psychiatrist	Y	C	0	0	0	24%	0		0	0	0.24
											0	0	0.00
								COST:	333,445		282,582	50,864	2.76

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

[1] **Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position** [2]

Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

[2] **Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.**

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Contractor Name: West End Family Counseling Service
Provider #:
Contract/RFP#: RTP 24-170
Address: 855 N Euclid Ave
Ontario, CA 91762
Date Form Completed: 1/21/2025

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

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, 2025 - June 30, 2026

(9 Months)

	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	Budget Revision: Revised Budget
1	Utilities	$102,688	88%	$90,365	12%	$12,323	0	12,323
2	Property Taxes and Insurance	$73,000	94%	$68,335	6%	$4,665		4,665
4	Professional Services	$32,500	94%	$30,423	6%	$2,077		2,077
5	Equipment Expense	$10,000	94%	$9,361	6%	$639		639
6	General and Administrative Expenses	$146,868	94%	$137,483	6%	$9,385		9,385
7	Office Supplies	$100,000	94%	$93,610	6%	$6,390		6,390
	Specialty Services	$126,000	94%	$117,949	6%	$8,051		8,051
8	Indirect Costs	$9,947	0%	$0	100%	$9,947		9,947
9	Subcontractors	$80,983	0%	$0	100%	$80,983		80,983
10			0%	$0	100%	$0		0
11			0%	$0	100%	$0		0
12			0%	$0	100%	$0		0
13			0%	$0	100%	$0		0
14			0%	$0	100%	$0		0
SUBTOTAL B:		$681,986		$547,527		$134,459	0	134,459
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$467,904	0	467,904

EXHIBIT I

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

Contractor Name: West End Family Counseling Service
Provider #
Contract/RFP# RTP 24-170
Address: 855 N Euclid Ave
Ontario, CA 91762
Date Form Completed: 1/21/2025

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.

October 1, 2025 - June 30, 2026

	ITEM	Justification of Cost
1	Utilities	Allocated portion of electric, gas, water, telephone expense. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost for Utilities is $102,688 per year * 12%*.75 allocated directly to this program.
2	Property Taxes and Insurance	Allocated portion of property taxes/insurance of clinic facility/professional & D&O liability. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Property Taxes and Insurances are $73,000 per year * 6.39%*.75 allocated directly to this program.
4	Professional Services	Allocated portion of CPA and professional consultants. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Professional Services is $32,500 per year * 6.39%*.75 allocated directly to this program.
5	Equipment Expense	Allocated portion of office equipment lease and maintenance. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Equipment is $10,000 per year * 6.39%*.75 allocated directly to this program.
6	General and Administrative Expenses	Includes janitorial, answering service,advertising, postage, printing, facility maint, training, interest expense, membership dues, non-project specifict repair and maint, gardener, security. Total cost of the General and Administrative Costs are $146,868 per year * 6.39%*.75 allocated directly to this program.
7	Office Supplies	Allocated portion of consumable office supplies, computer hardware expenses and electronic health records. The Agency's direct costs are allocated to each program based on actual program expenses.Total cost of Office Supplies is $100,000 per year * 6.39%*.75 allocated directly to this program's region.
	Specialty Services	Allocated portion of specialty services performed by our IT vendor, shredding vendor, storage vendor and any other 3rd party vendors. The Agency's direct costs are allocated to each program based on actual program expenses.Total cost of Specialty Services is $126,000 per year * 6.39%*.75 allocated directly to this program.
8	Indirect Costs	INDIRECT EXPENSE is allocated to each Agency program based on the percentage of the total Agency's direct worked wages. (indirect costs not to exceed 15% of direct costs) Total indirect cost of $9,947 allocated to this program for this 9 month period. Indirect Costs = Indirect Admin Costs + Indirect Salaries.
9	Subcontractors	Psychiatrist contractors not to exceed $80,983 for this period
10		

EXHIBIT I

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

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	West End Family Counseling Service
Old County Contract (CCR) 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#	RTP 24-170
Agency Per Min Rates:	$3.00	$4.00	$6.50	$5.25	Address:	855 N Euclid Ave
NOTE: If no estabalished agency per minute rates, please input the CCR rates in the highlighed cells						Ontario, CA 91762
Target Cost Per Unit of Service	$3.41	$4.55	$5.97	$5.97	Date Form Completed:	1/21/2025
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised:	1/28/2025

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
										Starting Census		83
			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-21	0		$0	$0	$0	$0						
Aug-21	0		$0	$0	$0	$0						
Sep-21	0		$0	$0	$0	$0						
Oct-21	10,424	2.76	$1,040	$37,952	$12,477	$520				8	3	88
Nov-21	10,424	2.76	$1,040	$37,952	$12,477	$520				8	2	94
Dec-21	10,424	2.76	$1,040	$37,952	$12,477	$520				8	2	100
Jan-22	10,424	2.76	$1,040	$37,952	$12,477	$520				8	1	107
Feb-22	10,424	2.76	$1,040	$37,952	$12,477	$520				8	1	114
Mar-22	10,424	2.76	$1,040	$37,952	$12,477	$520				8	1	121
Apr-22	10,424	2.76	$1,040	$37,952	$12,477	$520				8	1	128
May-22	10,424	2.76	$1,040	$37,952	$12,477	$520				8	1	135
Jun-22	10,424	2.76	$1,040	$37,952	$12,477	$520				8	1	142
TOTAL	93,820		$9,358	$341,570	$112,297	$4,679				72	13	
			Total Revenue					$467,905	Unduplicated Clients Served			155
								Estimated Cost Per Client:		$3,019		

EXHIBIT I

	15-Outpatient Case Management	15-Outpatient Mental Health Services	15-Outpatient Medication Support Services	15-Outpatient Crisis Intervention	TOTAL
Total Minutes of Services	2,743	75,099	15,194	784	93,820
Total Monthly Minutes of Services (Average)	229	6258	1266	65	7818
Dosage (minutes) per client per month	2	55	11	1	68
Dosage (hours) per client per month	0.03	0.91	0.18	0.01	1.14

Avg Monthly Census	Expected Length of Program (months)
114	12

Total Hours Per Unduplicated Client for Duration of the Program: 13.68

ATTACHMENT III

Levine Act – Campaign Contribution Disclosure

(formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under $50,000
- Contracts where no party receives financial compensation
- Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or $50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

DEFINITIONS

Actively supporting or opposing 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-subsidiary 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.

ATTACHMENT III

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: West End Family Counseling Service

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: N/A

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):

   N/A

5. 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	

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 $500, 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: N/A

Name of Contributor: N/A

Date(s) of Contribution(s): N/A

Amount(s): N/A

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 $500 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.

Signature

Date: 4/2/2025