



Contract Number

25-169 A-1

SAP Number

4400027914

Department of Behavioral Health

Department Contract Representative	Shane Hibbard-Miller
Telephone Number	(909) 386-8264
Contractor	Mountain Counseling & Training, Inc.
Contractor Representative	Angela Harrington
Telephone Number	(909) 336-3330
Contract Term	April 1, 2025, through December 31, 2027
Original Contract Amount	\$1,389,585
Amendment Amount	\$ 559,295
Total Contract Amount	\$1,948,880
Cost Center	9203242200
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1:

San Bernardino County (County) and Mountain Counseling & Training, Inc. (Contractor) hereby agree to amend Contract No. 25-169 as follows:

- I. ARTICLE I Definition of Terminology, paragraph K, is hereby added to read as follows:
 - K. Behavioral Health Services Act (BHSA) - Proposition 1 Behavioral Health Services Act (BHSA): The BHSA, passed in 2024, replaces the Mental Health Services Act (MHSA) of 2004. The MHSA imposed a one percent (1%) tax on personal income over one million dollars (\$1,000,000) to serve individuals with serious mental illness (SMI) and individuals that may be at risk of developing serious mental health conditions. The BHSA reforms funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels.

II. ARTICLE IV Performance, paragraph F, is hereby amended to read as follows:

F. Data Collection and Performance Outcome Requirements

Contractor shall comply with all local, State, and Federal regulations regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH. For Mental Health Services Act (MHSA) programs and/or Behavioral Health Services Act (BHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA/BHSA Component Plan and most recent update.

Contractor shall comply with all requests regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested.

MHSOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.

1. Contractor must collect, manage, maintain and update client, service and episode data as well as staffing data as required for local, State, and Federal reporting.
2. Contractor shall provide information by entering or uploading required data into:
 - a. County's billing and transactional database system.
 - b. DBH's client information system and, when available, its electronic health record system.
 - c. The "Data Collection and Reporting" (DCR) system, which collects and manages Full Service Partnership (FSP) information.
 - d. Individualized data collection applications as specified by DBH, such as Objective Arts and the Prevention and Early Intervention (PEI) Database.
 - e. Any other data or information collection system identified by DBH, the MHSOAC, OSHPD or DHCS.
3. Contractor shall comply with all requirements regarding paper or online forms:
 - a. Bi-Annual Client Perception Surveys (paper-based): twice annually, or as designated by DHCS. Contractor shall collect consumer perception data for clients served by the programs. The data to be collected includes, but not limited to, the client's perceptions of the quality and results of services provided by the Contractor.
 - b. Client preferred language survey (paper-based), if requested by DBH.
 - c. Intermittent services outcomes surveys.
 - d. Surveys associated with services and/or evidence-based practices and programs intended to measure strategy, program, component, or system level outcomes and/or implementation fidelity.
 - e. Network Adequacy Certification Tool (NACT) as required by DHCS and per DBH instructions.

4. Data must be entered, submitted and/or updated in a timely manner for:
 - a. All FSP and non-FSP clients: this typically means that client, episode and service-related data shall be entered into the County's billing and transactional database system.
 - b. All service, program, and survey data will be provided in accordance with all DBH established timelines.
 - c. Required information about FSP clients, including assessment data, quarterly updates and key events shall be entered into the DCR online system by the due date or within 48 hours of the event or evaluation, whichever is sooner.
5. Contractor will ensure that data are consistent with DBH's specified operational definitions, that data are in the required format, that data is correct and complete at time of data entry, and that databases are updated when information changes.
6. Data collection requirements may be modified or expanded according to local, State, and/or Federal requirements.
7. Contractor shall submit, monthly, its own analyses of the data collected for the prior month, demonstrating how well the contracted services or functions provided satisfied the intent of the Contract, and indicating, where appropriate, changes in operations that will improve adherence to the intent of the Contract. The format for this reporting will be provided by DBH.
8. Independent research involving clients shall not be conducted without the prior written approval of the Director of DBH. Any approved research must follow the guidelines in the DBH Research Policy.

Note: Independent research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

III. Effective July 1, 2026, ARTICLE IV Performance, paragraphs A and B, are hereby amended to read as follows:

- A. Under this Agreement, the Contractor shall provide those services, which are dictated by attached Addenda, Schedules and/or Attachments; specifically, contractor will provide the services listed on **Addendum I**, Student Assistance Program (SAP), Service Description. The Contractor agrees to be knowledgeable in and apply all pertinent local, State, and Federal laws and regulations; including, but not limited to those referenced in the body of this Agreement. In the event information in the Addenda, Schedules and/or Attachments conflicts with the basic Agreement, then information in the Addenda, Schedules and/or Attachments shall take precedence to the extent permitted by law.
- B. Contractor shall provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for full scope Medi-Cal beneficiaries under age twenty-one (21) in accordance with applicable provisions of law and Addendum I (or appropriate service description).

IV. ARTICLE V Funding and Budgetary Restrictions, paragraphs H and I are hereby amended and paragraph J is hereby added to read as follows:

H. The allowable funding sources for this Contract may include: Mental Health Services Act funds (MHSA), Federal Financial Participation Medi-Cal (FFP), 2011 Realignment, Behavioral Health Services Act funds (BHSA), and Federal funds used as match funds to draw down federal funds.

I. The contract amendment amount of \$559,295 shall increase the total contract amount from \$1,389,585 to \$1,948,880 for the contract term.

J. Federal Contracting Provisions

This Agreement is federally funded and subject to the additional terms on Attachment V Federal Contracting Provisions.

V. ARTICLE VI Provisional Payment is hereby deleted and replaced in its entirety to read as follows:

VI. Combined Cost Reimbursement and Fee for Service Provisional Payment

Cost Reimbursement Provision:

A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.

B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, audits, as such payments, are subject to future County, State and/or Federal adjustments.

C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:

1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.

2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.

3. Reimbursement Rates for Institutions for Mental Diseases: Pursuant to Section 5902 of the WIC, Institutions for Mental Diseases (IMD), which are licensed by the DHCS, will be reimbursed at the rate(s) established by DHCS.

4. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.

5. It is the responsibility of Contractor to access MyAvatar reports and make any necessary corrections to the denied Medi-Cal services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
 6. In the event that the denied claims cannot be corrected, and therefore DHCS will not adjudicate and approve the denied claims, Contractor is required to follow DBH's Overpayment Policy COM0954, which has been provided or will be provided to Contractor at its request.
- D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' General Ledger with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.
1. For each fiscal year period (FYs 2024-25, 2025-26, 2026-27, 2027-28), no single monthly payment for any mode of service shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
- E. Non-billable modes of services, modes 45 and 60, will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] for **Student Assistance Program** shall not exceed Contracted amount or County's Maximum Obligation. (The current CalAIM Payment Reform Rate Schedule is set forth in Exhibit 1 attached hereto.) The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs. All approved provisional rates will be superseded by actual cost per unit rate.
1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges and Contractor's actual cost.

- I. Contractor shall maximize the Federal Financial Participation reimbursement by claiming all possible SD/MC Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005 and/or Behavioral Health Services Act funds, signed into law on March 1, 2024, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA/BHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA/BHSA Contractor will be required to reimburse funds to the County.
- O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/> (U.S. Office of Personnel Management).
- P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.

- R. As applicable, for Federal Funded Program, Contactor shall charge the County program a de Minimis fifteen percent (15%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a “Federal Agency Acceptance of Negotiated Indirect Cost Rates”, the contractor must also obtain concurrence in writing from DBH of such rate.

For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a “Federal Agency Acceptance of Negotiated Indirect Rates.”

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual costs instead of estimated costs.

S. Prohibited Payments

1. County shall make no payment to Contractor other than payment for services covered under this Contract.
2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
 - a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.
 - b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
 - c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
 - d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.

- T. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.

Fee-For-Service (FFS) Provision:

- U. Monthly payments for SD/MC billable mode of services, mode 5, 10 and/or 15, will be based on actual units of service reported on Charge Data Invoices claimed to and reimbursed by the State, and services deemed by the State to be DBH responsibility at the rates specified on the referenced agreed upon **(FFS) reimbursement rates** for of this agreement, and non-billable mode of service, mode 45 and 60, will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] for **Student Assistance Program** shall not exceed Contracted amount or County's Maximum Obligation.
- V. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period.
- W. The Parties acknowledge that each party is solely responsible for any tax obligations it may incur as a result of the payment or receipt of the Settlement Amount, as applicable.
- X. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- Y. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- Z. As this contract may be funded in whole or in part with Mental/Behavioral Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing Mental/Behavioral Health Services Act funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to Mental/Behavioral Health Services Act. Contractor will be required to reimburse funds to the County.
- AA. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/> (U.S. Office of Personnel Management).
- BB. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- CC. The FFS reimbursement rates are established by DBH for San Bernardino County. DBH will take into consideration requests for changes to Contract funding as applicable and appropriate. All requests for changes must be submitted in writing by Contractor to the DBH Deputy Director of

Community, Engagement & Equity Services, or designee. Any modification must be approved in writing by DBH and shall be subject to all applicable provisions of this Contract.

DD. Contractor may contact DBH Quality Management directly with questions pertaining to appropriate and compliant documentation via telephone at (909) 386-8227, or via email at DBH-QualityManagementDivision@dbh.sbcounty.gov so that DBH QM may respond or direct questions to a designee for response.

VI. ARTICLE VIII Annual Cost Report Settlement is hereby deleted and replaced in its entirety to read as follows:

VIII. RESERVED

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

A. The term of this Agreement shall be from April 1, 2025, through December 31, 2027, inclusive.

VIII. ARTICLE XV Accountability: Revenue, paragraph A, is hereby deleted.

IX. ARTICLE XVII Personnel, paragraph M, is hereby added to read as follows:

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

Contractor has disclosed to the County using Attachment IV – Levine Act - Campaign Contribution Disclosure (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 Consultant 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.

X. ARTICLE XIX Licensing, Certification and Accreditation, paragraph H.3.a is hereby amended to read as follows:

a. S&I List can be accessed at <https://data.chhs.ca.gov/dataset/provider-suspended-and-ineligible-list-s-i-list>.

XI. SCHEDULES A Planning Estimates FY 2025-26 through 2027-28 and SCHEDULE B Program Budget FY 2025-26 through 2027-28 are hereby added as attached.

XII. Effective July 1, 2026, ADDENDUM II Description of Program Services for the provision of School-Aged Treatment Services (SATS) is hereby deleted.

- XIII. ATTACHMENT IV Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) is hereby added as attached.
- XIV. ATTACHMENT V Federal Contracting Provisions is hereby added as attached.
- XV. Exhibit 1 CalAIM Payment Reform Rate Schedule is hereby added as attached.
- XVI. All other terms, conditions and covenants in the basic agreement 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 Contract. 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, Chair, Board of Supervisors

Dated: _____

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

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

By _____
Deputy

Mountain Counseling and Training, Inc.
(Print or type name of corporation, company, contractor, etc.)

By ► _____
(Authorized signature - sign in blue ink)

Name Angela Harrington
(Print or type name of person signing contract)

Title Chief Executive Officer
(Print or Type)

Dated: _____

Address 340 Highway 138
Crestline, CA 92325

FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>► _____ Dawn Martin, Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____ Michael Shin, Administrative Manager</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____ Joshua Dugas, Acting Director</p> <p>Date _____</p>
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SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	Mountain Counseling & Training, Inc.
RU #	36HZE
Contract # / RFP #	22-149
Address:	340 Hwy 13
City, State, Zip Code:	Crestline, CA 92325
Date Form Completed:	
Prepared by:	Stephen Tilden
Title:	CFO

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
School-Aged Treatment Services (SATS)

FY 2025-2026
January 1, 2026 to June 30, 2026

LINE #	MODE OF SERVICE	15 (Outpatient)					TOTAL	
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60-69)	Crisis Intervention (70)		
1	100% Distribution %	13.00%	85.45%	1.00%	0.35%	0.20%	100.00%	
EXPENSES								
2	SALARIES	0	0	0	0	0	0	
3	BENEFITS	0	0	0	0	0	0	
	(2+3 must equal total staffing costs)	0	0	0	0	0	0	
4	OPERATING EXPENSES	74,109	487,123	5,701	1,995	1,140	570,068	
5	TOTAL EXPENSES (2+3+4)	74,109	487,123	5,701	1,995	1,140	570,068	
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)	74,109	487,123	5,701	1,995	1,140	570,068	
FUNDING								
	Mix %	Share %						
12	100.00%	MEDI-CAL (FFP) 56.50%	41,871	275,225	3,221	1,127	644	322,088
13		1991 Realignment 14.00%	10,375	68,197	798	279	160	79,810
14		2011 Realignment 29.50%	21,862	143,701	1,682	589	336	168,170
		FUNDING TOTAL	74,109	487,123	5,701	1,995	1,140	570,068
15		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
16		STATE FUNDING (Including Realignment)	32,237	211,899	2,480	868	496	247,980
17		FEDERAL FUNDING	41,871	275,225	3,221	1,127	644	322,088
		TOTAL FUNDING	74,109	487,123	5,701	1,995	1,140	570,068
18		TARGET COST PER UNIT OF SERVICE	\$4.94	\$4.94	\$4.94		\$4.94	
19		UNITS OF SERVICE	14,996	98,572	1,154	0	231	114,953

APPROVED:

<u>Stephen Tilden</u> <small>Stephen Tilden (Jun 15, 2026 12:11:20 PDT)</small>	06/15/2026	<u>Ann Chestnut</u>	06/15/2026	<u>Jill Smith</u>	06/15/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS	DATE	DBH PROGRAM MANAGER	DATE
Stephen Tilden		Ann Chestnut		Jill Smith	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

School-Aged Treatment Services (SATS)

FY 2025-2026

January 1, 2026 to June 30, 2026

Prepared by: Stephen Tilden
Title: CFO

Contractor Name: Mountain Counseling & Training, Inc.
 RU # 36HZE
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

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	Budget Revision	
						Request Change	Revised Budget
1 Total contract	\$570,068	0%	\$0	100%	\$570,068		570,068
2		100%	\$0		\$0		0
3		100%	\$0		\$0		0
4		100%	\$0		\$0		0
5		100%	\$0		\$0		0
6		100%	\$0		\$0		0
7		100%	\$0		\$0		0
8		100%	\$0		\$0		0
9		100%	\$0		\$0		0
10		100%	\$0		\$0		0
11		100%	\$0		\$0		0
SUBTOTAL B:	\$570,068		\$0		\$570,068	0	570,068
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$570,068		

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

FY 2025-2026
January 1, 2026 to June 30, 2026

Prepared by: Stephen Tilden
Title: CFO

Contractor Name: Mountain Counseling & Training, Inc.
 RU # 36HZE
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

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 Total contract	Total contract
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 FY 2025-2026
 January 1, 2026 to June 30, 2026

26.33%
 Rate Per Minute

Mode 15				
CM&ICC (01-09)	MHS (10-50)	IHBS (57)	MSS (60-69)	CI (70)
Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate
\$ 4.94	\$ 4.94	\$ 4.94	\$ -	\$ 4.94

Contractor Name: Mountain Counseling & Training, Inc.
 RU # 36HZE
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type					Clients Served				
			Mode 15					Starting Census				
			CM&ICC (01-09)	MHS (10-50)	IHBS (57)	MSS (60-69)	CI (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census		
Jul-25			-	-	-	-	-	-	-	-	-	-
Aug-25			-	-	-	-	-	-	-	-	-	-
Sep-25			-	-	-	-	-	-	-	-	-	-
Oct-25			-	-	-	-	-	-	-	-	-	-
Nov-25			-	-	-	-	-	-	-	-	-	-
Dec-25			-	-	-	-	-	-	-	-	-	-
Jan-26	19,159	8.60	12,351	81,187	950	333	190		9	9	81	
Feb-26	19,159	8.60	12,351	81,187	950	333	190		9	9	81	
Mar-26	19,159	8.60	12,351	81,187	950	333	190		9	9	81	
Apr-26	19,159	8.60	12,351	81,187	950	333	190		9	9	81	
May-26	19,159	8.60	12,351	81,187	950	333	190		9	9	81	
Jun-26	19,159	8.60	12,351	81,187	950	333	190		9	9	81	
TOTAL	114,953		74,109	487,123	5,701	1,995	1,140		54	54	135	
			Total Revenue		570,067.99		Unduplicated Clients Served			135		
						Estimated Cost Per Client:		\$4,223				

	Mode 15					
	CM&ICC (01-09)	MHS (10-50)	IHBS (57)	MSS (60-69)	CI (70)	TOTAL
Total Minutes of Services	14996	98572	1154	0	230.71	114953
Total Monthly Minutes of Services (Average)	1250	8214	96	0	19.23	9579
Dosage (minutes) per client per month	15	101	1	0	0.24	118
Dosage (hours) per client per month	0.26	1.69	0.02	0.00	0.00	1.97

Avg Monthly Census	Expected Length of Program (months)
81	9.00

Total Hours Per Unduplicated Client for Duration of the Program: 17.74

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	Mountain Counseling & Training, Inc.
RU #	36HZSA
Contract # / RFP #	22-149
Address:	340 Hwy 13
City, State, Zip Code:	Crestline, CA 92325
Date Form Completed:	
Prepared by:	Stephen Tilden
Title:	CFO

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Student Assistance Program (SAP)

FY 2025-2026
January 1, 2026 - June 30, 2026

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	100% Distribution %	11.50%	66.04%	3.72%	18.74%	100.00%
EXPENSES						
2	SALARIES	0	0	0	0	0
3	BENEFITS	0	0	0	0	0
	(2+3 must equal total staffing costs)	0	0	0	0	0
4	OPERATING EXPENSES	19,293	110,792	6,241	31,439	167,765
5	TOTAL EXPENSES (2+3+4)	19,293	110,792	6,241	31,439	167,765
AGENCY REVENUES						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	19,293	110,792	6,241	31,439	167,765
FUNDING						
12	Mix %: 88.33% MEDI-CAL (FFP) Share %: 50.00%	8,521	48,931			57,452
13	11.67% MHSA/BHSA Share %: 80.00%	1,801	10,344	6,241	31,439	49,825
14	MHSA/BHSA Match	8,971	51,517			60,488
	FUNDING TOTAL	19,293	110,792	6,241	31,439	167,765
15	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	10,772	61,861	6,241	31,439	110,313
17	FEDERAL FUNDING	8,521	48,931	0	0	57,452
	TOTAL FUNDING	19,293	110,792	6,241	31,439	167,765
18	TARGET COST PER UNIT OF SERVICE	\$4.76	\$4.76			
19	UNITS OF SERVICE	4,055	23,286			27,341

APPROVED:

<u>Stephen Tilden</u> <small>Stephen Tilden (Jun 16, 2026 09:05:26 PDT)</small>	06/16/2026	<u>Ann Chestnut</u> <small>Ann Chestnut</small>	06/16/2026	<u>Jeanine Wymer</u> <small>Jeanine Wymer (Jun 15, 2026 09:31:23 PDT)</small>	06/16/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Stephen Tilden		Ann Chestnut		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

**Student Assistance Program (SAP)
FY 2025-2026
January 1, 2026 - June 30, 2026**

Prepared by: Stephen Tilden
Title: CFO

Contractor Name: Mountain Counseling & Training, Inc.
 RU # 36HZSA
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

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	Budget Revision	
						Request Change	Revised Budget
1 Total Contract	\$167,765	0%	\$0	100%	\$167,765		167,765
2		85%	\$0	15%	\$0		0
3		85%	\$0	15%	\$0		0
4		85%	\$0	15%	\$0		0
5		85%	\$0	15%	\$0		0
6		85%	\$0	15%	\$0		0
7		85%	\$0	15%	\$0		0
8		85%	\$0	15%	\$0		0
9		85%	\$0	15%	\$0		0
10		100%	\$0		\$0		0
11		0%	\$0	100%	\$0		0
SUBTOTAL B:	\$167,765		\$0		\$167,765	0	167,765
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$167,765		

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

FY 2025-2026
January 1, 2026 - June 30, 2026

Prepared by: Stephen Tilden
Title: CFO

Contractor Name: Mountain Counseling & Training, Inc.
 RU # 36HZSA
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

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 Total Contract	Total contract amount
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
January 1, 2026 - June 30, 2026

20.88%
Rate Per Minute

Mode 15	
CM&ICC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 4.76	\$ 4.76

Contractor Name: Mountain Counseling & Training, Inc.
 36HZSA
 RU # _____
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clients Served		
			Mode 15		Starting Census		Monthly Census
			CM&ICC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
							32
Jan-26	4,557	2.58	3,215	18,465	6	6	32
Feb-26	4,557	2.58	3,215	18,465	5	6	31
Mar-26	4,557	2.58	3,215	18,465	5	5	31
Apr-26	4,557	2.58	3,215	18,465	5	5	31
May-26	4,557	2.58	3,215	18,465	5	5	31
Jun-26	4,557	2.58	3,215	18,465	5	5	31
TOTAL	27,341		19,293	110,792	31	32	
			Total Revenue	167,765	Unduplicated Clients Served		63
						Estimated Cost Per Client:	\$2,663

	Mode 15		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
Total Minutes of Services	4055	23286	27341
Total Monthly Minutes of Services (Average)	676	3881	4557
Dosage (minutes) per client per month	22	125	146
Dosage (hours) per client per month	0.36	2.08	2.44

Avg Monthly Census	Expected Length of Program (months)
31	6.00

14.62

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	Mountain Counseling & Training, Inc.
RU #	36HZSA
Contract # / RFP #	22-149
Address:	340 Hwy 13
City, State, Zip Code:	Crestline, CA 92325
Date Form Completed:	
Prepared by:	Stephen Tilden
Title:	CFO

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Student Assistance Program (SAP)

FY 2026-2027
July 1, 2026 - June 30, 2027

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	100% Distribution %	10.00%	60.03%	4.97%	25.00%	100.00%
EXPENSES						
2	SALARIES	15,688	94,176	7,797	39,220	156,881
3	BENEFITS	3,049	18,304	1,515	7,623	30,492
	(2+3 must equal total staffing costs)	18,737	112,480	9,312	46,843	187,373
4	OPERATING EXPENSES	6,416	38,513	3,189	16,039	64,157
5	TOTAL EXPENSES (2+3+4)	25,153	150,993	12,501	62,882	251,530
AGENCY REVENUES						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	25,153	150,993	12,501	62,882	251,530
FUNDING						
12	Mix %: 88.33% MEDI-CAL (FFP) Share %: 50.00%	11,109	66,686			77,795
13	11.67% MHSA/BHSA Share %: 80.00%	2,348	14,097	12,501	62,882	91,828
14	MHSA/BHSA Match	11,696	70,210			81,906
	FUNDING TOTAL	25,153	150,993	12,501	62,882	251,530
15	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	14,044	84,307	12,501	62,882	173,735
17	FEDERAL FUNDING	11,109	66,686	0	0	77,795
	TOTAL FUNDING	25,153	150,993	12,501	62,882	251,530
18	TARGET COST PER UNIT OF SERVICE	\$4.75	\$4.75			
19	UNITS OF SERVICE	5,292	31,769			37,061

APPROVED:

<i>Stephen Tilden</i> Stephen Tilden (May 13, 2026 10:05:54 PDT)	12/05/2026	<i>Thelma Rodriguez</i> Thelma Rodriguez	12/05/2026	<i>Jeanine Wymer</i> Jeanine Wymer (May 12, 2026 11:58:13 PDT)	12/05/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Stephen Tilden		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Student Assistance Program (SAP)
FY 2026-2027
July 1, 2026 - June 30, 2027

Prepared by: Stephen Tilden
Title: CFO

Contractor Name: Mountain Counseling & Training, Inc.
RU # 36HZSA
Contract # / RFP # 22-149
Address: 340 Hwy 13
City, State, Zip Code: Crestline, CA 92325
Date Form Completed: _____

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	Budget Revision	
						Request Change	Revised Budget
1 Rent	\$59,100	85%	\$0	15%	\$8,865		8,865
2 Communications	\$24,500	85%	\$0	15%	\$3,675		3,675
3 Insurance	\$23,600	85%	\$0	15%	\$3,540		3,540
4 Utilities	\$11,100	85%	\$0	15%	\$1,665		1,665
5 Training & Development	\$10,000	85%	\$0	15%	\$1,500		1,500
6 Supplies	\$7,000	85%	\$0	15%	\$1,050		1,050
7 Mileage	\$15,650	85%	\$0	15%	\$2,348		2,348
8 Software	\$48,000	85%	\$0	15%	\$7,200		7,200
9 Professional Outside Services	\$28,000	85%	\$0	15%	\$4,200		4,200
10		100%	\$0		\$0		0
11 General Admin	\$30,114	0%	\$0	100%	\$30,114		30,114
SUBTOTAL B:	\$257,064		\$0		\$64,157	0	64,157
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$251,530		

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026-2027
July 1, 2026 - June 30, 2027**

Prepared by: Stephen Tilden
Title: CFO

Contractor Name: Mountain Counseling & Training, Inc.
 RU # 36HZSA
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

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	Office lease \$4925 per month. Annual increase 4%
2 Communications	Cell phones, phone, and internet
3 Insurance	Including property, liability, D&O, all caontractually required coverages.
4 Utilities	Gas, electric, water, trash, sanitation, security
5 Training & Development	Progrm related training
6 Supplies	Office supplies and equipment
7 Mileage	Reimbursement of employee mileage costs at IRS rates
8 Software	EHR and other business software costs
9 Professional Outside Services	Auditing, payroll service, allowable legal costs
10	
11 General Admin	Includes CEO and CFO salary, employee taxes, and benefits

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 - June 30, 2027

16.23%
Rate Per Minute

Mode 15	
CM&ICC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 4.75	\$ 4.75

Contractor Name: Mountain Counseling & Training, Inc.
 RU #: 36HZSA
 Contract # / RFP #: 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clients Served		
			Mode 15		Starting Census		Monthly Census
			CM&ICC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-26	3,088	2.25	2,096	12,583	3	3	18
Aug-26	3,088	2.25	2,096	12,583	3	3	18
Sep-26	3,088	2.25	2,096	12,583	3	3	18
Oct-26	3,088	2.25	2,096	12,583	3	3	18
Nov-26	3,088	2.25	2,096	12,583	3	3	18
Dec-26	3,088	2.25	2,096	12,583	3	3	18
Jan-27	3,088	2.25	2,096	12,583	3	3	18
Feb-27	3,088	2.25	2,096	12,583	3	3	18
Mar-27	3,088	2.25	2,096	12,583	3	3	18
Apr-27	3,088	2.25	2,096	12,583	3	3	18
May-27	3,088	2.25	2,096	12,583	3	3	18
Jun-27	3,088	2.25	2,096	12,583	3	3	18
TOTAL	37,061		25,153	150,993	36	36	
			Total Revenue	251529.50	Unduplicated Clients Served		54
						Estimated Cost Per Client:	\$4,658

	Mode 15		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
Total Minutes of Services	5292	31769	37061
Total Monthly Minutes of Services (Average)	441	2647	3088
Dosage (minutes) per client per month	25	147	172
Dosage (hours) per client per month	0.41	2.45	2.86

Avg Monthly Census	Expected Length of Program (months)
18	6.00

17.16

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	Mountain Counseling & Training, Inc.
RU #	36HZSA
Contract # / RFP #	22-149
Address:	340 Hwy 13
City, State, Zip Code:	Crestline, CA 92325
Date Form Completed:	
Prepared by:	Stephen Tilden
Title:	CFO

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Student Assistance Program (SAP)

FY 2027-2028
July 1, 2027 - December 31, 2027

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	100% Distribution %	10.00%	60.03%	4.97%	25.00%	100.00%
EXPENSES						
2	SALARIES	7,844	47,088	3,899	19,610	78,441
3	BENEFITS	1,525	9,152	758	3,812	15,246
	(2+3 must equal total staffing costs)	9,369	56,240	4,656	23,422	93,687
4	OPERATING EXPENSES	3,208	19,257	1,594	8,020	32,078
5	TOTAL EXPENSES (2+3+4)	12,577	75,497	6,251	31,441	125,765
AGENCY REVENUES						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	12,577	75,497	6,251	31,441	125,765
FUNDING						
12	Mix % 88.33% MEDI-CAL (FFP) Share % 50.00%	5,554	33,343			38,898
13	11.67% MHSA/BHSA 80.00%	1,174	7,048	6,251	31,441	45,914
14	MHSA/BHSA Match	5,848	35,105			40,953
	FUNDING TOTAL	12,577	75,497	6,251	31,441	125,765
15	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	7,022	42,154	6,251	31,441	86,868
17	FEDERAL FUNDING	5,554	33,343	0	0	38,898
	TOTAL FUNDING	12,577	75,497	6,251	31,441	125,765
18	TARGET COST PER UNIT OF SERVICE	\$4.75	\$4.75			
19	UNITS OF SERVICE	2,646	15,885			18,531

APPROVED:

<u>Stephen Tilden</u> <small>Stephen Tilden (May 12, 2026 10:08:08 PDT)</small>	12/05/2026	<u>Thelma Rodriguez</u> <small>Thelma Rodriguez (May 12, 2026 11:56:01 PDT)</small>	12/05/2026	<u>Jeanine Wymer</u> <small>Jeanine Wymer (May 12, 2026 11:56:01 PDT)</small>	12/05/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SIGNATURE	DATE	DBH PROGRAM MANAGER SIGNATURE	DATE
Stephen Tilden		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

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

Student Assistance Program (SAP)
FY 2027-2028
July 1, 2027 - December 31, 2027

Prepared by: Stephen Tilden
Title: CFO

Contractor Name: Mountain Counseling & Training, Inc.
RU # 36HZSA
Contract # / RFP # 22-149
Address: 340 Hwy 13
City, State, Zip Code: Crestline, CA 92325
Date Form Completed: _____

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	Budget Revision	
						Request Change	Revised Budget
1 Rent	\$29,550	85%	\$0	15%	\$4,433		4,433
2 Communications	\$12,250	85%	\$0	15%	\$1,838		1,838
3 Insurance	\$11,800	85%	\$0	15%	\$1,770		1,770
4 Utilities	\$5,550	85%	\$0	15%	\$833		833
5 Training & Development	\$5,000	85%	\$0	15%	\$750		750
6 Supplies	\$3,500	85%	\$0	15%	\$525		525
7 Mileage	\$7,825	85%	\$0	15%	\$1,174		1,174
8 Software	\$24,000	85%	\$0	15%	\$3,600		3,600
9 Professional Outside Services	\$14,000	85%	\$0	15%	\$2,100		2,100
10		100%	\$0		\$0		0
11 General Admin	\$15,057	0%	\$0	100%	\$15,057		15,057
SUBTOTAL B:	\$128,532		\$0		\$32,078	0	32,078
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$125,765		

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

FY 2027-2028
July 1, 2027 - December 31, 2027

Prepared by: Stephen Tilden
Title: CFO

Contractor Name: Mountain Counseling & Training, Inc.
 RU # 36HZSA
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

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	Office lease \$4925 per month. Annual increase 4%
2 Communications	Cell phones, phone, and internet
3 Insurance	Including property, liability, D&O, all caontractually required coverages.
4 Utilities	Gas, electric, water, trash, sanitation, security
5 Training & Development	Progrm related training
6 Supplies	Office supplies and equipment
7 Mileage	Reimbursement of employee mileage costs at IRS rates
8 Software	EHR and other business software costs
9 Professional Outside Services	Auditing, payroll service, allowable legal costs
10	
11 General Admin	Includes CEO and CFO salary, employee taxes, and benefits

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 - December 31, 2027

16.23%
Rate Per Minute

Mode 15	
CM&ICC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 4.75	\$ 4.75

Contractor Name: Mountain Counseling & Training, Inc.
 RU # 36HZSA
 Contract # / RFP # 22-149
 Address: 340 Hwy 13
 City, State, Zip Code: Crestline, CA 92325
 Date Form Completed: _____

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Mode 15		Clients Served		
			CM&ICC (01-09)	MHS (10-50)	Starting Census		Monthly Census
					Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-27	3,088	2.25	2,096	12,583	3	3	18
Aug-27	3,088	2.25	2,096	12,583	3	3	18
Sep-27	3,088	2.25	2,096	12,583	3	3	18
Oct-27	3,088	2.25	2,096	12,583	3	3	18
Nov-27	3,088	2.25	2,096	12,583	3	3	18
Dec-27	3,088	2.25	2,096	12,583	3	3	18
TOTAL	18,531		12,577	75,497	18	18	
			Total Revenue	125,765.25	Unduplicated Clients Served		36
						Estimated Cost Per Client:	\$2,446

	Mode 15		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
Total Minutes of Services	2646	15885	18531
Total Monthly Minutes of Services (Average)	441	2647	3088
Dosage (minutes) per client per month	25	147	172
Dosage (hours) per client per month	0.41	2.45	2.86

17.16

Avg Monthly Census	Expected Length of Program (months)
18	6.00



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.

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

1. Name of Contractor: Mountain Counseling & Training, Inc.

2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?

Yes If yes, skip Question Nos. 3-4 and go to Question No. 5 No

3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: _____

4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):

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

Company Name	Relationship
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

Yes If **yes**, please provide the contribution information in Question 11.

10. Has an agent of Contractor made a campaign contribution of any amount to any member of the San Bernardino County Board of Supervisors or other elected officer involved with this Contract while award of this Contract is being considered?

No

Yes If **yes**, please provide the contribution information in Question 11.

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

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

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

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor acknowledges that agents are prohibited from making any campaign contributions, regardless of amount, to any member of the Board of Supervisors or other County elected officer involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County. Contractor understands that the other individuals and entities (excluding agents) 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 involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County.

ATTACHMENT V**FEDERAL CONTRACTING PROVISIONS**

Contractor shall comply with the following additional terms:

A. Clean Air Act and the Federal Water Pollution Control Act (42 USC §§ 7401-7671q, 33 USC §§ 1251-1387.)Clean Air Act

1. Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

Federal Water Pollution Control Act

1. Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

B. Procurement of Recovered Materials (45 CFR § 75.331)

1. Contractor shall comply with the provisions of section 6002 of the Federal Solid Waste Disposal Act, as amended by the federal Resource conservation and Recovery Act, as the same may be amended, which include (but are not necessarily limited to): procuring only items designated in guidelines of the Environmental Protection Agency at 40 CFR Part 247 (as the same may be amended) that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the Environmental Protection Agency guidelines.
2. This provision does not apply if the items cannot be acquired—
 - a. Competitively within a timeframe providing compliance with the contract performance schedule.
 - b. Meeting contract performance requirements; or
 - c. At a reasonable price.
3. Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

4. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

C. Prohibited Telecommunications and Video Surveillance Equipment and Services (2 C.F.R. §200.216)

Contractor certifies that it will not use contract funds to:

- (1) Procure or obtain covered telecommunications equipment or services;
- (2) Extend or renew a contract to procure or obtain covered telecommunications equipment or services; or
- (3) Enter into a contract (or extend or renew a contract) to procure or obtain covered telecommunications equipment or services.

“Covered telecommunications equipment or services” means those equipment and services defined at 2 C.F.R. §200.16(b).

D. Domestic Preference for Procurements (2 C.F.R. § 200.322)

Contractor should, to the greatest extent practicable and consistent with law, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). “Produced in the United States” means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States. “Manufactured products” means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

E. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352 (as amended))

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to the County any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

[certification continued on next page]

ANTI- LOBBYING CERTIFICATION

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
5. The Contractor, Mountain Counseling and Training, Inc. certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Official

Angela Harrington, Chief Executive Officer
Name and Title of Contractor's Authorized Official

Date

CaAIM PAYMENT REFORM RATE SCHEDULE

San Bernardino County Department of Behavioral Health
 CaAIM Payment Reform Rate Schedule
 Effective January 1, 2026

Individual		
DHCS Equivalent	Hourly Payment Rate	
	Contracted Program Category 1	Contracted Program Category 2
Certified AOD Counselor	\$ 257.82	\$ 276.24
Mental Health Rehabilitation Specialist	\$ 233.86	\$ 250.56
Other Qualified Practitioner	\$ 233.86	\$ 250.56
Peer Support Specialists	\$ 245.55	\$ 263.09
Community Health Worker	\$ 239.70	\$ 256.82
LCSW (Licensed, Waivered or Registered)	\$ 310.83	\$ 333.03
MFT/LPCC (Licensed, Waivered or Registered)	\$ 310.83	\$ 333.03
Licensed Psychiatric Technician	\$ 218.48	\$ 234.08
Psychologist (Licensed or Waivered)	\$ 480.32	\$ 514.63
Licensed Vocational Nurse	\$ 254.85	\$ 273.05
Medical Assistant	\$ 175.19	\$ 187.70
Licensed Physician	\$ 1,194.33	\$ 1,279.64
Nurse Practitioner	\$ 593.92	\$ 636.34
Occupational Therapist	\$ 413.76	\$ 443.32
Physician Assistant	\$ 535.65	\$ 573.92
Registered Nurse	\$ 485.12	\$ 519.77

Service Description	Per Occurrence Payment Rate
Interactive Complexity	13.22
Interpretive Services	22.32

Contracted Program Category 1
All other Specialty Mental Health Services
All Substance Use Disorder & Recovery Services providing outpatient DMC-ODS

Contracted Program Category 2
All Full Service Partnerships
Therapeutic Behavioral Services
Children's Residential Intensive Services