



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. For 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

West End Family Counseling Service

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

Dawn Rowe, Chair, Board of Supervisors

By  _____
(Authorized signature - sign in blue ink)

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

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

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

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

By _____
Deputy

Dated: _____


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

 _____
Dawn Martin, Deputy County Counsel

 _____
Michael Shin, Administrative Manager

 _____
Georgina Yoshioka, Director

Date _____

Date _____

Date _____

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: West End Family Counseling Service

Actual Cost Contract (cost reimbursement)

General Mental Health
(GMH)

Provider #

Contract/RFP# RTP 24-170

FY 2025 - 2026 (3 Months)

Address: 855 N Euclid Ave
Ontario, CA 91762

Prepared by: Raymond Vargas

July 1, 2026 - September 30, 2026

Date Form Completed: 1/21/2025

Title: Director of Operations and Finance

Date Form Revised: 1/28/2025

LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		
#		SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	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
FUNDING								
	Mix %		Share %					
12	94.08%	MEDI-CAL (FFP)	50.00%	1,467	53,558	17,608	734	73,367
13	3.08%	EPSDT (2011 Realignment)	36.03%	33	1,189	391	16	1,629
14		1991 Realignment Match	13.97%	1,435	52,369	17,217	717	71,739
15				0	0	0	0	0
16	5.92%	1991 Realignment - Net County		185	6,740	2,216	92	9,233
17		FUNDING TOTAL		3,119	113,857	37,432	1,560	155,968
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
19		STATE FUNDING (Including Realignment)		1,652	60,299	19,824	826	82,601
20		FEDERAL FUNDING		1,467	53,558	17,608	734	73,367
21		TOTAL FUNDING		3,119	113,857	37,432	1,560	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	31,273

APPROVED:

<i>Raymond Vargas</i>	01/28/2025	<i>Thelma Rodriguez</i>	01/28/2025	<i>Heather P. Louer</i>	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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

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 <u>not</u> Clinical FTE Providing SMHS, change to "N"	D/L/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
CEO	LMFT	Executive Director	N	I	194,649	35,037	229,686	5%	2,750		2,331	420
CEO	LMFT	Executive Director	N	D	194,649	35,037	229,686	2%	913		774	139
Program Director	LMFT	Program Director	Y	D	133,174	23,971	157,145	5%	1,964		1,665	300
Program Director	LMFT	Program Director	N	D	133,174	23,971	157,145	39%	15,322		12,985	2,337
Quality Assurance	LMFT	Quality Assurance Man	Y	D	123,387	22,210	145,597	1%	400		339	61
Quality Assurance	LMFT	Quality Assurance Man	N	D	123,387	22,210	145,597	5%	1,962		1,663	299
Director of Operations and	EMBA	Director of Operations	N	I	130,315	23,457	153,772	6%	2,457		2,082	375
Administrative Services		Administrative Service	N	D	86,228	15,521	101,749	6%	1,625		1,378	248
Financial Services	AS	Financial Services Man	N	I	99,296	17,873	117,169	6%	1,872		1,586	286
Clinician	LCSW	Clinician	Y	D	111,052	19,989	131,041	10%	3,276		2,776	500
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	26,675		22,606	4,069
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	26,675		22,606	4,069
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	36%	9,603		8,138	1,465
Financial Services	AS	Financial Services Spec	N	I	64,801	11,664	76,465	6%	1,222		1,035	186
Financial Services		Financial Services Assi	N	I	43,014	7,743	50,757	6%	811		687	124
Billing		Billing Specialist	N	I	55,444	9,980	65,424	6%	1,045		886	160
Billing		Billing Assistant	N	I	37,653	6,778	44,431	6%	710		602	108
Administrative		Office Assistant	N	D	37,721	6,790	44,511	50%	5,564		4,715	849
Administrative		Administrative Support	N	D	38,960	7,013	45,973	50%	5,747		4,870	877
Veronica Herrera		Human Resources Spec	N	I	37,686	6,783	44,469	5%	556		471	85
Psychiatrist	MD	Psychiatrist	Y	C	0	0	0	24%	0		0	0
							0		0		0	0
*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services								TOTAL COST:	111,148		94,194	16,955
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,												

Clinical

FTE

Providing

SMHS

0.00

0.05

0.05
0.00

0.01

0.00

0.00

0.00

0.00

0.10
1.001.00
1.00

0.36

0.00

0.00

0.00

0.00
0.000.00
0.000.00
0.00

0.24

0.00

2.76

⁽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.

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

Contractor Name: **West End Family Counseling Service**

Contract/RFP# RTP 24-170

Ontario, CA 91762

Date Form Completed: 1/21/2025

Title: Director of Operations and Finance

July 1, 2026 - September 30, 2026

Page 3 of 12

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

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

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	

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 established agency per minute rates, please input the CCR rates in the highlighted 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		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		31
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
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	

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	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
Total Hours Per Unduplicated Client for Duration of the Program:					3.65

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

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health
(GMH)

Contractor Name: West End Family Counseling Service

Provider #

Contract/RFP# RTP 24-170

Prepared by: Raymond Vargas

FY 2025 - 2026 (9 Months)
October 1, 2025 - June 30, 2026Address: 855 N Euclid Ave
Ontario, CA 91762

Title: Director of Operations and Finance

Date Form Completed: 1/21/2025

Date Form Revised: 1/28/2025

LINE		MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		
#		SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	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	220,103
13	3.08%	EPSDT (2011 Realignment)	38.03%	98	3,566	1,172	49	4,885
14		1991 Realignment Match	13.97%	4,304	157,109	51,652	2,152	215,217
15				0	0	0	0	0
16	5.92%	1991 Realignment - Net County		554	20,221	6,648	277	27,700
17		FUNDING TOTAL		9,358	341,570	112,297	4,679	467,905
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
19		STATE FUNDING (Including Realignment)		4,956	180,895	59,472	2,478	247,802
20		FEDERAL FUNDING		4,402	160,675	52,825	2,201	220,103
21		TOTAL FUNDING		9,358	341,570	112,297	4,679	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	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

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

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

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

						Budget Revision	
						Request Change	Revised Budget
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM		
1 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

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

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

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	

**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 established agency per minute rates, please input the CCR rates in the highlighted 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		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		Monthly Census
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
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			

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	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
Total Hours Per Unduplicated Client for Duration of the Program:					13.68

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



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-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

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

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**