



**Contract Number**

**20-1139 A-2**

**SAP Number**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Amanda Figueroa
<b>Telephone Number</b>	(909) 388-0859
<b>Contractor</b>	West End Family Counseling Service
<b>Contractor Representative</b>	Laura Tapia
<b>Telephone Number</b>	(909) 983-2020 x2234
<b>Contract Term</b>	January 1, 2021 through December 31, 2027
<b>Original Contract Amount</b>	\$2,750,000
<b>Amendment Amount</b>	\$ 750,000
<b>Total Contract Amount</b>	\$3,500,000
<b>Cost Center</b>	9203372200
<b>Grant Number (if applicable)</b>	N/A

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 2**

San Bernardino County (County) and West End Family Counseling Service (Contractor) hereby agree to amend Contract No. 20-1139 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 III. 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. ARTICLE IV. Funding and Budgetary Restrictions, paragraph H, is hereby amended to read as follows:
  - H. The contract amendment amount of \$750,000 shall increase the total contract amount from \$2,750,000 to \$3,500,000 for the contract term.
- IV. ARTICLE XIII. Duration and Termination, paragraph A, is hereby amended to read as follows:
  - A. The term of this Agreement shall be from January 1, 2021, through December 31, 2027, inclusive.
- V. ARTICLE XVIII. Licensing, Certification and Accreditation, paragraph G.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>.
- VI. SCHEDULE A Planning Estimates FY 2026-27 through 2027-28 and SCHEDULE B Program Budget FY 2026-27 through 2027-28 are hereby added as attached.
- VII. ATTACHMENT III Campaign Contribution Disclosure (SB 1439) is hereby removed and replaced with Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) as attached.

VIII. 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*

West End Family Counseling Service  
*(Print or type name of corporation, company, contractor, etc.)*

By ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

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

Title Chief Executive Officer  
*(Print or Type)*

Dated: \_\_\_\_\_

Address 1420 S. Milliken Avenue, Suite 508  
Ontario, CA 91761

**FOR COUNTY USE ONLY**

Approved as to Legal Form

► \_\_\_\_\_  
Dawn Martin, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

► \_\_\_\_\_  
Michael Shin, Administrative Manager

Date \_\_\_\_\_

Reviewed/Approved by Department

► \_\_\_\_\_  
Joshua Dugas, Acting Director

Date \_\_\_\_\_

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
PREVENTION AND EARLY INTERVENTION

Actual Cost Contract (cost reimbursement)

Contractor Name: West End Family Counseling  
Region: Central Valley  
Contract #: 20-1139  
Address: 855 N Euclid Ave, Ontario, CA  
Date Form Completed: 4/30/2026  
Updated:

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

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

PEI County Program: OLDER ADULT COMMUNITY SERVICES							TOTAL
State Defined Program: PREVENTION							
Distribution		2.00%	8.00%	45.00%	45.00%		
#	COMPONENTS	Mode 15		Mode 45			
		Early Intervention Services		Prevention Services			
		Case Management 01-09	Mental Health Services 10-19; 30-38; 40-48; 50-57	Mental Health Promotion 10-19	Community Client Services 20-29		
1	<b>EXPENSES</b>						
2	SALARIES	\$ 2,146	\$ 8,584	\$ 48,285	\$ 48,285		\$ 107,299
3	BENEFITS	\$ 409	\$ 1,636	\$ 9,204	\$ 9,204		\$ 20,454
4	(2+3 must equal total staffing costs)	\$ 2,555	\$ 10,220	\$ 57,489	\$ 57,489		\$ 127,753
5	OPERATING EXPENSES	\$ 645	\$ 2,580	\$ 14,511	\$ 14,511		\$ 32,247
6	<b>TOTAL EXPENSES (2+3+5)</b>	\$ 3,200	\$ 12,800	\$ 72,000	\$ 72,000		\$ 160,000
7	<b>AGENCY REVENUES</b>						
8	PATIENT FEES						\$ -
9	PATIENT INSURANCE						\$ -
10	GRANTS/OTHER						\$ -
11	<b>TOTAL AGENCY REVENUES (8+9+10)</b>	\$ -	\$ -	\$ -	\$ -		\$ -
12	<b>CONTRACT AMOUNT (6-11)</b>	\$ 3,200	\$ 12,800	\$ 72,000	\$ 72,000		\$ 160,000
13	<b>FUNDING</b>						
14	MHSA	\$ 3,200	\$ 12,800	\$ 72,000	\$ 72,000		\$ 160,000
15	<b>TOTAL FUNDING</b>	\$ 3,200	\$ 12,800	\$ 72,000	\$ 72,000		\$ 160,000
17	TARGET COST PER UNIT OF SERVICE (Minutes)	\$ 0.99	\$ 0.99				
18	UNITS OF TIME (Minutes)	\$ 3,230	\$ 12,919				
19	<b>UNDUPLICATED PARTICIPANTS</b>						
20	TOTAL UNDUPLICATED PARTICIPANTS	1	2	1,133	228		0
21	COST PER UNDUPLICATED PARTICIPANT	\$ 3,199.99	\$ 6,399.99	\$ 63.55	\$ 315.79		\$ -
22	<b>SERVICES</b>						
23	TOTAL SERVICES	1	2	1,133	228		1,364
24	COST PER TOTAL SERVICES	\$ 3,199.99	\$ 6,399.99	\$ 63.55	\$ 315.79		\$ 117.30

APPROVED:

<i>Raymond Vargas</i>	11/05/2026	<i>Thelma Rodriguez</i>	12/05/2026	<i>Jeanine Wymer</i>	12/05/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL  
FY 2026 - 2027

July 1, 2026 to June 30, 2027 (12 months)

Contractor Name: West End Family Counseling Service

Contract # 20-1139

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Service Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Chief Executive	LMFT	Chief Executive	238,322	47,664	285,986	2.04%	5,834	42	4,862	972
Program Director	LMFT	Program Director	129,296	25,007	154,303	2.04%	3,148	42	2,638	510
Program Coordinator	LCSW	Coordinator/Clinician	107,818	18,658	126,476	34.00%	43,002	707	36,658	6,344
MH Specialist	MSW/BA	Mental Health Specialist	66,811	13,362	80,173	45.00%	36,078	936	30,065	6,013
Human Resources		HR Specialist	64,716	12,943	77,659	2.04%	1,584	42	1,320	264
Quality Assurance	lmft	QA Manager	147,558	29,512	177,070	2.04%	3,612	42	3,010	602
Operations	MBA	Operations Director	151,956	30,391	182,347	2.04%	3,720	42	3,100	620
Financial Services	as	FS Manager	117,750	23,550	141,300	2.04%	2,883	42	2,402	481
Financial Services		FS Specialist	77,167	15,433	92,600	2.04%	1,889	42	1,574	315
Financial Services		FS Assistant	57,490	11,498	68,988	2.04%	1,407	42	1,173	234
Adm in Support		Admin Services	56,924	11,385	68,309	30.00%	20,493	624	17,077	3,416
Adm in Support		Admin Services Manager	102,280	20,456	122,736	2.04%	2,504	42	2,087	417
Billing		Billing Support Specialist	65,329	13,066	78,395	2.04%	1,599	42	1,333	266
					0		0	0	0	0
					0		0	0	0	0
					0		0	0	0	0
									107,299	20,454

TOTAL		
COST A:	127,753	2,692

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

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

FY 2026 - 2027

West End Family  
 Contractor Name: Counseling Service  
 Region: Central Valley  
 Contract #: 20-1139  
 Address: 855 N Euclid Ave, Ontario,  
 Date Form Completed: 4/30/2026  
 Updated: \_\_\_\_\_

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

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

**July 1, 2026 to June 30, 2027**

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT	Budget Revision	
						Request Change	Revised Budget
1 Utilities	\$57,467	98%	\$56,295	2%	\$1,172	0	1,172
2 Telephone/Communications	\$59,242	98%	\$58,033	2%	\$1,209		1,209
3 Mental Health Promotion	\$17,492	98%	\$17,135	2%	\$357		357
4 IT Services, EHR, Computers	\$227,309	98%	\$222,672	2%	\$4,637		4,637
5 Professional Services	\$66,488	98%	\$65,132	2%	\$1,356		1,356
6 Insurance	\$82,967	98%	\$81,274	2%	\$1,693		1,693
7 Training	\$63,646	98%	\$62,348	2%	\$1,298		1,298
8 General Admin Exp, EQPT, Travel	\$223,613	98%	\$219,051	2%	\$4,562		4,562
9 Client Expenses	\$34,897	98%	\$34,185	2%	\$712		712
10 Indirect Expense	\$15,251	0%	\$0	100%	\$15,251		15,251
11		100%	\$0		\$0		0
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$848,372		\$816,125		\$32,247	0	32,247
<b>GROSS TOTAL STAFFING AND OPERATING COSTS</b>					\$160,000		

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2026 - 2027**

Contractor Name: West End Family Counseling Service  
 Region: Central Valley  
 Contract # 20-1139  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 855 N Euclid Ave, Ontario, CA  
 Date Form Completed: 4/30/2026  
 Updated \_\_\_\_\_

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

**Budget Narrative for Operating Expenses.** Explain each expense by line item. Provide an explanation for determination of all figures ( rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2026 to June 30, 2027

ITEM	Justification of Cost
1 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic in Ontario. Allocation is based on square footage used to service this program.
2 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
3 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
4 IT Services, EHR, Computers	IT Services is based on the % of clinical FTEs for this program for services provided by VC3 Computer Solutions, Bamboo HR and QB.Electronic Health
5 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
6 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
7 Training	Training is calculated based on the clinical FTEs allocated to this program.
8 General Admin Exp, EQPT, Travel	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance
9 Client Expenses	Client Expenses is based on the anticipated unduplicated clients served in this program and materials we need to furnish them for client care.
10 Indirect Expense	Indirect Expenses not to exceed 15% of Direct Expenses
11	
12	
13	
14	
15	

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 FY 2026 - 2027

July 1, 2026 to June 30, 2027

Contractor Name: West End Family Counseling Service  
 Region: Central Valley  
 Contract #: 20-1139  
 Address: 855 N Euclid Ave, Ontario, CA  
 Date Form Completed: 4/30/2026  
 Updated

Year to Date Unduplicated Participant Count				
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
1	2	1,133	228	

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

Service Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	1	0	0	0	0	0	0	0	0	0	0	0	1
	Mental Health Services	1	0	0	0	0	0	1	0	0	0	0	0	2
Mental Health Promotion		95	95	95	95	95	94	94	94	94	94	94	94	1133
Community Client Services		19	19	19	19	19	19	19	19	19	19	19	19	228
TOTAL		116	114	114	114	114	113	114	113	113	113	113	113	1364
Hours Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	4	4	4	4	4	4	4	4	4	4	4	4	54
	Mental Health Services	18	18	18	18	18	18	18	18	18	18	18	18	215
Mental Health Promotion		101	101	101	101	101	101	101	101	101	101	101	101	1,211
Community Client Services		101	101	101	101	101	101	101	101	101	101	101	101	1,211
TOTAL		224	224	224	224	224	224	224	224	224	224	224	224	2,692
Cost Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 3,200
	Mental Health Services	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 1,067	\$ 12,800
Mental Health Promotion		\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 72,000
Community Client Services		\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 72,000
TOTAL		\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 160,000

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
PREVENTION AND EARLY INTERVENTION

Actual Cost Contract (cost reimbursement)

Contractor Name: **West End Family Counseling**  
Region: **West Valley**  
Contract #: **20-1139**  
Address: **855 N Euclid Ave, Ontario, CA**  
Date Form Completed: **4/30/2026**  
Updated:

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

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

PEI County Program: OLDER ADULT COMMUNITY SERVICES								TOTAL
State Defined Program: PREVENTION								
Distribution		2.00%	37.00%	46.00%	15.00%			
#	COMPONENTS	Mode 15		Mode 45				
		Early Intervention Services		Prevention Services				
		Case Management 01-09	Mental Health Services 10-19; 30-38; 40-48; 50-57	Mental Health Promotion 10-19	Community Client Services 20-29			
1	EXPENSES							
2	SALARIES	\$ 4,502	\$ 83,283	\$ 103,541	\$ 33,764		\$ 225,090	
3	BENEFITS	\$ 867	\$ 16,040	\$ 19,941	\$ 6,503		\$ 43,350	
4	(2+3 must equal total staffing costs)	\$ 5,369	\$ 99,323	\$ 123,482	\$ 40,266		\$ 268,440	
5	OPERATING EXPENSES	\$ 1,431	\$ 26,477	\$ 32,918	\$ 10,734		\$ 71,560	
6	TOTAL EXPENSES (2+3+5)	\$ 6,800	\$ 125,800	\$ 156,400	\$ 51,000		\$ 340,000	
7	AGENCY REVENUES							
8	PATIENT FEES						\$ -	
9	PATIENT INSURANCE						\$ -	
10	GRANTS/OTHER						\$ -	
11	TOTAL AGENCY REVENUES (8+9+10)	\$ -	\$ -	\$ -	\$ -		\$ -	
12	CONTRACT AMOUNT (6-11)	\$ 6,800	\$ 125,800	\$ 156,400	\$ 51,000		\$ 340,000	
13	FUNDING							
14	MHSA	\$ 6,800	\$ 125,800	\$ 156,400	\$ 51,000		\$ 340,000	
15	TOTAL FUNDING	\$ 6,800	\$ 125,800	\$ 156,400	\$ 51,000		\$ 340,000	
17	TARGET COST PER UNIT OF SERVICE (Minutes)	\$ 0.98	\$ 0.98					
18	UNITS OF TIME (Minutes)	\$ 6,951	\$ 128,600					
19	UNDUPLICATED PARTICIPANTS							
20	TOTAL UNDUPLICATED PARTICIPANTS	2	32	1,333	2,850		0	
21	COST PER UNDUPLICATED PARTICIPANT	\$ 3,400.00	\$ 3,931.25	\$ 117.33	\$ 17.89		\$ -	
22	SERVICES							
23	TOTAL SERVICES	2	32	1,333	2,850		4,217	
24	COST PER TOTAL SERVICES	\$ 3,400.00	\$ 3,931.25	\$ 117.33	\$ 17.89		\$ 80.63	

APPROVED:

<i>Raymond Vargas</i>	11/05/2026	<i>Thelma Rodriguez</i>	12/05/2026	<i>Jeanine Wymer</i>	12/05/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
<b>Raymond Vargas</b>		<b>Thelma Rodriguez</b>		<b>Jeanine Wymer</b>	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL  
FY 2026 - 2027

July 1, 2026 to June 30, 2027 (12 months)

Contractor Name: West End Family Counseling Service

Contract # 20-1139

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Service Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Chief Executive	LMFT	Chief Executive	238,322	47,664	285,986	4.75%	13,584	99	11,320	2,264
Program Director	LMFT	Program Director	129,296	25,007	154,303	4.75%	7,329	99	6,142	1,187
Program Coordinator	LCSW	Coordinator/Clinician	107,818	18,658	126,476	56.00%	70,826	1,165	60,378	10,448
MH Specialist	MSW/BA	Mental Health Specialist	66,811	13,362	80,173	105.00%	84,182	2,184	70,152	14,030
Human Resources		HR Specialist	64,716	12,943	77,659	4.75%	3,689	99	3,074	615
Quality Assurance	lmft	QA Manager	147,558	29,512	177,070	4.75%	8,411	99	7,009	1,402
Operations	MBA	Operations Director	151,956	30,391	182,347	4.75%	8,661	99	7,218	1,443
Financial Services	as	FS Manager	117,750	23,550	141,300	4.75%	6,712	99	5,593	1,119
Financial Services		FS Specialist	77,167	15,433	92,600	4.75%	4,399	99	3,665	734
Financial Services		FS Assistant	57,490	11,498	68,988	4.75%	3,277	99	2,731	546
Admn Support		Admin Services	56,924	11,385	68,309	70.00%	47,816	1,456	39,847	7,969
Admn Support		Admin Services Manager	102,280	20,456	122,736	4.75%	5,830	99	4,858	972
Billing		Billing Support Specialist	65,329	13,066	78,395	4.75%	3,724	99	3,103	621
					0		0	0	0	0
					0		0	0	0	0
					0		0	0	0	0
									225,090	43,350

TOTAL	
COST A:	268,440
	5,793

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

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2026 - 2027

West End Family  
Contractor Name: Counseling Service  
Region West Valley  
Contract # 20-1139  
Address: 855 N Euclid Ave, Ontario,  
Date Form Completed: 4/30/2026  
Updated \_\_\_\_\_

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

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

July 1, 2026 to June 30, 2027

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT	Budget Revision	
						Request Change	Revised Budget
1 Utilities	\$57,467	95%	\$54,737	5%	\$2,730	0	2,730
2 Telephone/Communications	\$59,242	95%	\$56,428	5%	\$2,814		2,814
3 Mental Health Promotion	\$17,492	95%	\$16,661	5%	\$831		831
4 IT Services, EHR, Computers	\$227,309	95%	\$216,512	5%	\$10,797		10,797
5 Professional Services	\$66,488	95%	\$63,330	5%	\$3,158		3,158
6 Insurance	\$82,967	95%	\$79,026	5%	\$3,941		3,941
7 Training	\$63,646	95%	\$60,623	5%	\$3,023		3,023
8 General Admin Exp, EQPT, Travel	\$223,613	95%	\$212,991	5%	\$10,622		10,622
9 Client Expenses	\$34,897	95%	\$33,239	5%	\$1,658		1,658
10 Indirect Expense	\$31,987	0%	\$0	100%	\$31,987		31,987
11		100%	\$0		\$0		0
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$865,108		\$793,548		\$71,560	0	71,560
<b>GROSS TOTAL STAFFING AND OPERATING COSTS</b>					\$340,000		

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2026 - 2027**

Contractor Name: West End Family Counseling Service  
 Region West Valley  
 Contract # 20-1139  
 Address: \_\_\_\_\_  
855 N Euclid Ave, Ontario, CA  
 Date Form Completed: 4/30/2026  
 Updated \_\_\_\_\_

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

**Budget Narrative for Operating Expenses.** Explain each expense by line item. Provide an explanation for determination of all figures ( rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2026 to June 30, 2027

ITEM	Justification of Cost
1 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic in Ontario. Allocation is based on square footage used to service this program.
2 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
3 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
4 IT Services, EHR, Computers	IT Services is based on the % of clinical FTEs for this program for services provided by VC3 Computer Solutions, Bamboo HR and QB.Electronic Health
5 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
6 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
7 Training	Training is calculated based on the clinical FTEs allocated to this program.
8 General Admin Exp, EQPT, Travel	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance
9 Client Expenses	Client Expenses is based on the anticipated unduplicated clients served in this program and materials we need to furnish them for client care.
10 Indirect Expense	Indirect Expenses not to exceed 15% of Direct Expenses
11	
12	
13	
14	
15	

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2026 - 2027**

July 1, 2026 to June 30, 2027

**Contractor Name:** West End Family Counseling Service  
**Region:** West Valley  
**Contract #:** 20-1139  
**Address:** 855 N Euclid Ave, Ontario, CA  
**Date Form Completed:** 4/30/2026  
**Updated**

Year to Date Unduplicated Participant Count				
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
2	32	1,333	2,850	

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

Service Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	1	0	0	0	0	0	1	0	0	0	0	0	2
	Mental Health Services	3	3	3	3	2	2	3	3	3	3	2	2	32
Mental Health Promotion		112	111	111	111	111	111	111	111	111	111	111	111	1333
Community Client Services		238	238	238	238	238	238	237	237	237	237	237	237	2850
<b>TOTAL</b>		354	352	352	352	351	351	352	351	351	351	350	350	4217
Hours Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	10	10	10	10	10	10	10	10	10	10	10	10	116
	Mental Health Services	179	179	179	179	179	179	179	179	179	179	179	179	2,143
Mental Health Promotion		222	222	222	222	222	222	222	222	222	222	222	222	2,665
Community Client Services		72	72	72	72	72	72	72	72	72	72	72	72	869
<b>TOTAL</b>		483	483	483	483	483	483	483	483	483	483	483	483	5,793
Cost Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 6,800
	Mental Health Services	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 125,800
Mental Health Promotion		\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 156,400
Community Client Services		\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 51,000
<b>TOTAL</b>		\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 340,000

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
PREVENTION AND EARLY INTERVENTION

Actual Cost Contract (cost reimbursement)

Contractor Name: **West End Family Counseling**  
Region: **Central Valley**  
Contract #: **20-1139**  
Address: **855 N Euclid Ave**  
**Ontario, CA 91762**  
Date Form Completed: **4/30/2026**  
Updated:

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

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

PEI County Program: OLDER ADULT COMMUNITY SERVICES							TOTAL	
State Defined Program: PREVENTION								
#	COMPONENTS	Distribution		1.00%	9.00%	45.00%		45.00%
		Mode 15			Mode 45			
		Case Management 01-09	Mental Health Services 10-19; 30-38; 40-48; 50-57	Mental Health Promotion 10-19	Community Client Services 20-29			
1	EXPENSES							
2	SALARIES	\$ 536	\$ 4,828	\$ 24,142	\$ 24,142		\$ 53,650	
3	BENEFITS	\$ 102	\$ 920	\$ 4,602	\$ 4,602		\$ 10,227	
4	(2+3 must equal total staffing costs)	\$ 639	\$ 5,749	\$ 28,744	\$ 28,744		\$ 63,877	
5	OPERATING EXPENSES	\$ 161	\$ 1,451	\$ 7,256	\$ 7,256		\$ 16,124	
6	TOTAL EXPENSES (2+3+5)	\$ 800	\$ 7,200	\$ 36,000	\$ 36,000		\$ 80,000	
7	AGENCY REVENUES							
8	PATIENT FEES						\$ -	
9	PATIENT INSURANCE						\$ -	
10	GRANTS/OTHER						\$ -	
11	TOTAL AGENCY REVENUES (8+9+10)	\$ -	\$ -	\$ -	\$ -		\$ -	
12	CONTRACT AMOUNT (6-11)	\$ 800	\$ 7,200	\$ 36,000	\$ 36,000		\$ 80,000	
13	FUNDING							
14	MHSA	\$ 800	\$ 7,200	\$ 36,000	\$ 36,000		\$ 80,000	
15	TOTAL FUNDING	\$ 800	\$ 7,200	\$ 36,000	\$ 36,000		\$ 80,000	
17	TARGET COST PER UNIT OF SERVICE (Minutes)	\$ 0.99	\$ 0.99					
18	UNITS OF TIME (Minutes)	\$ 807	\$ 7,267					
19	UNDUPLICATED PARTICIPANTS							
20	TOTAL UNDUPLICATED PARTICIPANTS	1	1	566	114		0	
21	COST PER UNDUPLICATED PARTICIPANT	\$ 800.00	\$ 7,200.03	\$ 63.60	\$ 315.79		\$ -	
22	SERVICES							
23	TOTAL SERVICES	1	1	566	114		682	
24	COST PER TOTAL SERVICES	\$ 800.00	\$ 7,200.03	\$ 63.60	\$ 315.79		\$ 117.30	

APPROVED:

<i>Raymond Vargas</i>	11/05/2026	<i>Thelma Rodriguez</i>	12/05/2026	<i>Jeanine Wymer</i>	12/05/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL  
FY 2027 - 2028

Contractor Name: West End Family Counseling Service

July 1, 2027 to December 31, 2027

Contract # 20-1139

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Service Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Chief Executive	LMFT	Chief Executive	238,322	47,664	285,986	2.04%	5,834	21	2,431	486
Program Director	LMFT	Program Director	129,296	25,007	154,303	2.04%	3,148	21	1,319	255
Program Coordinator	LCSW	Coordinator/Clinician	107,818	18,658	126,476	34.00%	43,002	354	18,329	3,172
MH Specialist	MSW/BA	Mental Health Specialist	66,811	13,362	80,173	45.00%	36,078	468	15,033	3,007
Human Resources		HR Specialist	64,716	12,943	77,659	2.04%	1,584	21	660	132
Quality Assurance	lmft	QA Manager	147,558	29,512	177,070	2.04%	3,612	21	1,505	301
Operations	MBA	Operations Director	151,956	30,391	182,347	2.04%	3,720	21	1,550	310
Financial Services	as	FS Manager	117,750	23,550	141,300	2.04%	2,883	21	1,201	240
Financial Services		FS Specialist	77,167	15,433	92,600	2.04%	1,889	21	787	158
Financial Services		FS Assistant	57,490	11,498	68,988	2.04%	1,407	21	587	118
Adm in Support		Adm in Services	56,924	11,385	68,309	30.00%	20,493	312	8,539	1,708
Adm in Support		Adm in Services Manager	102,280	20,456	122,736	2.04%	2,504	21	1,044	209
Billing		Billing Support Specialist	65,329	13,066	78,395	2.04%	1,599	21	667	134
					0		0	0	0	0
					0		0	0	0	0
					0		0	0	0	0
									53,650	10,227

TOTAL		
COST A:	63,877	1,346

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

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2027 - 2028

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

West End Family  
Contractor Name: Counseling Service  
Region: Central Valley  
Contract #: 20-1139  
Address: 855 N Euclid Ave  
Ontario, CA 91762  
Date Form Completed: 4/30/2026  
Updated: \_\_\_\_\_

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

July 1, 2027 to December 31, 2027

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT	Budget Revision	
						Request Change	Revised Budget
1 Utilities	\$28,734	98%	\$28,147	2%	\$586	0	586
2 Telephone/Communications	\$29,621	98%	\$29,017	2%	\$604		604
3 Mental Health Promotion	\$8,746	98%	\$8,568	2%	\$178		178
4 IT Services, EHR, Computers	\$113,655	98%	\$111,336	2%	\$2,319		2,319
5 Professional Services	\$33,244	98%	\$32,566	2%	\$678		678
6 Insurance	\$41,484	98%	\$40,637	2%	\$846		846
7 Training	\$31,823	98%	\$31,174	2%	\$649		649
8 General Admin Exp, EQPT, Travel	\$111,807	98%	\$109,526	2%	\$2,281		2,281
9 Client Expenses	\$17,449	98%	\$17,093	2%	\$356		356
10 Indirect Expense	\$7,626	0%	\$0	100%	\$7,626		7,626
11		100%	\$0		\$0		0
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$424,187		\$408,063		\$16,124	0	16,124
<b>GROSS TOTAL STAFFING AND OPERATING COSTS</b>					\$80,000		

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2027 - 2028**

Contractor Name: West End Family Counseling Service  
 Region: Central Valley  
 Contract #: 20-1139  
 Address: 855 N Euclid Ave  
Ontario, CA 91762  
 Date Form Completed: 4/30/2026  
 Updated: \_\_\_\_\_

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

**Budget Narrative for Operating Expenses.** Explain each expense by line item. Provide an explanation for determination of all figures ( rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2027 to December 31, 2027

ITEM	Justification of Cost
1 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic in Ontario. Allocation is based on square footage used to service this program.
2 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
3 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
4 IT Services, EHR, Computers	IT Services is based on the % of clinical FTEs for this program for services provided by VC3 Computer Solutions, Bamboo HR and QB.Electronic Health
5 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
6 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
7 Training	Training is calculated based on the clinical FTEs allocated to this program.
8 General Admin Exp, EQPT, Travel	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance
9 Client Expenses	Client Expenses is based on the anticipated unduplicated clients served in this program and materials we need to furnish them for client care.
10 Indirect Expense	Indirect Expenses not to exceed 15% of Direct Expenses
11	
12	
13	
14	
15	

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2027 - 2028

July 1, 2027 to December 31, 2027

Contractor Name: West End Family Counseling Service  
Region: Central Valley  
Contract #: 20-1139  
Address: 855 N Euclid Ave  
Ontario, CA 91762  
Date Form Completed: 4/30/2026  
Updated

Year to Date Unduplicated Participant Count				
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
1	1	566	114	

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

Service Projections for:		Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Early Intervention Services	Case Management	1	0	0	0	0	0							1
	Mental Health Services	1	0	0	0	0	0							1
Mental Health Promotion		95	95	94	94	94	94							566
Community Client Services		19	19	19	19	19	19							114
TOTAL		116	114	113	113	113	113	0	0	0	0	0	0	682
Hours Projections for:		Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Early Intervention Services	Case Management	2	2	2	2	2	2							13
	Mental Health Services	20	20	20	20	20	20							121
Mental Health Promotion		101	101	101	101	101	101							606
Community Client Services		101	101	101	101	101	101							606
TOTAL		224	224	224	224	224	224	0	0	0	0	0	0	1,346
Cost Projections for:		Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Early Intervention Services	Case Management	\$ 133	\$ 133	\$ 133	\$ 133	\$ 133	\$ 133							\$ 800
	Mental Health Services	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200							\$ 7,200
Mental Health Promotion		\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000							\$ 36,000
Community Client Services		\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000							\$ 36,000
TOTAL		\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ 13,333	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,000

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
PREVENTION AND EARLY INTERVENTION

Actual Cost Contract (cost reimbursement)

Contractor Name: **West End Family Counseling**  
Region: **West Valley**  
Contract #: **20-1139**  
Address: **855 N Euclid Ave**  
**Ontario, CA 91762**  
Date Form Completed: **4/30/2026**  
Updated:

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

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

PEI County Program: OLDER ADULT COMMUNITY SERVICES							TOTAL
State Defined Program: PREVENTION							
Distribution		2.00%	37.00%	46.00%	15.00%		
#	COMPONENTS	Mode 15		Mode 45			
		Early Intervention Services		Prevention Services			
		Case Management 01-09	Mental Health Services 10-19; 30-38; 40-48; 50-57	Mental Health Promotion 10-19	Community Client Services 20-29		
1	<b>EXPENSES</b>						
2	SALARIES	\$ 2,251	\$ 41,642	\$ 51,771	\$ 16,882		\$ 112,545
3	BENEFITS	\$ 434	\$ 8,020	\$ 9,971	\$ 3,251		\$ 21,676
4	(2+3 must equal total staffing costs)	\$ 2,684	\$ 49,662	\$ 61,741	\$ 20,133		\$ 134,221
5	OPERATING EXPENSES	\$ 716	\$ 13,238	\$ 16,459	\$ 5,367		\$ 35,780
6	<b>TOTAL EXPENSES (2+3+5)</b>	\$ 3,400	\$ 62,900	\$ 78,200	\$ 25,500		\$ 170,000
7	<b>AGENCY REVENUES</b>						
8	PATIENT FEES						\$ -
9	PATIENT INSURANCE						\$ -
10	GRANTS/OTHER						\$ -
11	<b>TOTAL AGENCY REVENUES (8+9+10)</b>	\$ -	\$ -	\$ -	\$ -		\$ -
12	<b>CONTRACT AMOUNT (6-11)</b>	\$ 3,400	\$ 62,900	\$ 78,200	\$ 25,500		\$ 170,000
13	<b>FUNDING</b>						
14	MHSA	\$ 3,400	\$ 62,900	\$ 78,200	\$ 25,500		\$ 170,000
15	<b>TOTAL FUNDING</b>	\$ 3,400	\$ 62,900	\$ 78,200	\$ 25,500		\$ 170,000
17	TARGET COST PER UNIT OF SERVICE (Minutes)	\$ 0.98	\$ 0.98				
18	UNITS OF TIME (Minutes)	\$ 3,476	\$ 64,300				
19	<b>UNDUPLICATED PARTICIPANTS</b>						
20	TOTAL UNDUPLICATED PARTICIPANTS	1	16	667	1,425		0
21	COST PER UNDUPLICATED PARTICIPANT	\$ 3,400.00	\$ 3,931.25	\$ 117.24	\$ 17.89		\$ -
22	<b>SERVICES</b>						
23	TOTAL SERVICES	1	16	667	1,425		2,109
24	COST PER TOTAL SERVICES	\$ 3,400.00	\$ 3,931.25	\$ 117.24	\$ 17.89		\$ 80.61

APPROVED:

<i>Raymond Vargas</i>	11/05/2026	<i>Thelma Rodriguez</i>	12/05/2026	<i>Jeanine Wymer</i>	12/05/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
<b>Raymond Vargas</b>		<b>Thelma Rodriguez</b>		<b>Jeanine Wymer</b>	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL  
FY 2027 - 2028

Contractor Name: West End Family Counseling Service

July 1, 2027 to December 31, 2027

Contract # 20-1139

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Service Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Chief Executive	LMFT	Chief Executive	238,322	47,664	285,986	4.75%	13,584	49	5,660	1,132
Program Director	LMFT	Program Director	129,296	25,007	154,303	4.75%	7,329	49	3,071	594
Program Coordinator	LCSW	Coordinator/Clinician	107,818	18,658	126,476	56.00%	70,826	582	30,189	5,224
MH Specialist	MSW/BA	Mental Health Specialist	66,811	13,362	80,173	105.00%	84,182	1,092	35,076	7,015
Human Resources		HR Specialist	64,716	12,943	77,659	4.75%	3,689	49	1,537	308
Quality Assurance	lmft	QA Manager	147,558	29,512	177,070	4.75%	8,411	49	3,505	701
Operations	MBA	Operations Director	151,956	30,391	182,347	4.75%	8,661	49	3,609	722
Financial Services	as	FS Manager	117,750	23,550	141,300	4.75%	6,712	49	2,797	560
Financial Services		FS Specialist	77,167	15,433	92,600	4.75%	4,399	49	1,833	367
Financial Services		FS Assistant	57,490	11,498	68,988	4.75%	3,277	49	1,366	273
Admn Support		Admin Services	56,924	11,385	68,309	70.00%	47,816	728	19,924	3,985
Admn Support		Admin Services Manager	102,280	20,456	122,736	4.75%	5,830	49	2,429	486
Billing		Billing Support Specialist	65,329	13,066	78,395	4.75%	3,724	49	1,552	311
					0		0	0	0	0
					0		0	0	0	0
					0		0	0	0	0
									112,545	21,676

TOTAL		
COST A:	134,221	2,896

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

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2027 - 2028

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

West End Family  
Contractor Name: Counseling Service  
Region West Valley  
Contract # 20-1139  
Address: 855 N Euclid Ave  
Ontario, CA 91762  
Date Form Completed: 4/30/2026  
Updated \_\_\_\_\_

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

July 1, 2027 to December 31, 2027

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT	Budget Revision	
						Request Change	Revised Budget
1 Utilities	\$28,734	95%	\$27,369	5%	\$1,365	0	1,365
2 Telephone/Communications	\$29,621	95%	\$28,214	5%	\$1,407		1,407
3 Mental Health Promotion	\$8,746	95%	\$8,331	5%	\$415		415
4 IT Services, EHR, Computers	\$113,655	95%	\$108,256	5%	\$5,399		5,399
5 Professional Services	\$33,244	95%	\$31,665	5%	\$1,579		1,579
6 Insurance	\$41,484	95%	\$39,513	5%	\$1,970		1,970
7 Training	\$31,823	95%	\$30,311	5%	\$1,512		1,512
8 General Admin Exp, EQPT, Travel	\$111,807	95%	\$106,496	5%	\$5,311		5,311
9 Client Expenses	\$17,449	95%	\$16,620	5%	\$829		829
10 Indirect Expense	\$15,993	0%	\$0	100%	\$15,993		15,993
11		100%	\$0		\$0		0
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$432,554		\$396,774		\$35,780	0	35,780
<b>GROSS TOTAL STAFFING AND OPERATING COSTS</b>					\$170,000		

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2027 - 2028**

Contractor Name: West End Family Counseling Service  
 Region West Valley  
 Contract # 20-1139  
 Address: 855 N Euclid Ave  
Ontario, CA 91762  
 Date Form Completed: 4/30/2026  
 Updated \_\_\_\_\_

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

**Budget Narrative for Operating Expenses.** Explain each expense by line item. Provide an explanation for determination of all figures ( rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2027 to December 31, 2027

ITEM	Justification of Cost
1 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic in Ontario. Allocation is based on square footage used to service this program.
2 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
3 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
4 IT Services, EHR, Computers	IT Services is based on the % of clinical FTEs for this program for services provided by VC3 Computer Solutions, Bamboo HR and QB.Electronic Health
5 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
6 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
7 Training	Training is calculated based on the clinical FTEs allocated to this program.
8 General Admin Exp, EQPT, Travel	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance
9 Client Expenses	Client Expenses is based on the anticipated unduplicated clients served in this program and materials we need to furnish them for client care.
10 Indirect Expense	Indirect Expenses not to exceed 15% of Direct Expenses
11	
12	
13	
14	
15	

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2027 - 2028

July 1, 2027 to December 31, 2027

Contractor Name: West End Family Counseling Service  
Region: West Valley  
Contract #: 20-1139  
Address: 855 N Euclid Ave  
Ontario, CA 91762  
Date Form Completed: 4/30/2026  
Updated

Year to Date Unduplicated Participant Count				
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
1	16	667	1,425	

PEI County Program: OLDER ADULT COMMUNITY SERVICES

State Defined Program: PREVENTION

Service Projections for:		Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Early Intervention Services	Case Management	1	0	0	0	0	0							1
	Mental Health Services	3	3	3	3	2	2							16
Mental Health Promotion		112	111	111	111	111	111							667
Community Client Services		240	240	240	240	240	225							1425
TOTAL		356	354	354	354	353	338	0	0	0	0	0	0	2109
Hours Projections for:		Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Early Intervention Services	Case Management	10	10	10	10	10	10							58
	Mental Health Services	179	179	179	179	179	179							1,072
Mental Health Promotion		222	222	222	222	222	222							1,332
Community Client Services		72	72	72	72	72	72							434
TOTAL		483	483	483	483	483	483	0	0	0	0	0	0	2,896
Cost Projections for:		Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
Early Intervention Services	Case Management	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567	\$ 567							\$ 3,400
	Mental Health Services	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483	\$ 10,483							\$ 62,900
Mental Health Promotion		\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033	\$ 13,033							\$ 78,200
Community Client Services		\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250	\$ 4,250							\$ 25,500
TOTAL		\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ 28,333	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 170,000



## 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 pages. If a question does not apply respond N/A or Not Applicable.**

1. Name of Contractor: West End Family Counseling
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

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: 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 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.