



Contract Number

21-691 A-2

SAP Number

4400017816

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 386-0856
Contractor	Lutheran Social Services of Southern California
Contractor Representative	Tawanda Counts
Telephone Number	(714) 685-1800
Contract Term	October 1, 2021, through September 30, 2026
Original Contract Amount	\$2,880,000
Amendment Amount	\$ 720,000
Total Contract Amount	\$3,600,000
Cost Center	9206341000
Grant Number (If applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

IN THAT CERTAIN **Contract No. 21-691** by and between San Bernardino County, a political subdivision of the State of California, hereinafter called the County, and Lutheran Social Services of Southern California, 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. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraphs I and J are hereby amended to read as follows:
 - I. The contract amendment amount of \$720,000 shall increase the total contract amount from \$2,880,000 to \$3,600,000 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.

- II. ARTICLE VI PROVISIONAL PAYMENT, paragraph D.2 is hereby amended to read as follows:
- D.2 Payments for partial fiscal years (FY2021-22, FY 2024-25, and FY 2026/27) will be at different allocation rates. For FY 2021-22, FY 2024/25, and FY 2025/26, payments will be one-ninth (1/9) of the maximum allocations for the mode of service. For FY 2024/25 and FY 2026/27, payments will be one-third (1/3) of the maximum allocation for the mode of service.
- III. 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.
- IV. 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.
- V. ATTACHMENT III Campaign Contributions Disclosure (SB1439) is hereby replaced with Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached.
- VI. Exhibit I Schedules A and B for FY 2025-26 and 2026-27 are hereby added.

VII. 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

Lutheran Social Services of Southern California

(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 Dr. LaSharnda Beckwith
(Print or type name of person signing contract)

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

Title President and Chief Executive Officer
(Print or Type)

By _____
Deputy

Dated: _____


Address 999 W. Town and County Road,
Suite 100, Orange, CA 92868


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

Actual Cost Contract (cost reimbursement)

General Mental Health
(GMH)

Contractor Name: Lutheran Social Services

Provider #: 36C4, 36GR, 36GRS1

Contract/RFP#: RTP 24-170

Address: PO Box 1927

Big Bear Lake, CA 92315

Prepared by: Ly-Bach Truong
Title: Grant Writer

FY 2025 - 2026

7/1/26 - 9/30/26

Date Form Completed: 1/22/2025

Date Form Revised: 3/4/2025

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 %	4.00%	55.00%	40.00%	1.00%		
		EXPENSES						
2		SALARIES	3,289	45,222	32,888	822	0	82,221
3		BENEFITS	920	12,652	9,201	230	0	23,003
		(2+3 must equal total staffing costs)	4,209	57,873	42,090	1,052	0	105,224
4		OPERATING EXPENSES	2,991	41,127	29,911	748	0	74,776
5		TOTAL EXPENSES (2+3+4)	7,200	99,000	72,000	1,800	0	180,000
		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)	7,200	99,000	72,000	1,800	0	180,000
		FUNDING						
	Mix %	Share %						
12	94.08%	MEDI-CAL (FFP)	3,184	43,776	31,837	796	0	79,593
13	3.08%	EPSDT (2011 Realignment)	2	29	21	1	0	53
14		1991 Realignment Match	3,588	49,334	35,880	896	0	89,698
15			0	0	0	0	0	0
16	5.92%	1991 Realignment - Net County	426	5,861	4,262	107	0	10,656
17		FUNDING TOTAL	7,200	99,000	72,000	1,800	0	180,000
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0
19		STATE FUNDING (Including Realignment)	4,016	55,224	40,163	1,004	0	100,407
20		FEDERAL FUNDING	3,184	43,776	31,837	796	0	79,593
21		TOTAL FUNDING	7,200	99,000	72,000	1,800	0	180,000
22		TARGET COST PER UNIT OF SERVICE	\$2.28	\$3.04	\$5.76	\$4.00	\$0.00	
23		UNITS OF TIME (Minutes)	3,153	32,516	12,508	450	0	48,627

APPROVED:


 Mario Franco (Mar 4, 2025 18:57 PST)

03/04/2025



03/05/2025



03/10/2025

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Mario Franco

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Thelma Rodriguez

DBH FISCAL SERVICES (PRINT NAME)

Heather Louer

DBH SENIOR PROGRAM MANAGER (PRINT NAME)

Chief Operating & Financial Officer

Administrative Supervisor I DBH FISCAL

Roger Ma

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL**

Schedule B

FY 2025 - 2026

7/1/26 - 9/30/26

(3 months)

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

CONTRACTOR NAME: Lutheran Social Services

0.25 year

[illegible][illegible]

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

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

TOTAL	
COST:	105,224

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

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

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

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Prepared by: Ly-Bach Truong
Title: Grant Writer

Contractor Name: Lutheran Social Services
Provider # 36C4*, 36GR* 36GRS1
Contract/RFP# RTP 24-170
Address: PO Box 1927
Big Bear Lake, CA 92315
Date Form Completed: 1/22/2025

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.

7/1/26 - 9/30/26

(3 Months)						Budget Revision	
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1 External Data Base	\$0		\$0	100%	\$0	0	0
2 Corp Admin Costs (Admin Overhead)	\$34,200		\$0	100%	\$34,200		34,200
3 Informaton Technology	\$7,917		\$0	100%	\$7,917		7,917
4 Insurance	\$750		\$0	100%	\$750		750
5 Maintanance (other than vehicle)	\$380		\$0	100%	\$380		380
6 Misc. Advert, Bank, Print, Postage, Employee Costs	\$125		\$0	100%	\$125		125
7 Office/Program Supplies	\$125		\$0	100%	\$125		125
8 Professional/Contract Costs	\$23,564		\$0	100%	\$23,564		23,564
9 Staff Training/Meetings, Travel,	\$353		\$0	100%	\$353		353
10 Taxes, Licenses, Dues, Subscriptions	\$84		\$0	100%	\$84		84
11 Telephone/Utilities	\$1,170		\$0	100%	\$1,170		1,170
12 Rent	\$6,834		\$0	10%	\$683		683
13 Vehicle Costs	\$4,800		\$0	100%	\$4,800		4,800
14 Equipment rentals	\$625		\$0	100%	\$625		625
SUBTOTAL B:	\$80,927		\$0		\$74,776	0	74,776
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$180,000	0	180,000

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

Prepared by: Ly-Bach Truong
Title: Grant Writer

Contractor Name: Lutheran Social Services

Provider # 36C4, 36GR 36GRS1

Contract/RFP# RTP 24-170

Address: PO Box 1927

Big Bear Lake, CA 92315

Date Form Completed: 1/22/2025

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.

7/1/26 - 9/30/26

ITEM	Justification of Cost
1	
2 Corp Admin Costs (Admin Overhead)	19% of Contract Direct and Indirect Costs. Covers costs of corporate administration such as but not limited to Payroll, HR, IT not specific to this contract, CEO, CFO, Other Chiefs, Fiscal, etc.. Does not cover any staffing costs listed as indirect on the staffing page as these are program required support services specific to providing contract services. Allocatoin is FTE based for Salaried employees and real time recording for hourly staff.
3 Informaton Technology	Covers but is not limited to such items as Electronic Health Record Fees (which includes such items as cloud maintainance, training, security, report building and tech support), Hardware (Computers, Laptops, Monitors) Software required to provide program services, Repairs Direct and FTE Allocation
4 Insurance	DBH required and business necessary insurance including general liability, professional liability, sexual harasment, cysersecurity, workman's comp fees other than those paid per person in payroll. Does not include auto insurance FTE allocation
5 Maintanance (other than vehicle)	Covers but is not limited to such items as cleaning, replacement of perishable items such as light bulbs, air filters, locks door knobs etc.. FTE Allocation
6 Misc. Advert, Bank, Print, Postage, Employee Costs	Covers but is not limited to such items as Advertizing, Printing of program brochures, Postage, Shipping fees, Employee Costs (DOJ, Exclusion Lists and SS# checks) FTE Allocation/Direct Allocation
7 Office/Program Supplies	Covers but is not limited to such items as paper, writing materials, envelopes, paper clips, rubber bands, folders, art suplies, books, journals, FTE Allocation
8 Professional/Contract Costs	Covers cost of Subcontracting TeleMedician Services (Psychiarty) , Single Source Audit and othher professional contacts Direct and FTE Allocation
9 Staff Training/Meetings, Travel,	Covers costs of staff trainings, meetings, travel, lodging, food, transportation, mileage Direct Allocation
10 Taxes, Licenses, Dues, Subscriptions	Covers taxes, Licenses (such as business) Dues such as HCCA for Compliance Officer (Senior Director) and Professional Subscriptions Direct and FTE allocations
11 Telephone/Utilities	Covers telephone, cell phones, water, electricity, gas, and other utility costs FTE allocation
12 Rent	Covers Rent/Lease of Medi-Cal certified office space for program provision. FTE allocation
13 Vehicle Costs	Maintanance, Insurance, Leasing, fuel costs Direct Allocation
14 Equipment rentals	Covers costs of rental of office equipment such as but no limited to Copy machines, fax machines

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

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$2.40	\$3.20	\$6.05	\$4.20
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$2.28	\$3.04	\$5.76	\$4.00

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name:	Lutheran Social Services
Provider #	36C4*, 36GR* 36GRS1
Contract/RFP#	RTP 24-170
Address:	PO Box 1927
	Big Bear Lake, CA 92315
Date Form Completed:	1/22/2025
Date Form Revised:	3/4/2025

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		180
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-26	16,209	4.76	\$2,400	\$33,000	\$24,000	\$600						180
Aug-26	16,209	4.76	\$2,400	\$33,000	\$24,000	\$600						180
Sep-26	16,209	4.76	\$2,400	\$33,000	\$24,000	\$600						180
Oct-26	0	0.00	\$0	\$0	\$0	\$0						0
Nov-26	0	0.00	\$0	\$0	\$0	\$0						0
Dec-26	0	0.00	\$0	\$0	\$0	\$0						0
Jan-27	0	0.00	\$0	\$0	\$0	\$0						0
Feb-27	0	0.00	\$0	\$0	\$0	\$0						0
Mar-27	0	0.00	\$0	\$0	\$0	\$0						0
Apr-27	0	0.00	\$0	\$0	\$0	\$0						0
May-27	0	0.00	\$0	\$0	\$0	\$0						0
Jun-27	0	0.00	\$0	\$0	\$0	\$0						0
TOTAL	48,627		\$7,200	\$99,000	\$72,000	\$1,800				0	0	
Total Revenue								\$180,000	Unduplicated Clients Served		180	
Estimated Cost Per Client:										\$1,000		

EXHIBIT I

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	3,153	32,516	12,508	450	48,627
Total Monthly Minutes of Services (Average)	263	2710	1042	38	4052
Dosage (minutes) per client per month	6	60	23	1	90
Dosage (hours) per client per month	0.10	1.00	0.39	0.01	1.50
Total Hours Per Unduplicated Client for Duration of the Program:					4.50

Avg Monthly Census	Expected Length of Program (months)
45	3

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: Lutheran Social Services

Actual Cost Contract (cost reimbursement)

General Mental Health
(GMH)

Provider # 36C4', 36GR' 36GRS1

Contract/RFP# RTP 24-170

FY 2025 - 2026

Address: PO Box 1927

Prepared by: Ly-Bach Truong

10/1/25 - 6/30/26

Big Bear Lake, CA 92315

Title: Grant Writer

Date Form Completed: 1/22/2025

Date Form Revised: 3/4/2025

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 %	4.00%	55.00%	40.00%	1.00%		
		EXPENSES						
2		SALARIES	9,867	135,665	98,665	2,467	0	246,663
3		BENEFITS	2,760	37,955	27,604	690	0	69,009
		(2+3 must equal total staffing costs)	12,627	173,620	126,269	3,157	0	315,672
4		OPERATING EXPENSES	8,973	123,380	89,731	2,243	0	224,328
5		TOTAL EXPENSES (2+3+4)	21,600	297,000	216,000	5,400	0	540,000
		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)	21,600	297,000	216,000	5,400	0	540,000
	Mix %	FUNDING	Share %					
12	94.08%	MEDI-CAL (FFP)	47.00%	9,551	131,326	95,510	2,388	238,775
13	3.08%	EPSDT (2011 Realignment)	1.00%	6	86	63	2	157
14		1991 Realignment Match	52.00%	10,764	148,006	107,640	2,690	269,100
15				0	0	0	0	0
16	5.92%	1991 Realignment - Net County		1,279	17,582	12,787	320	31,968
17		FUNDING TOTAL		21,600	297,000	216,000	5,400	540,000
18		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
19		STATE FUNDING (Including Realignment)		12,049	165,674	120,490	3,012	301,225
20		FEDERAL FUNDING		9,551	131,326	95,510	2,388	238,775
21		TOTAL FUNDING		21,600	297,000	216,000	5,400	540,000
22		TARGET COST PER UNIT OF SERVICE		\$6.85	\$9.13	\$17.27	\$11.99	\$0.00
23		UNITS OF TIME (Minutes)		3,153	32,516	12,508	450	48,627

APPROVED:


 Mario Franco (Mar 4, 2025 18:56 PST)

03/04/2025

Thelma Rodriguez

03/05/2025

Heather P. Louer

03/10/2025

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Mario Franco

Thelma Rodriguez

Heather Louer

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH SENIOR PROGRAM MANAGER (PRINT NAME)

Chief Operating & Financial Officer

Administrative Supervisor I DBH FISCAL

Roger Ma

STAFFING DETAIL

FY 2025 - 2026

10/1/25 - 6/30/26

(9 months)

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

CONTRACTOR NAME: Lutheran Social Services

0.75 year

[illegible]

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

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,

Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

TOTAL	
COST:	315.672

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

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

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

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2025 - 2026

Prepared by: Ly-Bach Truong
Title: Grant Writer

Contractor Name: Lutheran Social Services
Provider # 36C4, 36GR, 36GRS1
Contract/RFP#: RTP 24-170
Address: PO Box 1927
Big Bear Lake, CA 92315
Date Form Completed: 1/22/2025

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.

10/1/25 - 6/30/26

(9 Months)						Budget Revision	
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Revised Budget
1 External Data Base	\$0		\$0	100%	\$0	0	0
2 Corp Admin Costs (Admin Overhead)	\$102,600		\$0	100%	\$102,600		102,600
3 Informaton Technology	\$23,750		\$0	100%	\$23,750		23,750
4 Insurance	\$2,250		\$0	100%	\$2,250		2,250
5 Maintanance (other than vehicle)	\$1,140		\$0	100%	\$1,140		1,140
6 Misc. Advert, Bank, Print, Postage, Employee Costs	\$374		\$0	100%	\$374		374
7 Office/Program Supplies	\$375		\$0	100%	\$375		375
8 Professional/Contract Costs	\$70,692		\$0	100%	\$70,692		70,692
9 Staff Training/Meetings, Travel,	\$1,061		\$0	100%	\$1,061		1,061
10 Taxes, Licenses, Dues, Subscriptions	\$250		\$0	100%	\$250		250
11 Telephone/Utilities	\$3,511		\$0	100%	\$3,511		3,511
12 Rent	\$20,500		\$0	10%	\$2,050		2,050
13 Vehicle Costs	\$14,400		\$0	100%	\$14,400		14,400
14 Equipment rentals	\$1,875		\$0	100%	\$1,875		1,875
SUBTOTAL B:	\$242,778		\$0		\$224,328	0	224,328
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$540,000	0	540,000

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

Prepared by: Ly-Bach Truong
Title: Grant Writer

Contractor Name: Lutheran Social Services

Provider # 36C4', 36GR' 36GRS1

Contract/RFP# RTP 24-170

Address: PO Box 1927

Big Bear Lake, CA 92315

Date Form Completed: 1/22/2025

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.

10/1/25 - 6/30/26

ITEM	Justification of Cost
1	
2 Corp Admin Costs (Admin Overhead)	19% of Contract Direct and Indirect Costs. Covers costs of corporate administration such as but not limited to Payroll, HR, IT not specific to this contract, CEO, CFO, Other Chiefs, Fiscal, etc.. Does not cover any staffing costs listed as indirect on the staffing page as these are program required support services specific to providing contract services. Allocatoin is FTE based for Salaried employees and real time recording for hourly staff.
3 Informaton Technology	Covers but is not limited to such items as Electronic Health Record Fees (which includes such items as cloud maintainance, training, security, report building and tech support), Hardware (Computers, Laptops, Monitors) Software required to provide program services, Repairs Direct and FTE Allocation
4 Insurance	DBH required and business necessary insurance including general liability, professional liability, sexual harasment, cysersecurity, workman's comp fees other than those paid per person in payroll. Does not include auto insurance FTE allocation
5 Maintanance (other than vehicle)	Covers but is not limited to such items as cleaning, replacement of perishable items such as light bulbs, air filters, locks door knobs etc.. FTE Allocation
6 Misc. Advert, Bank, Print, Postage, Employee Costs	Covers but is not limited to such items as Advertizing, Printing of program brochures, Postage, Shipping fees, Employee Costs (DOJ, Exclusion Lists and SS# checks) FTE Allocation/Direct Allocation
7 Office/Program Supplies	Covers but is not limited to such items as paper, writing materials, envelopes, paper clips, rubber bands, folders, art suplies, books, journals, FTE Allocation
8 Professional/Contract Costs	Covers cost of Subcontracting TeleMedician Services (Psychiarty) , Single Source Audit and othher professional contacts Direct and FTE Allocation
9 Staff Training/Meetings, Travel,	Covers costs of staff trainings, meetings, travel, lodging, food, transportation, mileage Direct Allocation
10 Taxes, Licenses, Dues, Subscriptions	Covers taxes, Licenses (such as business) Dues such as HCCA for Compliance Officer (Senior Director) and Professional Subscriptions Direct and FTE allocations
11 Telephone/Utilities	Covers telephone, cell phones, water, electricity, gas, and other utility costs FTE allocation
12 Rent	Covers Rent/Lease of Medi-Cal certified office space for program provision. FTE allocation
13 Vehicle Costs	Maintanance, Insurance, Leasing, fuel costs Direct Allocation
14 Equipment rentals	Covers costs of rental of office equipment such as but no limited to Copy machines, fax machines

EXHIBIT I

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

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$2.40	\$3.20	\$6.05	\$4.20
NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$6.85	\$9.13	\$17.27	\$11.99

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name:	Lutheran Social Services
Provider #	36C4', 36GR' 36GRS1
Contract/RFP#	RTP 24-170
Address:	PO Box 1927
	Big Bear Lake, CA 92315
Date Form Completed:	1/22/2025
Date Form Revised:	3/4/2025

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-25	0	4.76	\$0	\$0	\$0	\$0						180
Aug-25	0	4.76	\$0	\$0	\$0	\$0						180
Sep-25	0	4.76	\$0	\$0	\$0	\$0						180
Oct-25	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
Nov-25	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
Dec-25	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
Jan-26	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
Feb-26	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
Mar-26	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
Apr-26	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
May-26	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
Jun-26	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800						180
TOTAL	48,627		\$21,600	\$297,000	\$216,000	\$5,400				0	0	
Total Revenue								\$540,000	Unduplicated Clients Served			180
Estimated Cost Per Client:										\$3,000		

EXHIBIT I

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	3,153	32,516	12,508	450	48,627
Total Monthly Minutes of Services (Average)	263	2710	1042	38	4052
Dosage (minutes) per client per month	1	15	6	0	23
Dosage (hours) per client per month	0.02	0.25	0.10	0.00	0.38
Total Hours Per Unduplicated Client for Duration of the Program:					1.13

Avg Monthly Census	Expected Length of Program (months)
180	3



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: Lutheran Social Services of Southern California

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 ☒ 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: _____

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 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.