



**Contract Number**

21-695 A-1

**SAP Number**

9208642200

**Department of Behavioral Health**

<b>Department Contract Representative</b>	Desiree Alfaro
<b>Telephone Number</b>	(909) 388-0932
<b>Contractor</b>	Telecare Corporation
<b>Contractor Representative</b>	Jennifer Hinkel
<b>Telephone Number</b>	(510) 671-4600
<b>Contract Term</b>	October 1, 2021, through September 30, 2026
<b>Original Contract Amount</b>	\$6,311,250
<b>Amendment Amount</b>	\$556,107
<b>Total Contract Amount</b>	\$6,867,357
<b>Cost Center</b>	9208642200
<b>Grant Number (if applicable)</b>	N/A

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1:**

San Bernardino County (County) and Telecare Corporation (Contractor) hereby agreed to amend Contract No. 21-695, as follows:

- I. ARTICLE V. FUNDING AND BUDGETARY RESTRICTIONS, paragraph I and J are hereby amended to read as follows:
  - I. The contract amount of \$556,107 shall increase the total contract amount from \$6,311,250 to \$6,867,357 for the contract term.
  - J. This amendment hereby adds schedules A and B for FY 2025-26. All previously approved schedules remain in effect.
- II. ARTICLE XVII. PERSONNEL, paragraph L is hereby added:

- L. Contractor has disclosed to the County using Attachment C – Levine Act - Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor’s proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer for 12 months after the County’s consideration of the Contract.

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.

- IV. ATTACHMENT III. LEVINE ACT-CAMPAIGN CONTRIBUTION DISCLOSURE (formally referred to as SB 1439), is hereby added.

**All other terms and conditions of Contract No. 21-695 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  
San Bernardino County

By \_\_\_\_\_  
Deputy

Telecare Corporation

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

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

Name \_\_\_\_\_  
*(Print or type name of person signing contract)*

Title \_\_\_\_\_  
*(Print or Type)*

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

Address 1080 Marina Village Parkway Suite, 100  
Alameda, CA 94501

**FOR COUNTY USE ONLY**

<p>Approved as to Legal Form</p> <p>► _____ Dawn Martin, Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____ Michael Shin, Administrative Manager</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____ Georgina Yoshioka, Director</p> <p>Date _____</p>
--	---	---

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

FY 2025-2026

JULY 1, 2025 TO SEPTEMBER 30, 2025

FACT (Forensic Assertive Community Treatment) and  
CFACT (COMMUNITY FACT)

Contractor Name: Telecare Corporation

Contract #/RFP #

Address: 1080 Marina Village Pkwy

Alameda, CA 94501

Date Form Completed: 9/5/2025

Date Form Revised

Actual Cost Contract (cost reimbursement)

Prepared by: Kelly Stephens

Title: Director of Pricing

LINE	100%	Distribution % (Please enter % for each mode/SF)									TOTAL
		10.52%	52.62%	7.89%	2.63%	8.41%	11.32%	2.27%	4.34%		
#		MODE OF SERVICE	15 - Outpatient	15 - Outpatient	15 - Outpatient	15 - Outpatient	45 - Outreach	60 - Support	60 - Support	60 - Support	
		SERVICE FUNCTION	Case Management (01-09)	Mental Health Svcs (10-19)	Medication Support (60-69)	Crisis Intervention (70-79)	Mental Health Promotion (10-19)	Client Housing Support 70	Client Flexible Support 72	Operating Income	
<b>EXPENSES</b>											
1		SALARIES	18,716	74,574	15,226	8,247	15,916				132,680
2		BENEFITS	5,104	20,339	4,153	2,249	4,341				36,186
		(1+2 must equal total staffing costs)	23,820	94,913	19,379	10,496	20,257	0	0	0	168,865
3		OPERATING EXPENSES	13,369	53,271	10,877	5,891	11,370	32,510	1,893	17,515	146,697
4		TOTAL EXPENSES (1+2+3)	37,189	148,184	30,256	16,387	31,627	32,510	1,893	17,515	315,562
<b>AGENCY REVENUES</b>											
5		PATIENT FEES									0
6		PATIENT INSURANCE									0
7		MEDI-CARE									0
8		GRANTS/OTHER									0
9		TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0	0	0
10		CONTRACT AMOUNT (4-9)	37,189	148,184	30,256	16,387	31,627	32,510	1,893	17,515	315,562
<b>FUNDING</b>											
	Mix %	Share %									
11	100.00%	33.00%	12,273	48,901	9,984	5,408					76,566
12			12,273	48,901	9,984	5,408					76,566
13	100.00%	67.00%	12,644	50,383	10,287	5,572	31,627	32,510	1,893	17,515	162,431
			37,190	148,184	30,256	16,387	31,627	32,510	1,893	17,515	315,562
14		NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0	0	0	0	0
15		STATE FUNDING (Including Realignment)	24,917	99,284	20,271	10,980	31,627	32,510	1,893	17,515	238,996
16		FEDERAL FUNDING	12,273	48,901	9,984	5,408	0	0	0	0	76,566
		TOTAL FUNDING	37,190	148,184	30,256	16,387	31,627	32,510	1,893	17,515	315,562
17		UNITS OF TIME (MINUTES)	16,904	49,560	5,442	3,902					75,808
18		COST PER UNIT OF TIME	2.20	2.99	5.56	4.20					
19		UNITS OF SERVICE--Hours	282	826	91	65					1,264

APPROVED:

*Denise Awrey*  
Denise Awrey (Sep 9, 2025 12:00:06 PM)

09/09/2025

*Thelma Rodriguez*

09/09/2025

*Martha Parra*

09/09/2025

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Denise Awrey

Thelma Rodriguez

Martha Parra

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
FY 2025-2026

Contractor Name: Telecare Corporation  
Contract #/RFP #  
Address: 1080 Marina Village Pkwy  
Alameda, CA 94501  
Date Form Completed: 9/5/2025  
Date Form Revised

Actual Cost Contract (cost reimbursement)

Prepared by: Kelly Stephens  
Title: Director of Pricing

OCTOBER 1, 2025 TO JUNE 30, 2026  
FACT (Forensic Assertive Community Treatment) and  
CFACT (COMMUNITY FACT)

LINE	100%	Distribution % (Please enter % for each mode/SF)	10.52%	52.62%	7.89%	2.63%	8.41%	11.32%	2.27%	4.34%	TOTAL
#		MODE OF SERVICE	15 - Outpatient	15 - Outpatient	15 - Outpatient	15 - Outpatient	45 - Outreach	60 - Support	60 - Support	60 - Support	
		SERVICE FUNCTION	Case Management (01-09)	Mental Health Svcs (10-19)	Medication Support (60-69)	Crisis Intervention (70-79)	Mental Health Promotion (10-19)	Client Housing Support 70	Client Flexible Support 72	Operating Income	
<b>EXPENSES</b>											
1		SALARIES	75,771	301,914	61,644	33,390	64,437				537,156
2		BENEFITS	20,830	82,998	16,946	9,179	17,714				147,667
		(1+2 must equal total staffing costs)	96,601	384,912	78,590	42,569	82,151	0	0	0	684,823
3		OPERATING EXPENSES	48,177	191,962	39,194	21,230	40,970	280,800	10,052	46,559	678,944
4		TOTAL EXPENSES (1+2+3)	144,778	576,874	117,784	63,799	123,121	280,800	10,052	46,559	1,363,767
<b>AGENCY REVENUES</b>											
5		PATIENT FEES									0
6		PATIENT INSURANCE									0
7		MEDI-CARE									0
8		GRANTS/OTHER									0
9		TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0	0	0
10		CONTRACT AMOUNT (4-9)	144,778	576,874	117,784	63,799	123,121	280,800	10,052	46,559	1,363,767
	Mix %	FUNDING	Share %								
11	100.00%	MEDI-CAL (FFP)	33.00%	47,777	190,368	38,869	21,054				298,067
12		MHSA MATCH		47,777	190,368	38,869	21,054				298,067
13	100.00%	MHSA	67.00%	49,224	196,137	40,047	21,692	123,121	280,800	10,052	46,559
		FUNDING TOTAL		144,778	576,874	117,784	63,799	123,121	280,800	10,052	46,559
14		NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>		0	0	0	0	0	0	0	0
15		STATE FUNDING (Including Realignment)		97,001	386,505	78,915	42,745	123,121	280,800	10,052	46,559
16		FEDERAL FUNDING		47,777	190,368	38,869	21,054	0	0	0	298,067
		TOTAL FUNDING		144,778	576,874	117,784	63,799	123,121	280,800	10,052	46,559
17		UNITS OF TIME (MINUTES)		65,808	192,934	21,184	15,190				295,117
18		COST PER UNIT OF TIME		2.20	2.99	5.56	4.20				
19		UNITS OF SERVICE--Hours		1,097	3,216	353	253				4,919

APPROVED:

<u>Denise Awrey</u> <small>Denise Awrey (Sep 9, 2025 12:02:26 PDT)</small>	09/09/2025	<u>Thelma Rodriguez</u>	09/09/2025		09/09/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Denise Awrey		Thelma Rodriguez		Martha Parra	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: **Telecare Corporation**  
 Contract #/RFP #  
 Address: **1080 Marina Village Pkwy  
Alameda, CA 94501**  
 Date Form Completed: **9/5/2025**  
 Date Form Revised

Actual Cost Contract (cost reimbursement)

FY 2026-2027

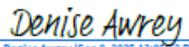
JULY 1, 2026 TO SEPTEMBER 30, 2026

Prepared by: **Kelly Stephens**  
 Title: **Director of Pricing**

**FACT (Forensic Assertive Community Treatment) and  
CFACT (COMMUNITY FACT)**

LINE	100%	Distribution % (Please enter % for each mode/SF)	10.52%	52.62%	7.89%	2.63%	8.41%	11.32%	2.27%	4.34%	TOTAL
#	MODE OF SERVICE	SERVICE FUNCTION	15 - Outpatient	15 - Outpatient	15 - Outpatient	15 - Outpatient	45 - Outreach	60 - Support	60 - Support	60 - Support	
			Case Management (01-09)	Mental Health Svcs (10-19)	Medication Support (60-69)	Crisis Intervention (70-79)	Mental Health Promotion (10-19)	Client Housing Support 70	Client Flexible Support 72	Operating Income	
<b>EXPENSES</b>											
1		SALARIES	25,257	100,638	20,548	11,130	21,479				179,052
2		BENEFITS	6,943	27,666	5,649	3,060	5,905				49,222
		(1+2 must equal total staffing costs)	32,200	128,304	26,197	14,190	27,384	0	0	0	228,275
3		OPERATING EXPENSES	16,059	63,987	13,065	7,077	13,657	93,600	3,351	15,520	226,315
4		TOTAL EXPENSES (1+2+3)	48,259	192,291	39,262	21,267	41,041	93,600	3,351	15,520	454,590
<b>AGENCY REVENUES</b>											
5		PATIENT FEES									0
6		PATIENT INSURANCE									0
7		MEDI-CARE									0
8		GRANTS/OTHER									0
9		TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0	0	0	0
10		CONTRACT AMOUNT (4-9)	48,259	192,291	39,262	21,267	41,041	93,600	3,351	15,520	454,590
<b>FUNDING</b>											
11	100.00%	MEDI-CAL (FFP)	15,925	63,456	12,956	7,018					99,356
12		MHSA MATCH	15,925	63,456	12,956	7,018					99,356
13	100.00%	MHSA	16,408	65,379	13,349	7,231	41,041	93,600	3,351	15,520	255,878
		FUNDING TOTAL	48,259	192,291	39,262	21,267	41,041	93,600	3,351	15,520	454,590
14		NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0	0	0	0	0
15		STATE FUNDING (Including Realignment)	32,333	128,835	26,305	14,249	41,041	93,600	3,351	15,520	355,234
16		FEDERAL FUNDING	15,925	63,456	12,956	7,018	0	0	0	0	99,356
		TOTAL FUNDING	48,259	192,291	39,262	21,267	41,041	93,600	3,351	15,520	454,590
17		UNITS OF TIME (MINUTES)	21,936	64,311	7,061	5,063					98,372
18		COST PER UNIT OF TIME	2.20	2.99	5.56	4.20					
19		UNITS OF SERVICE--Hours	366	1,072	118	84					1,640

APPROVED:

	09/09/2025		09/09/2025		09/09/2025
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Denise Awrey		Thelma Rodriguez		Martha Parra	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025-2026

JULY 1, 2025 TO SEPTEMBER 30, 2025

Contractor Name: Telecare Corporation

Contract # \_\_\_\_\_

Address: 1080 Marina Village Pkwy  
Alameda, CA 94501

Date Form Completed: 9/5/2025

Updated \_\_\_\_\_

Prepared by: Kelly Stephens

Title: Director of Pricing

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.

**FACT (Forensic Assertive Community Treatment) and CFACT (COMMUNITY FACT)**

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	% CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
1 Building Rent	\$8,574	0%	\$0	100%	\$8,574
2 Property Taxes and Insurance	\$245	0%	\$0	100%	\$245
3 Psychiatrist Contractor	\$20,103	0%	\$0	100%	\$20,103
4 Professional Fees	\$435	0%	\$0	100%	\$435
5 Equipment Expense	\$4,015	0%	\$0	100%	\$4,015
6 General & Administrative Costs	\$26,126	0%	\$0	100%	\$26,126
7 Administrative Support	\$25,080	0%	\$0	100%	\$25,080
8 Operating Income	\$17,515	0%	\$0	100%	\$17,515
9 Building Expenses	\$4,294	0%	\$0	100%	\$4,294
10 Client Housing Support	\$32,510	0%	\$0	100%	\$32,510
11 Medical Supplies Expenses	\$1,605	0%	\$0	100%	\$1,605
12 Mileage	\$4,303	0%	\$0	100%	\$4,303
13 Client Flexible Support	\$1,893	0%	\$0	100%	\$1,893
<b>SUBTOTAL B:</b>	\$146,697				\$146,697
<b>GROSS COSTS TOTAL A + B:</b>	\$315,563				\$315,563







SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025-2026

OCTOBER 1, 2025 TO JUNE 30, 2026

Contractor Name: Telecare Corporation

Contract # \_\_\_\_\_

Address: 1080 Marina Village Pkwy

Alameda, CA 94501

Date Form Completed: 9/5/2025

Updated \_\_\_\_\_

Prepared by: Kelly Stephens

Title: Director of Pricing

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.

**FACT (Forensic Assertive Community Treatment) and CFACT (COMMUNITY FACT)**

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	% CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
1 Building Rent	\$37,500	0%	\$0	100%	\$37,500
2 Property Taxes and Insurance	\$734	0%	\$0	100%	\$734
3 Psychiatrist Contractor	\$60,308	0%	\$0	100%	\$60,308
4 Professional Fees	\$1,519	0%	\$0	100%	\$1,519
5 Equipment Expense	\$13,258	0%	\$0	100%	\$13,258
6 General & Administrative Costs	\$98,681	0%	\$0	100%	\$98,681
7 Administrative Support	\$93,119	0%	\$0	100%	\$93,119
8 Operating Income	\$46,559	0%	\$0	100%	\$46,559
9 Building Expenses	\$12,747	0%	\$0	100%	\$12,747
10 Client Housing Support 70	\$280,800	0%	\$0	100%	\$280,800
11 Medical Supplies Expenses	\$5,735	0%	\$0	100%	\$5,735
12 Mileage	\$17,931	0%	\$0	100%	\$17,931
13 Client Flexible Support 72	\$10,052	0%	\$0	100%	\$10,052
<b>SUBTOTAL B:</b>	\$678,944				\$678,944
<b>GROSS COSTS TOTAL A + B:</b>	\$1,363,767				\$1,363,767

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 BUDGET NARRATIVE

FY 2025-2026  
 OCTOBER 1, 2025 TO JUNE 30, 2026

FACT (Forensic Assertive Community Treatment) and  
 CFACT (COMMUNITY FACT)

Prepared by: Kelly Stephens  
 Title: Director of Pricing

Contractor Name: Telecare Corporation  
 Contract # \_\_\_\_\_  
 Address: 1080 Marina Village Pkwy  
Alameda, CA 94501  
 Date Form Completed: 9/5/2025  
 Updated \_\_\_\_\_

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

ITEM	Justification of Cost
1 Building Rent	The budgeted lease cost of renting the entire facility is approximately \$25,754 / mo of which the FACT share is \$4,166.67 / mo or \$50,000 for a year. The building is shared with the San Bernardino ACT, MAPS, FACT and CORE programs. 16.2% of the lease is paid by the FACT program. The percentage is determined by the number of square feet used by the program.
2 Property Taxes and Insurance	Cost of property tax and insurance is what is paid by the program in addition to monthly rent.
3 Psychiatrist Contractor	A Psychiatrist is contracted to work 7 hours per week at \$198 per hour. In addition, there is about \$10,523 per year in administrative expenses.
4 Professional Fees	Cost of clinical consultants, audit and legal services
5 Equipment Expense	Equipment expense includes depreciation expense and copier lease.
6 General & Administrative Costs	Includes various G&A costs of which the most significant are related to general liability insurance, travel, audit fees, telephone & data line, office expenses, including software upgrades, minor equip & repairs, payroll & benefits processing and other employee related costs for recruiting, background checks, fingerprints and physicals.
7 Administrative Support	Indirect corporate overhead costs estimated to be 10% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, quality assurance and quality improvement. Corporate allocation is spread to all Telecare programs according to a calculation which uses program expenses, FTEs, type of program, and years of operations as factors. Telecare's allocation methodology complies with all Federal regulations
8 Operating Income	Costs estimated to be 5% of direct cost of the program. This allows Telecare to earn a profit in addition to covering the cost of development and corporate expenses that are not allocated to the programs. Total indirect costs are capped at 15%.
9 Building Expenses	Costs related to maintaining the facility including supplies, repairs & maintenance, minor equipment, janitorial and sanitation services.
10 Client Housing Support 70	Costs related to client support expenses for housing for those without benefits or needing transitional support for critical needs to prevent homelessness.
11 Medical Supplies Expenses	Incidental medical supplies and equipment, including gloves, syringes, tongue depressors, glucometers, drug tests, and blood pressure cuffs.
12 Mileage	Clinical staff mileage incurred in field operations. Staff is reimbursed based on the IRS standard rate that is adjusted January 1st each year.
13 Client Flexible Support 72	Costs related to client support expenses for food, emergency clothing or transportation.

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2025-2026  
OCTOBER 1, 2025 TO JUNE 30, 2026**

**FACT (Forensic Assertive Community Treatment) and  
CFACT (COMMUNITY FACT)**

Contractor Name:	Telecare Corporation
Contract/RFP#	
Address:	1080 Marina Village Pkwy Alameda, CA 94501
Date Form Completed:	9/5/2025
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 168 hours per month per FTE)	Projected Revenue Generated by Service Type						Clients Served					
				Case Mgmt (01-09)	Mental Health Services (10-50)	Med Support (60-69)	Crisis Intervention (70)			Starting Census				FACT	CFACT
										FACT CLIENTS		CFACT CLIENTS		Monthly Census	Monthly Census
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	Admissions (Episodes Opened)	Discharges (Episodes Closed)		
Jul-25				\$0	\$0	\$0	\$0	\$0						0	0
Aug-25				\$0	\$0	\$0	\$0	\$0						0	0
Sep-25				\$0	\$0	\$0	\$0	\$0						0	0
Oct-25	32,791	9.23								3.00	3.00	1.00	1.00		
Nov-25	32,791	9.23								3.00	3.00	1.00	1.00		
Dec-25	32,791	9.23								3.00	3.00	1.00	1.00		
Jan-26	32,791	9.23								3.00	3.00	1.00	1.00		
Feb-26	32,791	9.23								3.00	3.00	1.00	1.00		
Mar-26	32,791	9.23								3.00	3.00	1.00	1.00		
Apr-26	32,791	9.23								3.00	3.00	1.00	1.00		
May-26	32,791	9.23								3.00	3.00	1.00	1.00		
Jun-26	32,791	9.23								3.00	3.00	1.00	1.00		
<b>TOTAL</b>	295,117			\$144,778	\$576,874	\$117,784	\$63,799	\$0		27	27	9	9	27	9
<b>Total Revenue</b>									\$903,234	<b>Unduplicated Clients Served</b>				27	9
<b>Est. Medi-Cal Cost Per Client:</b>											\$25,090				
<b>Est. Non-Medi-Cal Cost Per Client:</b>											\$0				
<b>Est. Total Cost Per Client:</b>											\$25,090				



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2026-2027

JULY 1, 2026 TO SEPTEMBER 30, 2026

Contractor Name: Telecare Corporation

Contract #

Address: 1080 Marina Village Pkwy

Alameda, CA 94501

Date Form Completed: 9/5/2025

Updated

Prepared by: Kelly Stephens

Title: Director of Pricing

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.

**FACT (Forensic Assertive Community Treatment) and CFACT (COMMUNITY FACT)**

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	% CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
1 Building Rent	\$12,500	0%	\$0	100%	\$12,500
2 Property Taxes and Insurance	\$245	0%	\$0	100%	\$245
3 Psychiatrist Contractor	\$20,103	0%	\$0	100%	\$20,103
4 Professional Fees	\$506	0%	\$0	100%	\$506
5 Equipment Expense	\$4,419	0%	\$0	100%	\$4,419
6 General & Administrative Costs	\$32,894	0%	\$0	100%	\$32,894
7 Administrative Support	\$31,040	0%	\$0	100%	\$31,040
8 Operating Income	\$15,520	0%	\$0	100%	\$15,520
9 Building Expenses	\$4,249	0%	\$0	100%	\$4,249
10 Client Housing Support 70	\$93,600	0%	\$0	100%	\$93,600
11 Medical Supplies Expenses	\$1,912	0%	\$0	100%	\$1,912
12 Mileage	\$5,977	0%	\$0	100%	\$5,977
13 Client Flexible Support 72	\$3,351	0%	\$0	100%	\$3,351
<b>SUBTOTAL B:</b>	\$226,315				\$226,315
<b>GROSS COSTS TOTAL A + B:</b>	\$454,589				\$454,589

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 BUDGET NARRATIVE

FY 2026-2027  
 JULY 1, 2026 TO SEPTEMBER 30, 2026

FACT (Forensic Assertive Community Treatment) and  
 CFACT (COMMUNITY FACT)

Prepared by: Kelly Stephens  
 Title: Director of Pricing

Contractor Name: Telecare Corporation  
 Contract # \_\_\_\_\_  
 Address: 1080 Marina Village Pkwy  
 Alameda, CA 94501  
 Date Form Completed: 9/5/2025  
 Updated \_\_\_\_\_

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

ITEM	Justification of Cost
1 Building Rent	The budgeted lease cost of renting the entire facility is approximately \$25,754 / mo of which the FACT share is \$4,166.67 / mo or \$50,000 for a year. The building is shared with the San Bernardino ACT, MAPS, FACT and CORE programs. 16.2% of the lease is paid by the FACT program. The percentage is determined by the number of square feet used by the program.
2 Property Taxes and Insurance	Cost of property tax and insurance is what is paid by the program in addition to monthly rent.
3 Psychiatrist Contractor	A Psychiatrist is contracted to work 7 hours per week at \$198 per hour. In addition, there is about \$10,523 per year in administrative expenses.
4 Professional Fees	Cost of clinical consultants, audit and legal services
5 Equipment Expense	Equipment expense includes depreciation expense and copier lease.
6 General & Administrative Costs	Includes various G&A costs of which the most significant are related to general liability insurance, travel, audit fees, telephone & data line, office expenses, including software upgrades, minor equip & repairs, payroll & benefits processing and other employee related costs for recruiting, background checks, fingerprints and physicals.
7 Administrative Support	Indirect corporate overhead costs estimated to be 10% of direct cost of the program. Corporate overhead includes allocated costs for human resources, financial support, information technology support, operations oversight, quality assurance and quality improvement. Corporate allocation is spread to all Telecare programs according to a calculation which uses program expenses, FTEs, type of program, and years of operations as factors. Telecare's allocation methodology complies with all Federal regulations
8 Operating Income	Costs estimated to be 5% of direct cost of the program. This allows Telecare to earn a profit in addition to covering the cost of development and corporate expenses that are not allocated to the programs. Total indirect costs are capped at 15%.
9 Building Expenses	Costs related to maintaining the facility including supplies, repairs & maintenance, minor equipment, janitorial and sanitation services.
10 Client Housing Support 70	Costs related to client support expenses for housing for those without benefits or needing transitional support for critical needs to prevent homelessness.
11 Medical Supplies Expenses	Incidental medical supplies and equipment, including gloves, syringes, tongue depressors, glucometers, drug tests, and blood pressure cuffs.
12 Mileage	Clinical staff mileage incurred in field operations. Staff is reimbursed based on the IRS standard rate that is adjusted January 1st each year.
13 Client Flexible Support 72	Costs related to client support expenses for food, emergency clothing or transportation.

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2026-2027  
JULY 1, 2026 TO SEPTEMBER 30, 2026**

**FACT (Forensic Assertive Community Treatment) and  
CFACT (COMMUNITY FACT)**

Contractor Name:	Telecare Corporation
Contract/RFP#	
Address:	1080 Marina Village Pkwy Alameda, CA 94501
Date Form Completed:	9/5/2025
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Required Productivity (based on 168 hours per month per FTE)	Projected Revenue Generated by Service Type						Clients Served						
				Case Mgmt (01-09)	Mental Health Services (10-50)	Med Support (60-69)	Crisis Intervention (70)			Starting Census				FACT	CFACT	
										FACT CLIENTS		CFACT CLIENTS		Monthly Census	Monthly Census	
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	Admissions (Episodes Opened)	Discharges (Episodes Closed)			
Jul-26	32,791	9.23	35%	\$16,086	\$64,097	\$13,087	\$7,089	\$0			3.00	3.00	1.00	1.00	0	0
Aug-26	32,791	9.23	35%	\$16,086	\$64,097	\$13,087	\$7,089	\$0			3.00	3.00	1.00	1.00	0	0
Sep-26	32,791	9.23	35%	\$16,086	\$64,097	\$13,087	\$7,089	\$0			3.00	3.00	1.00	1.00	0	0
Oct-26																
Nov-26																
Dec-26																
Jan-27																
Feb-27																
Mar-27																
Apr-27																
May-27																
Jun-27																
<b>TOTAL</b>	<b>98,372</b>			<b>\$48,259</b>	<b>\$192,291</b>	<b>\$39,262</b>	<b>\$21,267</b>	<b>\$0</b>			<b>9</b>	<b>9</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>3</b>
<b>Total Revenue</b>									<b>\$301,078</b>	<b>Unduplicated Clients Served</b>				<b>9</b>	<b>3</b>	

<b>Est. Medi-Cal Cost Per Client:</b>	<b>\$25,090</b>
<b>Est. Non-Medi-Cal Cost Per Client:</b>	<b>\$0</b>
<b>Est. Total Cost Per Client:</b>	<b>\$25,090</b>



## 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: Telecare Corporation
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: Anne Bakar, President and CEO
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):  
Telecare is not publicly traded. It is held by more than 35 shareholders.
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, no third party representation (as defined above)		

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):
<u>Shreya Medical Group</u>	<u>Dr. Tapeesh Kansal, prescriber services (see Subcontractor)</u>	

--	--	--

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

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.