



**Contract Number**

**21-691 A-1**

**SAP Number**

**4400017816**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Christopher Carso
<b>Telephone Number</b>	(909) 386-8264
<b>Contractor</b>	Lutheran Social Services of Southern California
<b>Contractor Representative</b>	Tawanda Counts
<b>Telephone Number</b>	(714) 685-1800
<b>Contract Term</b>	October 1, 2021 – September 30, 2025
<b>Original Contract Amount</b>	\$2,160,000
<b>Amendment Amount</b>	\$720,000
<b>Total Contract Amount</b>	\$2,880,000
<b>Cost Center</b>	9206311000
<b>Grant Number (If applicable)</b>	N/A

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Lutheran Social Services of Southern California referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 21-691** by and between San Bernardino County, a political subdivision of the State of California, and 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 II GENERAL CONTRACT REQUIREMENTS**, paragraphs I and J, are hereby added to read as follows:

I. **Contract Exclusivity**

This is not an exclusive Contract. The County reserves the right to enter into a contract with other contractors for the same or similar services. The County does not guarantee or represent that the Contractor will be permitted to perform any minimum amount of work, or receive compensation other than on a per order basis, under the terms of this Contract.

J. Notice of Delays

Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this contract, that party shall, within twenty-four (24) hours, give notice thereof, including all relevant information with respect thereto, to the other party.

II. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraph I and J are hereby amended and paragraph K is hereby added to read as follows:

I. The contract amendment amount of \$720,000 shall increase the total contract amount from \$2,160,000 to \$2,880,000 for the contract term.

J. This amendment hereby adds Schedules A and B for FY 2024-25 and 2025-26 as set forth in Exhibit I. All previously approved schedules remain in effect.

K. The allowable funding sources for this Contract may include: Federal Financial Participation Medi-Cal, 1991 Realignment, and 2011 Realignment. Federal funds may not be used as match funds to draw down federal funds.

III. ARTICLE VI PROVISIONAL PAYMENT, paragraph D.2 is hereby amended to read as follows:

D.2 Payments for partial fiscal years (FY 2021/22, FY 2024/25, and FY 2025/26) will be at different allocation rates. For FY 2021/22 and FY 2024/25, payments will be one-ninth (1/9) of the maximum allocations for the mode of service. For FY 2024/25 and FY 2025/26, payments will be one-third (1/3) of the maximum allocation for the mode of service.

IV. ARTICLE XIV DURATION AND TERMINATION, paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from October 1, 2021 through September 30, 2025 inclusive. The County may, but is not obligated to, extend awarded contract(s) for up to one (1) additional one-year period contingent on the availability of fund and Contractor performance.

V. ARTICLE XVII PERSONNEL, paragraphs L and M, are hereby added to read as follows:

L. Executive Order N-6-22 – Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

M. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 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 \$250 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 \$250 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.

- VI. Exhibit I Schedules A and B for FY 2024-25 and 2025-26 are hereby added.
- VII. ATTACHMENT III Campaign Contribution Disclosure (SB 1439) is hereby added.

VIII. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

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: \_\_\_\_\_

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

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

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

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

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

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

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

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
►  
Dawn Martin, Deputy County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
►  
Ellayna Hoatson, Contracts Supervisor  
Date \_\_\_\_\_

Reviewed/Approved by Department  
►  
Georgina Yoshioka, Director  
Date \_\_\_\_\_

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
General Mental Health  
(GMH)

Contractor Name: Lutheran Social Services  
Provider #: 36C4 , 36GR 36GRS1  
Contract/RFP#: RTP # 23-107  
Address: Po Box 1927  
Big Bear Lake, Ca 92315  
Date Form Completed: 4/24/2024  
Date Form Revised: 5/17/2024


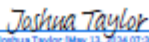
Actual Cost Contract (cost reimbursement)

FY 2024 - 2025  
Oct 1, 2024 - June 30, 2025

Prepared by: Tawanda Counts  
Title: VP Health, Wellness & Recovery Services

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-80)	15-Outpatient Medication Support (80)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100% Distribution %	4.00%	95.99%	40.99%	1.00%		
<b>EXPENSES</b>							
2	SALARIES	9,857	135,655	98,655	2,467	0	246,633
3	BENEFITS (2+3 must equal total staffing costs)	2,760	37,955	27,604	690	0	69,009
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
<b>AGENCY REVENUES</b>							
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
<b>FUNDING</b>							
12	MEDI-CAL (FFP)	9,551	131,326	95,510	2,388	0	238,775
13	EPSDT (2011 Realignment)	6	86	63	2	0	157
14	1991 Realignment Match	10,764	148,006	107,640	2,590	0	269,100
15		0	0	0	0	0	0
16	1991 Realignment - Net County	1,279	17,582	12,787	320	0	31,968
17	FUNDING TOTAL	21,600	297,000	216,000	5,400	0	540,000
18	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	12,049	165,674	120,490	3,012	0	301,225
20	FEDERAL FUNDING	9,551	131,326	95,510	2,388	0	238,775
21	TOTAL FUNDING	21,600	297,000	216,000	5,400	0	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	0	48,627

APPROVED:

	05/11/2024		05/13/2024		05/13/2024
Laura Gutierrez (May 11, 2024 14:21 PDT)		Anthony Altamirano (May 13, 2024 07:38 PDT)		Joshua Taylor (May 13, 2024 07:36 PDT)	
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Laura Gutierrez		Anthony Altamirano		Joshua Taylor	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
Chief Financial Officer		Administrative Supervisor   DBH FISCAL		Roger Ma	



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2024 - 2025

Contractor Name: Lutheran Social Services  
 Provider # 38C4, 38GR 38GRS1  
 Contract/RFP# RTP # 23-107  
 Address: Po Box 1927  
 Big Bear Lake, Ca 92315  
 Date Form Completed: 4/24/2024

Prepared by: Tawanda Courts  
 Title: VP Health, Wellness & Recovery Services

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.

(3 Months)

Oct 1, 2024 - June 30, 2025

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	Budget Revision	
						Request Change	Revised Budget
1 External Data Base	\$0	0%	\$0	100%	\$0	0	0
2 Corp Admin Costs (Admin Overhead)	\$102,600	0%	\$0	100%	\$102,600		102,600
3 Information Technology	\$23,750	95%	\$22,563	100%	\$23,750		23,750
4 Insurance	\$2,250	0%	\$0	100%	\$2,250		2,250
5 Maintenance (other than vehicle)	\$1,140	0%	\$0	100%	\$1,140		1,140
6 Misc. Advert, Bank, Print, Postage, Employee Costs	\$374	0%	\$0	100%	\$374		374
7 Office/Program Supplies	\$375	0%	\$0	100%	\$375		375
8 Professional/Contract Costs	\$70,692	0%	\$0	100%	\$70,692		70,692
9 Staff Training/Meetings, Travel,	\$1,061	0%	\$0	100%	\$1,061		1,061
10 Taxes, Licenses, Dues, Subscriptions	\$250	0%	\$0	100%	\$250		250
11 Telephone/Utilities	\$3,511	0%	\$0	100%	\$3,511		3,511
12 Rent	\$20,500	90%	\$0	10%	\$2,050		2,050
13 Vehicle Costs	\$14,400	0%	\$0	100%	\$14,400		14,400
14 Equipment rentals	\$1,875	0%	\$0	100%	\$1,875		1,875
<b>SUBTOTAL B:</b>	<b>\$242,778</b>		<b>\$22,563</b>		<b>\$224,328</b>	<b>0</b>	<b>224,328</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$540,000</b>	<b>0</b>	<b>540,000</b>

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 BUDGET NARRATIVE  
 FY 2024 - 2025

Contractor Name: Lutheran Social Services  
 Provider #: 38C4, 38GR, 38GR31  
 Contract/RFP#: RTP # 23-107  
 Address: Po Box 1827  
Big Bear Lake, Ca 92316  
 Date Form Completed: 4/24/2024

Prepared by: Tawanda Counts  
 Title: Health, Wellness & Recovery Services

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.

Oct 1, 2024 - June 30, 2025

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. Allocation is FTE based for Salaried employees and real time recording for hourly staff.
3 Information Technology	Covers but is not limited to such items as Electronic Health Record Fees (which includes such items as cloud maintenance, 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 harassment, cybersecurity, workman's comp fees other than those paid per person in payroll. Does not include auto insurance FTE allocation
5 Maintenance (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 Advertising, Printing of program brochures, Postage, Shipping fees, Employee Costs (DOU, 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 supplies, books, journals, FTE Allocation
8 Professional/Contract Costs	Covers cost of Subcontracting TeleMedician Services (Psychiatry) , Single Source Audit and other 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	Maintenance, Insurance, Leasing, fuel costs Direct Allocation
14 Equipment rentals	Covers costs of rental of office equipment such as but not limited to Copy machines, fax machines,



**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2024 - 2025  
Service Projections (Mode 16)**

Prior fiscal year Rates (Completed by DBH)					Contractor Name: Lutheran Social Services	
Old County Contract (OCR) Rates: \$2.20 \$2.99 \$5.56 \$4.20					Provider #: 36C4, 36GR, 36GRS1	
Productivity Expectation: 60%					Contract/RFP#: RTP # 23-107	
Agency Per Min Rates: \$2.40 \$3.20 \$6.05 \$4.20					Address: Po Box 1927	
NOTE: If no established agency per minute rates, please input the OCR rates in the highlighted cells					Big Bear Lake, Ca 92315	
Target Cost Per Unit of Service \$6.85 \$9.13 \$17.27 \$11.99					Date Form Completed: 4/24/2024	
ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER					Date Form Revised: 5/1/2024	

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-24	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800				2	1	181
Aug-24	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800				3	1	183
Sep-24	16,209	4.76	\$7,200	\$99,000	\$72,000	\$1,800				3	1	185
Oct-24			\$0	\$0	\$0	\$0						
Nov-24			\$0	\$0	\$0	\$0						
Dec-24			\$0	\$0	\$0	\$0						
Jan-25			\$0	\$0	\$0	\$0						
Feb-25			\$0	\$0	\$0	\$0						
Mar-25			\$0	\$0	\$0	\$0						
Apr-25			\$0	\$0	\$0	\$0						
May-25			\$0	\$0	\$0	\$0						
Jun-25			\$0	\$0	\$0	\$0						
<b>TOTAL</b>	<b>48,627</b>		<b>\$21,600</b>	<b>\$297,000</b>	<b>\$216,000</b>	<b>\$5,400</b>				<b>8</b>	<b>3</b>	
			<b>Total Revenue</b>			<b>\$540,000</b>	<b>Unduplicated Clients Served</b>		<b>188</b>			
						<b>Estimated Cost Per Client:</b>	<b>\$2,872</b>					

	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	12,506	450	48,627
Total Monthly Minutes of Services (Average)	263	2710	1042	38	4052
Dosage (minutes) per client per month	1	15	6	0	22
Dosage (hours) per client per month	0.02	0.25	0.09	0.00	0.37
<b>Total Hours Per Unduplicated Client for Duration of the Program:</b>					<b>1.11</b>

Avg Monthly Census	Expected Length of Program (months)
183	3

SCHEDULE A - Planning Estimates



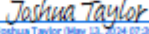
SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**General Mental Health**  
**(GMH)**

Contractor Name: Lutheran Social Services  
Provider # 36C4, 36GR 36GR81  
Contract/RFP# RTP # 23-107  
Address: Po Box 1927  
Big Bear Lake, Ca 92315  
Date Form Completed: 4/24/2024  
Date Form Revised: 5/17/2024

Prepared by: Tawanda Counts  
Title: VP Health, Wellness & Recovery Services  
FY 2025 - 2026  
July 1, 2025 - September 30, 2025

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-60)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL
1	100% Distribution %	4.00%	65.00%	40.00%	1.00%		
<b>EXPENSES</b>							
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	29,910	748	0	74,776
5	TOTAL EXPENSES (2+3+4)	7,200	99,000	72,000	1,800	0	180,000
<b>AGENCY REVENUES</b>							
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
<b>FUNDING</b>							
12	MEDI-CAL (FFP)	3,184	43,775	31,837	796	0	79,592
13	EPSDT (2011 Realignment)	2	29	21	1	0	53
14	1991 Realignment Match	3,588	49,335	35,880	896	0	89,699
15		0	0	0	0	0	0
16	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) <b>MUST = ZERO</b>	0	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	4,016	55,225	40,163	1,004	0	100,408
20	FEDERAL FUNDING	3,184	43,775	31,837	796	0	79,592
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:

	05/11/2024		05/13/2024		05/13/2024
Laura Gutierrez (May 11, 2024 14:23 PDT)		Anthony Altamirano (May 13, 2024 07:38 PDT)		Joshua Taylor (May 13, 2024 07:38 PDT)	
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Laura Gutierrez		Anthony Altamirano		Joshua Taylor	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
Chief Financial Officer		Administrative Supervisor I DBH FISCAL		Roger Ma	



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025 - 2026

Contractor Name: Lutheran Social Services  
 Provider # 38C4 - 38GR 38GR51  
 Contract/RFP# RTP # 23-107  
 Address: Po Box 1927  
 Big Bear Lake, Ca 92315  
 Date Form Completed: 4/24/2024

Prepared by: Tamanda Counts  
 Title: VP Health, Wellness & Recovery Services

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, 2025 - September 30, 2026

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Budget Revision	
						Request Change	Revised Budget
1 External Data Base	\$0	0%	\$0	100%	\$0	0	0
2 Corp Admin Costs (Admin Overhead)	\$34,200	0%	\$0	100%	\$34,200		34,200
3 Information Technology	\$5,938	95%	\$5,641	100%	\$5,938		5,938
4 Insurance	\$563	0%	\$0	100%	\$563		563
5 Maintenance (other than vehicle)	\$285	0%	\$0	100%	\$285		285
6 Misc. Advert, Bank, Print, Postage, Employee Costs	\$0	0%	\$0	100%	\$0		0
7 Office/Program Supplies	\$94	0%	\$0	100%	\$94		94
8 Professional/Contract Costs	\$20,548	0%	\$0	100%	\$20,548		20,548
9 Staff Training/Meetings, Travel	\$5,369	0%	\$0	100%	\$5,369		5,369
10 Taxes, Licenses, Dues, Subscriptions	\$63	0%	\$0	100%	\$63		63
11 Telephone/Utilities	\$878	0%	\$0	100%	\$878		878
12 Rent	\$1,708	90%	\$0	10%	\$171		171
13 Vehicle Costs	\$6,200	0%	\$0	100%	\$6,200		6,200
14 Equipment rentals	\$469	0%	\$0	100%	\$469		469
<b>SUBTOTAL B:</b>	<b>\$75,313</b>		<b>\$5,641</b>		<b>\$74,776</b>	<b>0</b>	<b>74,776</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$180,000</b>	<b>0</b>	<b>180,000</b>

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

Contractor Name: Lutheran Social Services  
 Provider # 38C4 , 38GR 38GR81  
 Contract/RFP# RTP # 23-107  
 Address: Po Box 1827  
Big Bear Lake, Ca 92316  
 Date Form Completed: 4/24/2024

Prepared by: Tawanda Counts  
 Title: Health, Wellness & Recovery Services

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, 2025 - September 30, 2025

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. Allocation is FTE based for Salaried employees and real time recording for hourly staff.
3 Information Technology	Covers but is not limited to such items as Electronic Health Record Fees (which includes such items as cloud maintenance, 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 harassment, cybersecurity, workman's comp fees other than those paid per person in payroll. Does not include auto insurance FTE allocation
5 Maintenance (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 Advertising, 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 supplies, books, journals, FTE Allocation
8 Professional/Contract Costs	Covers cost of Subcontracting TeleMedician Services (Psychiatry) , Single Source Audit and other 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	Maintenance, 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 - 2028  
Service Projections (Mode 16)**

Prior fiscal year Rates (Completed by DBH)					Contractor Name: Lutheran Social Services
Old County Contract (OCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider#: 36C4, 36GR, 36GRS1
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#: RTP # 23-107
Agency Per Min Rates:	\$2.40	\$3.20	\$6.05	\$4.20	Address: Po Box 1927
					Big Bear Lake, Ca 92315
					Date Form Completed: 4/24/2024
					Date Form Revised: 5/1/2024

NOTE: If no established agency per minute rates, please input the OCR 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

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-24	16,209	4.76	\$2,400	\$33,000	\$24,000	\$600	2	1	181			
Aug-24	16,209	4.76	\$2,400	\$33,000	\$24,000	\$600	3	1	183			
Sep-24	16,209	4.76	\$2,400	\$33,000	\$24,000	\$600	3	1	185			
Oct-24			\$0	\$0	\$0	\$0						
Nov-24			\$0	\$0	\$0	\$0						
Dec-24			\$0	\$0	\$0	\$0						
Jan-25			\$0	\$0	\$0	\$0						
Feb-25			\$0	\$0	\$0	\$0						
Mar-25			\$0	\$0	\$0	\$0						
Apr-25			\$0	\$0	\$0	\$0						
May-25			\$0	\$0	\$0	\$0						
Jun-25			\$0	\$0	\$0	\$0						
<b>TOTAL</b>	<b>48,627</b>		<b>\$7,200</b>	<b>\$99,000</b>	<b>\$72,000</b>	<b>\$1,800</b>	<b>8</b>	<b>3</b>	<b>188</b>			
			<b>Total Revenue</b>			<b>\$180,000</b>	<b>Unduplicated Clients Served</b>		<b>188</b>			
						<b>Estimated Cost Per Client:</b>	<b>\$957</b>					

	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	22
Dosage (hours) per client per month	0.02	0.25	0.09	0.00	0.37
<b>Total Hours Per Unduplicated Client for Duration of the Program:</b>					<b>1.11</b>

Avg Monthly Census	Expected Length of Program (months)
183	3





## ATTACHMENT III Campaign Contribution Disclosure (SB 1439)

### **DEFINITIONS**

**Actively supporting 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 \$250, 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 \$250 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.