THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

SAN BERNARDINO COUNTY

Contract Number

21-693 A-3

SAP Number

4400017815

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	West End Family Counseling Service
Contractor Representative	Laura Tapia
Telephone Number	(909) 983-2020
Contract Term	October 1, 2021, through September 30, 2026
Original Contract Amount	$3,119,365
Amendment Amount	$141,914
Total Contract Amount	$3,261,279
Cost Center	9206341000
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS*:*

AMENDMENT NO. 3:

WITNESSETH:

IN THAT CERTAIN **Contract No. 21-693** by and between San Bernardino County, a political subdivision of the State of California, hereinafter called the County, and West End Family Counseling Service, hereinafter called the Contractor for General Mental Health outpatient services, which Contract first became effective October 1, 2021, the following changes are hereby made and agreed to:

I. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraphs I and J, are hereby amended to read as follows:

I. The contract amendment amount of $141,914 shall increase the total contract amount from $3,119,365 to $3,261,279 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. Section VI. PROVISIONAL PAYMENT is hereby deleted and replaced in its entirety to read as follows:

VI. **Combined Cost Reimbursement and Fee for Service Provisional Payment**

Cost Reimbursement Provision:

A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.

B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, audits, as such payments, are subject to future County, State and/or Federal adjustments.

C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:

1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.

2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.

3. Reimbursement Rates for Institutions for Mental Diseases: Pursuant to Section 5902 of the WIC, Institutions for Mental Diseases (IMD), which are licensed by the DHCS, will be reimbursed at the rate(s) established by DHCS.

4. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.

5. It is the responsibility of Contractor to access MyAvatar reports and make any necessary corrections to the denied Medi-Cal services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.

6. In the event that the denied claims cannot be corrected, and therefore DHCS will not adjudicate and approve the denied claims, Contractor is required to follow DBH's Overpayment Policy COM0954, which has been provided or will be provided to Contractor at its request.

D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' Profit and Loss Statement with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.

1. For each fiscal year period (FYs 2025-26, 2026-27, 2027-28), no single monthly payment for any mode of service shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.

E. Monthly payments for Short-Doyle Medi-Cal (SD/MC) billable mode of services, mode 5, 10 and/or 15, will be based on actual units of service reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system, and non-billable mode of services, mode 45 and 60, will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] for General Mental Health outpatient services shall not exceed Contracted amount or County's Maximum Obligation. (The current CalAIM Payment Reform Rate Schedule is set forth in Exhibit II attached hereto.) The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs. All approved provisional rates will be superseded by actual cost per unit rate.

1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.

F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].

G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.

H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges and Contractor's actual cost.

I. Contractor shall maximize the Federal Financial Participation reimbursement by claiming all possible SD/MC Medi-Cal services and correcting denied services for resubmission, if applicable.

J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement.

K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.

L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.

M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise

provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.

N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA. Contractor will be required to reimburse funds to the County.

O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at http://www.opm.gov/ (U.S. Office of Personnel Management).

P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.

Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.

R. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis fifteen percent (15%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates", the contractor must also obtain concurrence in writing from DBH of such rate.

For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a "Federal Agency Acceptance of Negotiated Indirect Rates."

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual costs instead of estimated costs.

S. Prohibited Payments

1. County shall make no payment to Contractor other than payment for services covered under this Contract.

2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].

3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:

   a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.

   b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).

   c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.

   d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.

T. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.

Fee-For-Service (FFS) Provision:

U. Monthly payments for SD/MC billable mode of services, mode 5, 10 and/or 15, will be based on actual units of service reported on Charge Data Invoices claimed to and reimbursed by the State, and services deemed by the State to be DBH responsibility at the rates specified on the referenced, agreed upon (FFS) reimbursement rates for this agreement, and non-billable mode of service, mode 45 and 60, will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] for General Mental Health outpatient services shall not exceed Contracted amount or County's Maximum Obligation.

V. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period.

   1. For the period of January 1, 2026, through May 31, 2026, DBH will reconcile monthly payments for SD/MC billable mode of services, mode 5, 10 and/or 15, to ensure provider payments are made at a minimum of 1/12th of the maximum allocations for the Medi-Cal billable services.

W. The Parties acknowledge that each party is solely responsible for any tax obligations it may incur as a result of the payment or receipt of the Settlement Amount, as applicable.

X. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall

promptly comply with directions and accurately complete forms provided by County required to process EFT payments.

Y. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.

Z. As this contract may be funded in whole or in part with Mental/Behavioral Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing Mental/Behavioral Health Services Act funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to Mental/Behavioral Health Services Act. Contractor will be required to reimburse funds to the County.

AA. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at http://www.opm.gov/ (U.S. Office of Personnel Management).

BB. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.

CC. The FFS reimbursement rates are established by DBH for San Bernardino County. DBH will take into consideration requests for changes to Contract funding as applicable and appropriate. All requests for changes must be submitted in writing by Contractor to the DBH Deputy Director of General Mental Health outpatient services or designee. Any modification must be approved in writing by DBH and shall be subject to all applicable provisions of this Contract.

DD. Contractor may contact DBH Quality Management directly with questions pertaining to appropriate and compliant documentation via telephone at (909) 386-8227, or via email at DBH-QualityManagementDivision@dbh.sbcounty.gov so that DBH QM may respond or direct questions to a designee for response.

III. Section VIII. <u>ANNUAL COST REPORT SETTLEMENT</u> is hereby deleted and replaced in its entirety to read as follows:

VIII. Reserved

IV. Exhibit I - Schedules A and B for FY 2025-26 and 2026-27 are hereby added.

V. Exhibit II - CalAIM Payment Reform Rate Schedule reimbursement rate is hereby added as attached.

VI. 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

►

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

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

By ►

(Authorized signature - sign in blue ink)

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

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

Dated:

Address 855 N. Euclid Ave, Ontario, CA 91762

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Dawn Martin, Deputy County Counsel	Michael Shin, Administrative Manager	Joshua Dugas, Acting Director
Date	Date	Date

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	West End Family Counseling Service
RU #	36111
Contract # / RFP #	21-693 A2
Address:	9445 Fairway View Place, Ste 100
City, State, Zip Code:	Rancho Cucamonga, CA 91730
Date Form Completed:	3/5/2026
Prepared by:	Raymond Vargas
Title:	Director of Operations and Finance

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

General Mental Health

FY 2025-2026

October 1, 2025 - June 30, 2026

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15 (Outpatient) Case Management & ICC (01-09)	Mental Health Services (10-50)	Medication Support (60-69)	Crisis Intervention (70)	TOTAL
1	100%	**Distribution %**		6.00%	74.00%	20.00%	1.00%	100.00%
		EXPENSES						
2		SALARIES		17,390	257,373	69,560	3,478	347,801
3		BENEFITS		3,478	51,475	13,912	696	69,561
		(2+3 must equal total staffing costs)		20,868	308,848	83,472	4,174	417,362
4		OPERATING EXPENSES		6,627	98,082	26,509	1,325	132,543
5		TOTAL EXPENSES (2+3+4)		27,495	406,930	109,981	5,499	549,905
		AGENCY REVENUES						
6		PATIENT FEES						0
7		PATIENT INSURANCE						0
8		MEDI-CARE						0
9		GRANTS/OTHER						0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		27,495	406,930	109,981	5,499	549,905
	Mix %	**FUNDING**	Share %					
	95.00%	MEDI-CAL (FFP)	50.00%	13,060	193,292	52,241	2,612	261,205
		1991 Realignment	13.97%	3,649	54,006	14,596	730	72,981
		2011 Realignment	36.03%	9,411	139,286	37,645	1,882	188,224
		2011 Realignment - Other		1,375	20,347	5,499	275	27,495
		FUNDING TOTAL		27,495	406,930	109,981	5,499	549,905
		NET COUNTY FUNDS (Local Cost) **MUST = ZERO**		0	0	0	0	0
		STATE FUNDING (Including Realignment)		14,435	213,638	57,740	2,887	288,700
		FEDERAL FUNDING		13,060	193,292	52,241	2,612	261,205
		TOTAL FUNDING		27,495	406,930	109,981	5,499	549,905
		TARGET COST PER UNIT OF SERVICE		$5.55	$5.55	$21.33	$5.55	
		UNITS OF SERVICE		4,954	73,314	5,157	991	84,415

APPROVED:

Raymond Vargas	04/21/2026	Thelma Rodriguez	04/21/2026	Heather Louer	04/21/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		Thelma Rodriguez		Heather Louer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
Director of Operations and Finance		Administrative Supervisor I		DBH Fiscal	Roger Ma

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2025-2026
October 1, 2025 - June 30, 2026

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	Direct or Contract D/C	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE
Quality Assurance	LMFT	MFT/LPCC (Licensed, Waivered or Registere	Y	D	147,558	29,512	177,070	1%	1,771	16	1,107	221	0.01
Director	LMFT	MFT/LPCC (Licensed, Waivered or Registere	Y	D	141,112	28,222	169,334	1%	1,693	16	1,058	212	0.01
Clinician	LCSW/LMFT/	MFT/LPCC (Licensed, Waivered or Registere	Y	D	111,704	22,341	134,045	150%	201,067	2,340	125,667	25,133	1.5
Clinician	LCSW/LMFT/	LCSW (Licensed, Waivered or Registered)	Y	C	111,704	22,341	134,045	100%	134,045	1,560	83,778	16,756	1
MD		Licensed Physician	Y	C	0	0	0	28%	0	437	0	0	0.28
							0		0	-	0	0	0
							0		0	-	0	0	0
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							0		0	-	0	0	0
										4,368	211,610	42,322	2.8
								TOTAL COST:	338,576			253,932.00	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL

FY 2025-2026

October 1, 2025 - June 30, 2026

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/ License	Position Title	Indirect or Contract I/C	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Cost Allocated Contract Services	Total Salaries & Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Executive Director	LMFT	CEO	I	238,322	47,664	285,986	5%	14,299	78	8,937	1,787
Director of Ops/Finance	MBA	CFO	I	151,956	30,391	182,347	5%	9,117	78	5,699	1,140
Financial Services	AA	Financial Services Manager	I	117,750	23,550	141,300	7%	10,442	115	6,527	1,305
Financial Services	AA	Financial Services Specialist	I	77,167	15,433	92,600	7%	6,843	115	4,277	856
Financial Services		Financial Services Asst	I	57,490	11,498	68,988	7%	5,098	115	3,187	638
Human Resources		HR Specialist	I	64,716	12,943	77,659	5%	3,883	78	2,427	485
Quality Assurance	LMFT	QA Manager	I	147,558	29,512	177,070	6%	11,315	100	7,072	1,415
Director	LMFT	Program Director	I	141,112	28,222	169,334	40%	67,734	624	42,334	8,467
Front Office		Office Assistant	I	61,924	12,385	74,309	100%	74,309	1,560	46,443	9,289
Administrative Services		Admin Services Manager	I	102,280	20,456	122,736	7%	9,070	115	5,669	1,134
Billing		Billing Specialist	I	65,329	13,066	78,395	7%	5,793	115	3,621	725
						0		0	-	0	0
						0		0	-	0	0
						0		0	-	0	0
						0		0	-	0	0
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						0		0	-	0	0
						0		0	-	0	0
									3,094	136,191	27,239

TOTAL COST:	217,903

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
General Mental Health
FY 2025-2026
October 1, 2025 - June 30, 2026

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

Contractor Name: West End Family Counseling Service
RU # 36111
Contract # / RFP # 21-693 A2
Address: 9445 Fairway View Place, Ste 100
City, State, Zip Code: Rancho Cucamonga, CA 91730
Date Form Completed: 3/5/2026

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.

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1	Utilities	$41,048	93%	$0	7%	$3,033
2	Telephone/Communications	$42,316	93%	$0	7%	$3,127
3	Mental Health Promotion	$12,494	93%	$0	7%	$923
4	IT Services, EHR, Computers	$162,364	93%	$0	7%	$11,999
5	Professional Services	$47,492	93%	$0	7%	$3,510
6	Insurance	$59,263	93%	$0	7%	$4,380
7	Training	$45,462	95%	$0	5%	$2,273
8	General Admin Exp, EQPT,Travel	$159,724	93%	$0	7%	$11,804
9	Client Expenses	$24,927	85%	$0	15%	$3,739
10	Subcontractors	$87,756	0%	$0	100%	$87,756
11			100%	$0		$0
SUBTOTAL B:		$682,845		$0		$132,543
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$689,022

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE

FY 2025-2026

October 1, 2025 - June 30, 2026

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

Contractor Name: **West End Family Counseling Service**
RU # **36111**
Contract # / RFP # **21-693 A2**
Address: **9445 Fairway View Place, Ste 100**
City, State, Zip Code: **Rancho Cucamonga, CA 91730**
Date Form Completed: **3/5/2026**

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 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic Ontario. Allocation is based on square footage used to service this program. For 3/4 the year
2 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program. For 3/4 the year
3 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment. For 3/4 the year.
4 IT Services, EHR, Computers	IT Services is based on the % of clinical FTEs for this program for services provided by VC3 Computer Solutions, Bamboo HR and QB.Electronic Health Records is based on Clinical FTEs allocated to this program for client records.Computer Hardware is the amount we are
5 Professional Services	Professional Services is allocated based on clinical FTEs for the program. For 3/4 the year.
6 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program. For 3/4 the year
7 Training	Training is calculated based on the clinical FTEs allocated to this program. For 3/4 the year
8 General Admin Exp, EQPT,Travel	General and Administrative Expenses is based on the alllocated portion of Clinical FTEs providing services in this program for various supplies, maintenance and materials needed for the program.Equipment Rental is based on the allocated portion of Clinical FTEs that use the equipment in this program.Travel is estimated mileage reimbursement to perform direct services for the clients in this program. for 3/4 the year.
9 Client Expenses	Client Expenses is based on the anticipated unduplicated clients served in this program and materials we need to furnish them for client care. For 3/4 the year.
10 Subcontractors	Psychiatrist contractors not to exceed $87,756
11	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025-2026
October 1, 2025 - June 30, 2026

34.71%	
Rate Per Minute	

Mode 15			
CM&ICC (01-09)	MHS (10-50)	MSS (60-69)	CI (70)
Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate
$ 5.55	$ 5.55	$ 21.33	$ 5.55

Contractor Name: **West End Family Counseling Service**
RU #: **36111**
Contract # / RFP #: **21-693 A2**
Address: **9445 Fairway View Place, Ste 100**
City, State, Zip Code: **Rancho Cucamonga, CA 91730**
Date Form Completed: **3/5/2026**

Est. Vacancy Rate of Clinical Staff: **23.00%**

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type – Mode 15: CM&ICC (01-09)	MHS (10-50)	MSS (60-69)	CI (70)	Clients Served: Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
							Starting Census		55
Jul-25			-	-	-	-			55
Aug-25			-	-	-	-			55
Sep-25			-	-	-	-			55
Oct-25	9,379	2.80	3,055	45,214	12,220	611	7	1	61
Nov-25	9,379	2.80	3,055	45,214	12,220	611	7	1	67
Dec-25	9,379	2.80	3,055	45,214	12,220	611	7	1	73
Jan-26	9,379	2.80	3,055	45,214	12,220	611	7	1	79
Feb-26	9,379	2.80	3,055	45,214	12,220	611	7	1	85
Mar-26	9,379	2.80	3,055	45,214	12,220	611	7	1	91
Apr-26	9,379	2.80	3,055	45,214	12,220	611	7	1	97
May-26	9,379	2.80	3,055	45,214	12,220	611	7	1	103
Jun-26	9,379	2.80	3,055	45,214	12,220	611	7	1	109
TOTAL	84,415		27,495	406,930	109,981	5,499	63	9	
			Total Revenue				Unduplicated Clients Served		118
							Estimated Cost Per Client:	$4,660	

	Mode 15				
	CM&ICC (01-09)	MHS (10-50)	MSS (60-69)	CI (70)	TOTAL
Total Minutes of Services	4954	73314	5157	990.73	**84415**
Total Monthly Minutes of Services (Average)	413	6110	430	82.56	**7035**
Dosage (minutes) per client per month	5	79	6	1.07	**91**
Dosage (hours) per client per month	0.09	1.31	0.09	0.02	**1.51**

Total Hours Per Unduplicated Client for Duration of the Program: **18.15**

Avg Monthly Census	Expected Length of Program (months)
78	12.00

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	West End Family Counseling Service
RU #	36111
Contract # / RFP #	21-693 A2
Address:	9445 Fairway View Place, Ste 100
City, State, Zip Code:	Rancho Cucamonga, CA 91730
Date Form Completed:	4/13/2026
Prepared by:	Raymond Vargas
Title:	Director of Operations and Finance

SAN BERNARDINO COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH

General Mental Health

FY 2026-2027

July 1, 2026 - Sept 30, 2026

LINE #		MODE OF SERVICE / SERVICE FUNCTION		15 (Outpatient) Case Management & ICC (01-09)	Mental Health Services (10-50)	Medication Support (60-69)	Crisis Intervention (70)	TOTAL
1	100%	**Distribution %**		6.00%	74.00%	20.00%	1.00%	100.00%
		EXPENSES						
2		SALARIES		6,014	89,010	24,057	1,203	120,284
3		BENEFITS		1,203	17,802	4,811	241	24,057
		(2+3 must equal total staffing costs)		7,217	106,812	28,868	1,443	144,341
4		OPERATING EXPENSES		3,577	52,940	14,308	715	71,541
5		TOTAL EXPENSES (2+3+4)		10,794	159,753	43,176	2,159	215,882
		AGENCY REVENUES						
6		PATIENT FEES						0
7		PATIENT INSURANCE						0
8		MEDI-CAINE						0
9		GRANTS/OTHER						0
10		TOTAL AGENCY REVENUES (6+7+8+9)		0	0	0	0	0
11		CONTRACT AMOUNT (5-10)		10,794	159,753	43,176	2,159	215,882
	Mix %	**FUNDING**	Share %					
12	95.00%	MEDI-CAL (FFP)	50.00%	5,127	75,883	20,509	1,025	102,544
13		1991 Realignment	13.97%	1,433	21,202	5,730	287	28,651
14		2011 Realignment	36.03%	3,695	54,681	14,779	739	73,893
15		2011 Realignment - Other		540	7,988	2,159	108	10,794
		FUNDING TOTAL		10,794	159,753	43,176	2,159	215,882
16		NET COUNTY FUNDS (Local Cost) **MUST = ZERO**		0	0	0	0	0
17		STATE FUNDING (Including Realignment)		5,667	83,870	22,668	1,133	113,338
18		FEDERAL FUNDING		5,127	75,883	20,509	1,025	102,544
		TOTAL FUNDING		10,794	159,753	43,176	2,159	215,882
19		TARGET COST PER UNIT OF SERVICE		$5.55	$5.55	$21.33	$5.55	
20		UNITS OF SERVICE		1,945	28,782	2,024	389	33,140

APPROVED:

Raymond Vargas	04/20/2026	Thelma Rodriguez	04/21/2026	Heather Louer	04/21/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PSAS SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		**Thelma Rodriguez**		**Heather Louer**	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH PSAS SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
Director of Operations and Finance		Administrative Supervisor I		DBH Fiscal	Roger Ma

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2026-2027
July 1, 2026 - Sept 30, 2026

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	Direct or Contract D/C	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services	Clinical FTE
Quality Assurance	LMFT	MFT/LPCC (Licensed, Waivered or Registered)	Y	D	154,935	30,987	185,922	1%	1,859	387	78	0.01
Director	LMFT	MFT/LPCC (Licensed, Waivered or Registered)	Y	D	148,167	29,633	177,800	1%	1,778	371	74	0.01
Clinician	LCSW/LMFT/ACSW/A	MFT/LPCC (Licensed, Waivered or Registered)	Y	D	117,289	23,458	140,747	150%	211,120	43,984	8,797	1.5
Clinician	LCSW/LMFT/ACSW/A	LCSW (Licensed, Waivered or Registered)	Y	C	117,289	23,458	140,747	100%	140,747	29,322	5,865	1
MD		Licensed Physician	Y	C	0	0	0	28%	0	0	0	0.28
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
			Y				0		0	0	0	0
										74,064	14,813	2.8
								TOTAL COST:	355,504		88,876.25	

Schedule B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL
FY 2026-2027
July 1, 2026 - Sept 30, 2026

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/ License	Position Title	Indirect or Contract I/C	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Cost Allocated Contract Services	Total Salaries & Benefits Charged to Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Executive Director	LMFT	CEO	I	238,322	47,664	285,986	5%	14,299	2,979	596
Director of Ops/Finance	MBA	CFO	I	151,956	30,391	182,347	5%	9,117	1,900	380
Financial Services	AA	Financial Services Manager	I	117,750	23,550	141,300	7%	10,442	2,176	435
Financial Services	AA	Financial Services Specialist	I	77,167	15,433	92,600	7%	6,843	1,426	285
Financial Services		Financial Services Asst	I	57,490	11,498	68,988	7%	5,098	1,062	213
Human Resources		HR Specialist	I	64,716	12,943	77,659	5%	3,883	809	162
Quality Assurance	LMFT	QA Manager	I	154,935	30,987	185,922	6%	11,880	2,475	495
Director	LMFT	Program Director	I	148,167	29,633	177,800	40%	71,120	14,817	2,963
Front Office		Office Assistant	I	61,924	12,385	74,309	100%	74,309	15,481	3,096
Aministrative Services		Admin Services Manager	I	102,280	20,456	122,736	7%	9,070	1,890	378
Billing		Billing Specialist	I	65,329	13,066	78,395	7%	5,793	1,207	242
						0		0	0	0
						0		0	0	0
						0		0	0	0
						0		0	0	0
						0		0	0	0
						0		0	0	0
						0		0	0	0
						0		0	0	0
									46,220	9,244

TOTAL COST:	221,854		55,464.50

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
General Mental Health
FY 2026-2027
July 1, 2026 - Sept 30, 2026

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

Contractor Name: West End Family Counseling Service
RU # 36111
Contract # / RFP # 21-693 A2
Address: 9445 Fairway View Place, Ste 100
City, State, Zip Code: Rancho Cucamonga, CA 91730
Date Form Completed: 4/13/2026

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.

	ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1	Utilities	$13,683	93%	$0	7%	$1,011
2	Telephone/Communications	$14,105	93%	$0	7%	$1,042
3	Mental Health Promotion	$4,165	93%	$0	7%	$308
4	IT Services, EHR, Computers	$54,121	93%	$0	7%	$4,000
5	Professional Services	$15,831	93%	$0	7%	$1,170
6	Insurance	$19,754	93%	$0	7%	$1,460
7	Training	$15,154	95%	$0	5%	$758
8	General Admin Exp, EQPT,Travel	$53,241	93%	$0	7%	$3,935
9	Client Expenses	$8,309	85%	$0	15%	$1,246
10	Subcontractors	$31,612	0%	$0	100%	$31,612
11	Indirect Expense	$25,000	0%	$0	100%	$25,000
12			100%	$0		$0
13			100%	$0		$0
14			100%	$0		$0
15			100%	$0		$0
16			100%	$0		$0
17			100%	$0		$0
18			100%	$0		$0
19			100%	$0		$0
20			100%	$0		$0
21			100%	$0		$0
SUBTOTAL B:		$254,975		$0		$71,541
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						$215,882

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE

FY 2026-2027

July 1, 2026 - Sept 30, 2026

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

Contractor Name: West End Family Counseling Service
RU #: 36111
Contract # / RFP #: 21-693 A2
Address: 9445 Fairway View Place, Ste 100
City, State, Zip Code: Rancho Cucamonga, CA 91730
Date Form Completed: 4/13/2026

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 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic Ontario. Allocation is based on square footage used to service this program. For 1/4 the year
2 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program. For 1/4 the year
3 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment. For 1/4 the year.
4 IT Services, EHR, Computers	IT Services is based on the % of clinical FTEs for this program for services provided by VC3 Computer Solutions, Bamboo HR and QB.Electronic Health Records is based on Clinical FTEs allocated to this program for client records.Computer Hardware is the amount we are budgeting to replace computer hardware for this program for direct client care. for 1/4 the year
5 Professional Services	Professional Services is allocated based on clinical FTEs for the program. For 1/4 the year.
6 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program. For 1/4 the year
7 Training	Training is calculated based on the clinical FTEs allocated to this program. For 1/4 the year
8 General Admin Exp, EQPT,Travel	General and Administrative Expenses is based on the alllocated portion of Clinical FTEs providing services in this program for various supplies, maintenance and materials needed for the program.Equipment Rental is based on the allocated portion of Clinical FTEs that use the equipment in this program.Travel is estimated mileage reimbursement to perform direct services for the clients in this program. for 1/4 the year.
9 Client Expenses	Client Expenses is based on the anticipated unduplicated clients served in this program and materials we need to furnish them for client care. For 1/4 the year.
10 Subcontractors	Psychiatrists not to exceed $28,612
11 Indirect Expense	Indirect Expenses not exceed 15% of Direct Expenses
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2026-2027
July 1, 2026 - Sept 30, 2026

13.63%	
Rate Per Minute	

Mode 15			
CM&ICC (01-09)	MHS (10-50)	MSS (60-69)	CI (70)
Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate
$ 5.55	$ 5.55	$ 21.33	$ 5.55

Contractor Name: **West End Family Counseling Service**
RU #: **36111**
Contract # / RFP #: **21-693 A2**
Address: **9445 Fairway View Place, Ste 100**
City, State, Zip Code: **Rancho Cucamonga, CA 91730**
Date Form Completed: **4/13/2026**

Est. Vacancy Rate of Clinical Staff: **23.00%**

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type – Mode 15: CM&ICC (01-09)	MHS (10-50)	MSS (60-69)	CI (70)	Clients Served: Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
							Starting Census		32
Jul-26	11,047	2.80	3,598	53,251	14,392	720	2	2	32
Aug-26	11,047	2.80	3,598	53,251	14,392	720	2	2	32
Sep-26	11,047	2.80	3,598	53,251	14,392	720	2	2	32
Oct-26	-		-	-	-	-			32
Nov-26	-		-	-	-	-			32
Dec-26	-		-	-	-	-			32
Jan-27	-		-	-	-	-			32
Feb-27	-		-	-	-	-			32
Mar-27	-		-	-	-	-			32
Apr-27	-		-	-	-	-			32
May-27	-		-	-	-	-			32
Jun-27	-		-	-	-	-			32
TOTAL	33,140		10,794	159,753	43,176	2,159	6	6	
			Total Revenue					Unduplicated Clients Served	38
								Estimated Cost Per Client:	$5,681

	Mode 15				
	CM&ICC (01-09)	MHS (10-50)	MSS (60-69)	CI (70)	TOTAL
Total Minutes of Services	1945	28782	2024	388.94	33140
Total Monthly Minutes of Services (Average)	162	2398	169	32.41	2762
Dosage (minutes) per client per month	5	75	5	1.01	86
Dosage (hours) per client per month	0.08	1.25	0.09	0.02	1.44

Avg Monthly Census	Expected Length of Program (months)
32	12.00

Total Hours Per Unduplicated Client for Duration of the Program: 17.26

CalAIM PAYMENT REFORM RATE SCHEDULE

San Bernardino County Department of Behavioral Health
CalAIM Payment Reform Rate Schedule
Effective January 1, 2026

Individual

Percentage of DHCS Rate: *70%* *75%*

DHCS Equivalent	Hourly Payment Rate: Contracted Program Category 1	Hourly Payment Rate: Contracted Program Category 2
Certified AOD Counselor	$ 257.82	$ 276.24
Mental Health Rehabilitation Specialist	$ 233.86	$ 250.56
Other Qualified Practitioner	$ 233.86	$ 250.56
Peer Support Specialists	$ 245.55	$ 263.09
Community Health Worker	$ 239.70	$ 256.82
LCSW (Licensed, Waivered or Registered)	$ 310.83	$ 333.03
MFT/LPCC (Licensed, Waivered or Registered)	$ 310.83	$ 333.03
Licensed Psychiatric Technician	$ 218.48	$ 234.08
Psychologist (Licensed or Waivered)	$ 480.32	$ 514.63
Licensed Vocational Nurse	$ 254.85	$ 273.05
Medical Assistant	$ 175.19	$ 187.70
Licensed Physician	$ 1,194.33	$ 1,279.64
Nurse Practitioner	$ 593.92	$ 636.34
Occupational Therapist	$ 413.76	$ 443.32
Physician Assistant	$ 535.65	$ 573.92
Registered Nurse	$ 485.12	$ 519.77

Percentage of DHCS Rate: *70%*

Service Description	Per Occurence Payment Rate
Interactive Complexity	13.22
Interpretive Services	22.32

Contracted Program Category 1
All other Specialty Mental Health Services
All Substance Use Disorder & Recovery Services providing outpatient DMC-ODS

Contracted Program Category 2
All Full Service Partnerships
Therapuetic Behavioral Services
Children's Residential Intensive Services