



**Contract Number**

25-172 A-1

**SAP Number**

4400027910

## Department of Behavioral Health

<b>Department Contract Representative</b>	Shane Hibbard-Miller
<b>Telephone Number</b>	(909) 386-8264
<b>Contractor</b>	West End Family Counseling Services
<b>Contractor Representative</b>	Laura Tapia
<b>Telephone Number</b>	(909) 983-2020
<b>Contract Term</b>	April 1, 2025, through December 31, 2027
<b>Original Contract Amount</b>	\$4,305,020
<b>Amendment Amount</b>	\$ 603,672
<b>Total Contract Amount</b>	\$4,908,692
<b>Cost Center</b>	9203242200
<b>Grant Number (if applicable)</b>	N/A

### IT IS HEREBY AGREED AS FOLLOWS:

#### AMENDMENT NO. 1:

San Bernardino County (County) and West End Family Counseling Services (Contractor) hereby agree to amend Contract No. 25-172, effective July 1, 2026, as follows:

- I. ARTICLE I Definition of Terminology, paragraph K, is hereby added to read as follows:
  - K. Behavioral Health Services Act (BHSA) - Proposition 1 Behavioral Health Services Act (BHSA): The BHSA, passed in 2024, replaces the Mental Health Services Act (MHSA) of 2004. The MHSA imposed a one percent (1%) tax on personal income over one million dollars (\$1,000,000) to serve individuals with serious mental illness (SMI) and individuals that may be at risk of developing serious mental health conditions. The BHSA reforms funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels.
- II. ARTICLE IV Performance, paragraph F is hereby amended to read as follows:

F. Data Collection and Performance Outcome Requirements

Contractor shall comply with all local, State, and Federal regulations regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH. For Mental Health Services Act (MHSA) programs and/or Behavioral Health Services Act (BHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA/BHSA Component Plan and most recent update.

Contractor shall comply with all requests regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested.

MHSOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.

1. Contractor must collect, manage, maintain and update client, service and episode data as well as staffing data as required for local, State, and Federal reporting.
2. Contractor shall provide information by entering or uploading required data into:
  - a. County's billing and transactional database system.
  - b. DBH's client information system and, when available, its electronic health record system.
  - c. The "Data Collection and Reporting" (DCR) system, which collects and manages Full Service Partnership (FSP) information.
  - d. Individualized data collection applications as specified by DBH, such as Objective Arts and the Prevention and Early Intervention (PEI) Database.
  - e. Any other data or information collection system identified by DBH, the MHSOAC, OSHPD or DHCS.
3. Contractor shall comply with all requirements regarding paper or online forms:
  - a. Bi-Annual Client Perception Surveys (paper-based): twice annually, or as designated by DHCS. Contractor shall collect consumer perception data for clients served by the programs. The data to be collected includes, but not limited to, the client's perceptions of the quality and results of services provided by the Contractor.
  - b. Client preferred language survey (paper-based), if requested by DBH.
  - c. Intermittent services outcomes surveys.
  - d. Surveys associated with services and/or evidence-based practices and programs intended to measure strategy, program, component, or system level outcomes and/or implementation fidelity.
  - e. Network Adequacy Certification Tool (NACT) as required by DHCS and per DBH instructions.
4. Data must be entered, submitted and/or updated in a timely manner for:

- a. All FSP and non-FSP clients: this typically means that client, episode and service-related data shall be entered into the County's billing and transactional database system.
  - b. All service, program, and survey data will be provided in accordance with all DBH established timelines.
  - c. Required information about FSP clients, including assessment data, quarterly updates and key events shall be entered into the DCR online system by the due date or within 48 hours of the event or evaluation, whichever is sooner.
5. Contractor will ensure that data are consistent with DBH's specified operational definitions, that data are in the required format, that data is correct and complete at time of data entry, and that databases are updated when information changes.
  6. Data collection requirements may be modified or expanded according to local, State, and/or Federal requirements.
  7. Contractor shall submit, monthly, its own analyses of the data collected for the prior month, demonstrating how well the contracted services or functions provided satisfied the intent of the Contract, and indicating, where appropriate, changes in operations that will improve adherence to the intent of the Contract. The format for this reporting will be provided by DBH.
  8. Independent research involving clients shall not be conducted without the prior written approval of the Director of DBH. Any approved research must follow the guidelines in the DBH Research Policy.

Note: Independent research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

III. Effective July 1, 2026, ARTICLE IV Performance, paragraphs A and B, are hereby amended to read as follows:

- A. Under this Agreement, the Contractor shall provide those services, which are dictated by attached Addenda, Schedules and/or Attachments; specifically, contractor will provide the services listed on **Addendum I**, Student Assistance Program (SAP), Service Description. The Contractor agrees to be knowledgeable in and apply all pertinent local, State, and Federal laws and regulations; including, but not limited to those referenced in the body of this Agreement. In the event information in the Addenda, Schedules and/or Attachments conflicts with the basic Agreement, then information in the Addenda, Schedules and/or Attachments shall take precedence to the extent permitted by law.
- B. Contractor shall provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for full scope Medi-Cal beneficiaries under age twenty-one (21) in accordance with applicable provisions of law and Addendum I (or appropriate service description).

IV. ARTICLE V Funding and Budgetary Restrictions, paragraphs H and I, are hereby amended and

paragraph J is hereby added to read as follows:

- H. The allowable funding sources for this Contract may include: Mental Health Services Act funds (MHSA), Federal Financial Participation Medi-Cal (FFP), 2011 Realignment, Behavioral Health Services Act funds (BHSA), and Federal funds used as match funds to draw down federal funds.
- I. The contract amendment amount of \$603,672 shall increase the total contract amount from \$4,305,020 to \$4,908,692 for the contract term.
- J. Federal Contracting Provisions

This Agreement is federally funded and subject to the additional terms on Attachment V Federal Contracting Provisions.

- V. ARTICLE 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' General Ledger 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 2024-25, 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 **Student Assistance Program** shall not exceed Contracted amount or County's Maximum Obligation. (The current CalAIM Payment Reform Rate Schedule is set forth in Exhibit 1 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 and/or Behavioral Health Services Act funds, signed into law on March 1, 2024, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA/BHSA 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/BHSA. 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 of 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 **Student Assistance Program** 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.
- 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 Community, Engagement & Equity 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](mailto:DBH-QualityManagementDivision@dbh.sbcounty.gov) so that DBH QM may respond or direct questions to a designee for response.

VI. ARTICLE VIII Annual Cost Report Settlement is hereby deleted and replaced in its entirety to read as follows:

VIII. RESERVED

VII. ARTICLE XIV Duration and Termination, paragraph A, is hereby amended to read as follows:

A. The term of this Agreement shall be from April 1, 2025, through December 31, 2027, inclusive.

VIII. ARTICLE XV Accountability: Revenue, paragraph A, is hereby deleted.

IX. ARTICLE XVII Personnel, paragraph M, is hereby added to read as follows:

M. Levine Act Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

Contractor has disclosed to the County using Attachment IV – 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.

In the event of a proposed amendment to this Contract, the Consultant will provide the County a written statement disclosing any campaign contribution(s) of more than \$500 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

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

X. ARTICLE XIX Licensing, Certification and Accreditation, paragraph H.3.a is hereby amended to read as follows:

a. S&I List can be accessed at <https://data.chhs.ca.gov/dataset/provider-suspended-and-ineligible-list-s-i-list>.

XI. SCHEDULE A Planning Estimates FY 2025-26 through 2027-28 and SCHEDULE B Program Budget FY 2025-26 through 2027-28 are hereby added as attached.

XII. Effective July 1, 2026, ADDENDUM II Description of Program Services for the provision of School-Aged Treatment Services (SATS) is hereby deleted.

XIII. ATTACHMENT IV Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) is hereby added as attached.

XIV. ATTACHMENT V Federal Contracting Provisions is hereby added as attached.

- XV. Exhibit 1 CalAIM Payment Reform Rate Schedule is hereby added as attached.
- XVI. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

**IN WITNESS WHEREOF**, the San Bernardino County and the Contractor have each caused this Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

**SAN BERNARDINO COUNTY**

► \_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

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

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD  
Lynna Monell  
Clerk of the Board of Supervisors  
of San Bernardino County

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

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

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

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

Title Chief Executive Officer  
*(Print or Type)*

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

Address 1420 S. Milliken Avenue, Suite 508

Ontario, CA 91671

**FOR COUNTY USE ONLY**

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

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Michael Shin, Administrative Manager  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► \_\_\_\_\_  
Joshua Dugas, Acting Director  
Date \_\_\_\_\_

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Student Assistance Program (SAP)**

FY 2025-2026  
January 1, 2026 - June 30, 2026

CalAim/Fee for Service

Contractor Name:	West End Family Counseling Services
RU #	3629SA
Contract # / RFP #	25-172
Address:	9445 Fairway View Place, Ste 100
City, State, Zip Code:	Rancho Cucamonga, CA 91730
Date Form Completed:	4/28/2026
Prepared by:	Raymond Vargas
Title:	Director of Operations and Finance

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	5.00%	65.00%	15.00%	15.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	7,344	95,466	22,031	22,031	146,871
3	BENEFITS	1,469	19,094	4,406	4,406	29,375
	(2+3 must equal total staffing costs)	8,812	114,560	26,437	26,437	176,246
4	OPERATING EXPENSES	1,249	16,236	3,747	3,747	24,978
5	TOTAL EXPENSES (2+3+4)	10,061	130,796	30,184	30,184	201,224
<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
11	CONTRACT AMOUNT (5-10)	10,061	130,796	30,184	30,184	201,224
<b>FUNDING</b>						
12	MEDI-CAL (FFP)	4,444	57,766			62,209
13	MHSA/BHSA	939	12,211	30,184	30,184	73,518
14	MHSA/BHSA Match	4,678	60,819			65,497
	FUNDING TOTAL	10,061	130,796	30,184	30,184	201,224
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	5,618	73,030	30,184	30,184	139,015
17	FEDERAL FUNDING	4,444	57,766	0	0	62,209
	TOTAL FUNDING	10,061	130,796	30,184	30,184	201,224
18	TARGET COST PER UNIT OF SERVICE	\$5.01	\$5.01			
19	UNITS OF SERVICE	2,009	26,117			28,126

APPROVED:

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





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

**Student Assistance Program (SAP)**

**FY 2025-2026**

**January 1, 2026 - June 30, 2026**

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

Contractor Name: West End Family Counseling Services  
 RU # 3629SA  
 Contract # / RFP # 25-172  
 Address: 9443 Fairway View Place, Ste 100  
Rancho Cucamonga, CA  
 City, State, Zip Code: 91730  
 Date Form Completed: 4/28/2026

**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	Budget Revision	
						Request Change	Revised Budget
1 Rent	\$197,989	96%	\$0	4%	\$8,316		8,316
2 Utilities	\$28,734	96%	\$0	4%	\$1,149		1,149
3 Telephone/Communications	\$29,621	96%	\$0	4%	\$1,185		1,185
4 Mental Health Promotion	\$8,746	96%	\$0	4%	\$350		350
5 IT Services, EHR, Computers	\$113,655	96%	\$0	4%	\$4,546		4,546
6 Professional Services	\$33,244	96%	\$0	4%	\$1,330		1,330
7 Insurance	\$41,484	96%	\$0	4%	\$1,659		1,659
8 Training	\$31,823	96%	\$0	4%	\$1,273		1,273
9 General Admin Exp, EQPT, Travel	\$111,807	96%	\$0	4%	\$4,472		4,472
10 Client Expenses	\$17,449	96%	\$0	4%	\$698		698
11		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$614,549		\$0		\$24,978	0	24,978
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$201,223		

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

FY 2025-2026

January 1, 2026 - June 30, 2026

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

**West End Family Counseling**  
Contractor Name: Services  
RU # 3629SA  
Contract # / RFP # 25-172  
Address: 2993 Farway View Place, Ste 100  
City, State, Zip Code: Rancho Cucamonga, CA 91730  
Date Form Completed: 4/28/2026

**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 Rent	Rent is based on the allocated portion to this Program for the rent we pay at the Clinic located in Rancho Cucamonga. Allocation is based on square footage used to service this program
2 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic in Rancho Cucamonga. Allocation is based on square footage used to service this program.
3 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
4 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
5 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.
6 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
7 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
8 Training	Training is calculated based on the clinical FTEs allocated to this program.
9 General Admin Exp, EQPT, Travel	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance 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.
10 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.
11	

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

29.79%  
Rate Per Minute

Mode 15	
CM&ICC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 5.01	\$ 5.01

Contractor Name: West End Family Counseling Services  
 RU # 3629SA  
 Contract # / RFP # 25-172  
 Address: 9445 Fairway View Place, Ste 100  
 City, State, Zip Code: Rancho Cucamonga, CA 91730  
 Date Form Completed: 4/28/2026

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clients Served		
			Mode 15		Starting Census		Monthly Census
			CM&ICC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
							10
Jan-26	4,688	1.86	1,677	21,799	5	4	1
Feb-26	4,688	1.86	1,677	21,799	5	4	2
Mar-26	4,688	1.86	1,677	21,799	5	4	3
Apr-26	4,688	1.86	1,677	21,799	5	4	4
May-26	4,688	1.86	1,677	21,799	5	4	5
Jun-26	4,688	1.86	1,677	21,799	5	4	6
<b>TOTAL</b>	<b>28,126</b>		<b>10,061</b>	<b>130,796</b>	<b>30</b>	<b>24</b>	<b>40</b>
			<b>Total Revenue</b>	<b>201,224</b>	<b>Unduplicated Clients Served</b>		<b>40</b>
					<b>Estimated Cost Per Client:</b>		<b>\$5,031</b>

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	2009	26117	<b>28126</b>
<b>Total Monthly Minutes of Services (Average)</b>	335	4353	<b>4688</b>
<b>Dosage (minutes) per client per month</b>	96	1244	<b>1339</b>
<b>Dosage (hours) per client per month</b>	1.59	20.73	<b>22.32</b>

133.93

Avg Monthly Census	Expected Length of Program (months)
4	6.00

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Student Assistance Program (SAP)**

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

CalAim/Fee for Service

Contractor Name:	West End Family Counseling Services
RU #	3629SA
Contract # / RFP #	25-172
Address:	9445 Fairway View Place, Ste 100
City, State, Zip Code:	Rancho Cucamonga, CA 91730
Date Form Completed:	4/28/2026
Prepared by:	Raymond Vargas
Title:	Director of Operations and Finance

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	Distribution %	5.00%	65.00%	15.00%	15.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	14,687	190,933	44,061	44,061	293,743
3	BENEFITS	2,937	38,187	8,812	8,812	58,749
	(2+3 must equal total staffing costs)	17,625	229,120	52,874	52,874	352,492
4	OPERATING EXPENSES	2,498	32,471	7,493	7,493	49,956
5	TOTAL EXPENSES (2+3+4)	20,122	261,591	60,367	60,367	402,448
<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
11	CONTRACT AMOUNT (5-10)	20,122	261,591	60,367	60,367	402,448
<b>FUNDING</b>						
12	MEDI-CAL (FFP)	8,887	115,532			124,419
13	MHSA/BHSA	1,879	24,422	60,367	60,367	147,035
14	MHSA/BHSA Match	9,357	121,637			130,994
	FUNDING TOTAL	20,122	261,591	60,367	60,367	402,448
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0
16	STATE FUNDING (Including Realignment)	11,235	146,059	60,367	60,367	278,029
17	FEDERAL FUNDING	8,887	115,532	0	0	124,419
	TOTAL FUNDING	20,122	261,591	60,367	60,367	402,448
18	TARGET COST PER UNIT OF SERVICE	\$5.01	\$5.01			
19	UNITS OF SERVICE	4,018	52,234			56,252

APPROVED:

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





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

**Student Assistance Program (SAP)**

**FY 2026-2027**

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

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

**West End Family Counseling**  
Contractor Name: Services  
RU # 3629SA  
Contract # / RFP # 25-172  
Address: 3843 Fairway view Place, Ste 100  
Rancho Cucamonga, CA  
City, State, Zip Code: 91730  
Date Form Completed: 4/28/2026

**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	Budget Revision	
						Request Change	Revised Budget
1 Rent	\$395,977	96%	\$0	4%	\$16,631		16,631
2 Utilities	\$57,467	96%	\$0	4%	\$2,299		2,299
3 Telephone/Communications	\$59,242	96%	\$0	4%	\$2,370		2,370
4 Mental Health Promotion	\$17,492	96%	\$0	4%	\$700		700
5 IT Services, EHR, Computers	\$227,309	96%	\$0	4%	\$9,092		9,092
6 Professional Services	\$66,488	96%	\$0	4%	\$2,660		2,660
7 Insurance	\$82,967	96%	\$0	4%	\$3,319		3,319
8 Training	\$63,646	96%	\$0	4%	\$2,546		2,546
9 General Admin Exp, EQPT, Travel	\$223,613	96%	\$0	4%	\$8,945		8,945
10 Client Expenses	\$34,897	96%	\$0	4%	\$1,396		1,396
11		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$1,229,098		\$0		\$49,956	0	49,956
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$402,448		

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

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

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

**West End Family Counseling**  
Contractor Name: Services  
RU # 3629SA  
Contract # / RFP # 25-172  
Address: 5445 Fairway View Place, Ste 100  
City, State, Zip Code: Rancho Cucamonga, CA 91730  
Date Form Completed: 4/28/2026

**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 Rent	Rent is based on the allocated portion to this Program for the rent we pay at the Clinic located in Rancho Cucamonga. Allocation is based on square footage used to service this program
2 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic in Rancho Cucamonga. Allocation is based on square footage used to service this program.
3 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
4 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
5 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.
6 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
7 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
8 Training	Training is calculated based on the clinical FTEs allocated to this program.
9 General Admin Exp, EQPT, Travel	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance 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.
10 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.
11	

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

0.00%  
Rate Per Minute

Mode 15	
CM&ICC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 5.01	\$ 5.01

Contractor Name: West End Family Counseling Services  
 RU # 3629SA  
 Contract # / RFP # 25-172  
 Address: 9445 Fairway View Place, Ste 100  
 City, State, Zip Code: Rancho Cucamonga, CA 91730  
 Date Form Completed: 4/28/2026

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type		Clinical FTE's	Clients Served		
			Mode 15			Starting Census		Monthly Census
			CM&ICC (01-09)	MHS (10-50)		Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-26	4,688	1.86	1,677	21,799		5	4	21
Aug-26	4,688	1.86	1,677	21,799		5	4	22
Sep-26	4,688	1.86	1,677	21,799		5	4	23
Oct-26	4,688	1.86	1,677	21,799		5	4	24
Nov-26	4,688	1.86	1,677	21,799		5	4	25
Dec-26	4,688	1.86	1,677	21,799		5	4	26
Jan-27	4,688	1.86	1,677	21,799		5	4	27
Feb-27	4,688	1.86	1,677	21,799		5	4	28
Mar-27	4,688	1.86	1,677	21,799		5	4	29
Apr-27	4,688	1.86	1,677	21,799		5	4	30
May-27	4,688	1.86	1,677	21,799		5	4	31
Jun-27	4,688	1.86	1,677	21,799		5	4	32
TOTAL	56,252		20,122	261,591		60	48	
			<b>Total Revenue</b>	<b>402447.87</b>	<b>Unduplicated Clients Served</b>			<b>80</b>
						<b>Estimated Cost Per Client:</b>		<b>\$5,031</b>

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	4018	52234	<b>56252</b>
<b>Total Monthly Minutes of Services (Average)</b>	335	4353	<b>4688</b>
<b>Dosage (minutes) per client per month</b>	13	164	<b>177</b>
<b>Dosage (hours) per client per month</b>	0.21	2.74	<b>2.95</b>

Avg Monthly Census	Expected Length of Program (months)
27	6.00

17.69

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	West End Family Counseling Services
RU #	3629SA
Contract # / RFP #	25-172
Address:	9445 Fairway View Place, Ste 100
City, State, Zip Code:	Rancho Cucamonga, CA 91730
Date Form Completed:	4/28/2026
Prepared by:	Raymond Vargas
Title:	Director of Operations and Finance

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Student Assistance Program (SAP)**

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

LINE #	MODE OF SERVICE	15 (Outpatient)		45 (Outreach)		TOTAL
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Mental Health Promotion (10-19)	Community Client Services (20-29)	
1	100% Distribution %	5.00%	65.00%	15.00%	15.00%	100.00%
<b>EXPENSES</b>						
2	SALARIES	7,344	95,466	22,031	22,031	146,871
3	BENEFITS	1,469	19,094	4,406	4,406	29,375
	(2+3 must equal total staffing costs)	8,812	114,560	26,437	26,437	176,246
4	OPERATING EXPENSES	1,249	16,236	3,747	3,747	24,978
5	TOTAL EXPENSES (2+3+4)	10,061	130,796	30,184	30,184	201,224
<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
11	CONTRACT AMOUNT (5-10)	10,061	130,796	30,184	30,184	201,224
<b>FUNDING</b>						
	Mix %	Share %				
12	88.33% MEDI-CAL (FFP)	50.00%	4,444	57,766		62,209
13	11.67% MHS/BHSA	80.00%	939	12,211	30,184	73,518
14	MHS/BHSA Match		4,678	60,819		65,497
	FUNDING TOTAL		10,061	130,796	30,184	201,224
15	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>		0	0	0	0
16	STATE FUNDING (Including Realignment)		5,618	73,030	30,184	139,015
17	FEDERAL FUNDING		4,444	57,766	0	62,209
	TOTAL FUNDING		10,061	130,796	30,184	201,224
18	TARGET COST PER UNIT OF SERVICE		\$5.01	\$5.01		
19	UNITS OF SERVICE		2,009	26,117		28,126

APPROVED:

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





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

**Student Assistance Program (SAP)  
FY 2027-2028  
July 1, 2027 - December 31, 2027**

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

**West End Family Counseling**  
Contractor Name: Services  
RU # 3629SA  
Contract # / RFP # 25-172  
Address: 3843 Fairway view Place, Ste 100  
Rancho Cucamonga, CA  
City, State, Zip Code: 91730  
Date Form Completed: 4/28/2026

**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	Budget Revision	
						Request Change	Revised Budget
1 Rent	\$197,989	96%	\$0	4%	\$8,316		8,316
2 Utilities	\$28,734	96%	\$0	4%	\$1,149		1,149
3 Telephone/Communications	\$29,621	96%	\$0	4%	\$1,185		1,185
4 Mental Health Promotion	\$8,746	96%	\$0	4%	\$350		350
5 IT Services, EHR, Computers	\$113,655	96%	\$0	4%	\$4,546		4,546
6 Professional Services	\$33,244	96%	\$0	4%	\$1,330		1,330
7 Insurance	\$41,484	96%	\$0	4%	\$1,659		1,659
8 Training	\$31,823	96%	\$0	4%	\$1,273		1,273
9 General Admin Exp, EQPT, Travel	\$111,807	96%	\$0	4%	\$4,472		4,472
10 Client Expenses	\$17,449	96%	\$0	4%	\$698		698
11		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$614,549		\$0		\$24,978	0	24,978
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$201,223		

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

FY 2027-2028

July 1, 2027 - December 31, 2027

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

**West End Family Counseling**  
Contractor Name: Services  
RU # 3629SA  
Contract # / RFP # 25-172  
Address: 5945 Fairway View Place, Ste 400  
City, State, Zip Code: Rancho Cucamonga, CA 91730  
Date Form Completed: 4/28/2026

**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 Rent	Rent is based on the allocated portion to this Program for the rent we pay at the Clinic located in Rancho Cucamonga. Allocation is based on square footage used to service this program
2 Utilities	Utilities is based on the allocated portion to this Program for the utilities we pay at the Clinic in Rancho Cucamonga. Allocation is based on square footage used to service this program.
3 Telephone/Communications	Telephone/Communications costs are based on a percentage of users of telephone and fax services used to service this program.
4 Mental Health Promotion	Mental Health Promotion is based on the allocated amount of clinical FTEs for this program for promotional materials and personnel recruitment.
5 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.
6 Professional Services	Professional Services is allocated based on clinical FTEs for the program.
7 Insurance	Insurance is the allocated portion to this program based on the clinical FTEs needed for the Program.
8 Training	Training is calculated based on the clinical FTEs allocated to this program.
9 General Admin Exp, EQPT, Travel	General and Administrative Expenses is based on the allocated portion of Clinical FTEs providing services in this program for various supplies, maintenance 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.
10 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.
11	

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2027-2028  
July 1, 2027 - December 31, 2027

29.79%  
Rate Per Minute

Mode 15	
CM&ICC (01-09)	MHS (10-50)
Weighted Rate	Weighted Rate
\$ 5.01	\$ 5.01

Contractor Name: West End Family Counseling Services  
 3629SA  
 RU # \_\_\_\_\_  
 Contract # / RFP # 25-172  
 Address: 9445 Fairway View Place, Ste 100  
 City, State, Zip Code: Rancho Cucamonga, CA 91730  
 Date Form Completed: 4/28/2026

Projected Revenue Generated by Service Type					Clients Served		
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Mode 15		Starting Census		Monthly Census
			CM&ICC (01-09)	MHS (10-50)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-27	4,688	1.86	1,677	21,799	5	4	11
Aug-27	4,688	1.86	1,677	21,799	5	4	12
Sep-27	4,688	1.86	1,677	21,799	5	4	13
Oct-27	4,688	1.86	1,677	21,799	5	4	14
Nov-27	4,688	1.86	1,677	21,799	5	4	15
Dec-27	4,688	1.86	1,677	21,799	5	4	16
TOTAL	28,126		10,061	130,796	30	24	40
			<b>Total Revenue</b>	<b>201,223.94</b>	<b>Unduplicated Clients Served</b>		40
						<b>Estimated Cost Per Client:</b>	<b>\$5,031</b>

	<b>Mode 15</b>		
	CM&ICC (01-09)	MHS (10-50)	TOTAL
<b>Total Minutes of Services</b>	2009	26117	<b>28126</b>
<b>Total Monthly Minutes of Services (Average)</b>	335	4353	<b>4688</b>
<b>Dosage (minutes) per client per month</b>	25	322	<b>347</b>
<b>Dosage (hours) per client per month</b>	0.41	5.37	<b>5.79</b>

34.72

Avg Monthly Census	Expected Length of Program (months)
14	6.00



## Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under \$50,000
- Contracts where no party receives financial compensation
- Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or \$50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

### **DEFINITIONS**

Actively supporting or opposing the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

**Contractors must respond to the questions on the following pages. If a question does not apply respond N/A or Not Applicable.**

1. Name of Contractor: West End Family Counseling Services
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	N/A

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
N/A	N/A	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	N/A	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	N/A

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No

Yes  If **yes**, please provide the contribution information in Question 11.

10. Has an agent of Contractor made a campaign contribution of any amount to any member of the San Bernardino County Board of Supervisors or other elected officer involved with this Contract while award of this Contract is being considered?

No

Yes  If **yes**, please provide the contribution information in Question 11.

11. Name of Board of Supervisor Member or other County elected officer: N/A

Name of Contributor: \_\_\_\_\_

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 acknowledges that agents are prohibited from making any campaign contributions, regardless of amount, to any member of the Board of Supervisors or other County elected officer involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County. Contractor understands that the other individuals and entities (excluding agents) listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County.

**ATTACHMENT V****FEDERAL CONTRACTING PROVISIONS**

Contractor shall comply with the following additional terms:

**A. Clean Air Act and the Federal Water Pollution Control Act (42 USC §§ 7401-7671q, 33 USC §§ 1251-1387.)**Clean Air Act

1. Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

Federal Water Pollution Control Act

1. Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

**B. Procurement of Recovered Materials (45 CFR § 75.331)**

1. Contractor shall comply with the provisions of section 6002 of the Federal Solid Waste Disposal Act, as amended by the federal Resource conservation and Recovery Act, as the same may be amended, which include (but are not necessarily limited to): procuring only items designated in guidelines of the Environmental Protection Agency at 40 CFR Part 247 (as the same may be amended) that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the Environmental Protection Agency guidelines.
2. This provision does not apply if the items cannot be acquired—
  - a. Competitively within a timeframe providing compliance with the contract performance schedule.
  - b. Meeting contract performance requirements; or
  - c. At a reasonable price.
3. Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

4. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

**C. Prohibited Telecommunications and Video Surveillance Equipment and Services (2 C.F.R. §200.216)**

Contractor certifies that it will not use contract funds to:

- (1) Procure or obtain covered telecommunications equipment or services;
- (2) Extend or renew a contract to procure or obtain covered telecommunications equipment or services; or
- (3) Enter into a contract (or extend or renew a contract) to procure or obtain covered telecommunications equipment or services.

“Covered telecommunications equipment or services” means those equipment and services defined at 2 C.F.R. §200.16(b).

**D. Domestic Preference for Procurements (2 C.F.R. § 200.322)**

Contractor should, to the greatest extent practicable and consistent with law, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). “Produced in the United States” means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States. “Manufactured products” means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

**E. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352 (as amended))**

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to the County any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

*[certification continued on next page]*

**ANTI- LOBBYING CERTIFICATION**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
5. The Contractor, West End Family Counseling certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

\_\_\_\_\_  
Signature of Contractor's Authorized Official

Laura Tapia, Chief Executive Officer  
Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Date

CaAIM PAYMENT REFORM RATE SCHEDULE

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

Individual		
DHCS Equivalent	Hourly Payment Rate	
	Contracted Program Category 1	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

  

Service Description	Per Occurrence 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
Therapeutic Behavioral Services
Children's Residential Intensive Services