



Contract Number
16-431 A-2

SAP Number
4400009472

Department of Behavioral Health

Department Contract Representative	Deborah Forthun
Telephone Number	909-388-0862
Contractor	West End Family Counseling Services
Contractor Representative	Laura Tapia
Telephone Number	(909) 983-2020
Contract Term	July 1, 2016 – September 30, 2021
Original Contract Amount	\$2,800,000
Amendment Amount	\$875,000
Total Contract Amount	\$3,675,000
Cost Center	9206341000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and West End Family Counseling Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-431** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for General Mental Health services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2020:

- I. ARTICLE III Performance, paragraph T. Internal Control is hereby added to read as follows:
 - T. West End Family Counseling Services must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

II. ARTICLE IV Funding and Budgetary Restrictions paragraphs B, E, and J are hereby amended to read as follows:

B. The maximum financial obligation of the County under this Agreement shall not exceed the sum referenced in the Schedules A and B. The maximum financial obligation is further limited by fiscal year, funding source and service modalities as delineated on the Schedules A and B. Contractor may not transfer funds between funding sources, modes of services, or exceed 15% of a budgeted line item without the prior written approval from DBH. Budget line items applicable to the 15% rule are: (1) Total Salaries & Benefits and (2) Individual Operating Expense items. The County has the sole discretion of transferring funds between funding sources or modes of services.

1. It is understood between the parties that the Schedules A and B are budgetary guidelines. Contractor must adhere to the budget by funding outlined in the Schedule A of the Contract as well as track year-to-date expenditures. Contractor understands that costs incurred for services not listed or in excess of the funding in the Schedule A shall result in non-payment to Contractor for these costs.

E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.

J. This amendment shall increase the total contract from \$2,800,000 to \$3,675,000.

III. ARTICLE V Provisional Payment is hereby amended to read as follows:

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, annual cost report, 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, annual cost report and 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. County will send Contractor a year-to-date Medi-Cal denied claims report on a monthly basis. It is the responsibility of Contractor to make any necessary corrections to the denied 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 the DHCS will not adjudicate and approve the denied claims, the County will recover the paid funds from Contractor's current invoice payment(s). DBH Fiscal recovers denied claim amounts at a minimum quarterly basis.
- 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 2016-17, 2017-18, 2018-19, 2019-20, and 2020-21) no single monthly payment for Outreach, Education, and Support services (Modes 45 and 60) 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.
 2. For each fiscal year period (FYs 2021-22) no single monthly payment for Outreach, Education, and Support services (Modes 45 and 60) shall exceed one-third (1/3) of the maximum allocations for the mode of service unless there have been payments of less than one-third (1/3) 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-third (1/3) 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 services will be based on actual units of time (minutes, hours, or days) reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system. 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 as reported in the year-end cost report. All approved provisional rates will be superseded by actual cost per unit rate as calculated during the cost report cost settlement. In the event of a conflict between the provisional rates set forth in the most recent cost report and those contained in the Schedules A and B, the rates set forth in the most recent cost report or County Contract Rate (CCR), whichever is lower, shall prevail.
 - 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, Contractor's actual cost and the CCR.
- I. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible 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 as described in the Annual Cost Report Settlement Article.
- 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/oqa> (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 ten percent (10%) 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 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.

IV. ARTICLE VII Annual Cost Report Settlement Paragraphs A, C, D and E are hereby amended to read as follows:

A. Section 14705 (c) of the Welfare and Institutions Code (WIC) requires contractors to submit fiscal year-end cost reports. Contractor shall provide DBH with a complete and correct annual cost report not later than sixty (60) days at the end of each fiscal year and not later than sixty (60) days after the expiration date or termination of this Contract, unless otherwise notified by County.

C. These cost reports shall be the basis upon which both a preliminary and a final settlement will be made between the parties to this Agreement. In the event of termination of this Contract by Contractor pursuant to Duration and Termination Article, Paragraph C, the preliminary settlement will be based upon the most updated State Medi-Cal approvals and County claims information.

1. Upon initiation and instruction by the State, County will perform the Short-Doyle/Medi-Cal Cost Report Reconciliation and Settlement with Contractor.

a. Such reconciliation and settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies, procedures, and/or other requirements pertaining to cost reporting and settlements for Title XIX and/or Title XXI and other applicable Federal and/or State programs.

2. Contractor shall submit an annual cost report for a preliminary cost settlement. This cost report shall be submitted no later than sixty (60) days after the end of the fiscal year and it shall be based upon the actual minutes/hours/days which have been approved by DHCS up to the preliminary submission period as reported by DBH.

3. Contractor shall submit a reconciled cost report for a final settlement. The reconciled cost report shall be submitted approximately eighteen (18) months after the fiscal year-

end. The eighteen (18) month timeline is an approximation as the final reconciliation process is initiated by the DHCS. The reconciliation process allows Contractor to add additional approved Medi-Cal units and reduce disallowed or denied units that have been corrected and approved subsequent to the initial cost report submission. Contractors are not permitted to increase total services or cost during this reconciliation process.

4. Each Annual Cost Report shall be prepared by Contractor in accordance with the Centers for Medicare and Medicaid Services' Publications #15-1 and #15-02; "The Providers Reimbursement Manual Parts 1 and 2;" the State Cost and Financial Reporting Systems (CFRS) Instruction Manual; and any other written guidelines that shall be provided to Contractor at the Cost Report Training, to be conducted by County on or before October 15 of the fiscal year for which the annual cost report is to be prepared.
 - a. Attendance by Contractor at the County's Cost Report Training is mandatory.
 - b. Failure by Contractor to attend the Cost Report Training shall be considered a breach of this Agreement.
 5. Failure by Contractor to submit an annual cost report within the specified date set by the County shall constitute a breach of this Agreement. In addition to, and without limiting, any other remedy available to the County for such a breach, the County may, at its option, withhold any monetary settlements due Contractor until the cost report(s) is (are) complete.
 6. Only the Director or designee may make exception to the requirement set forth in the Annual Cost Report Settlement Article, Paragraph A above, by providing Contractor written notice of the extension of the due date.
 7. If Contractor does not submit the required cost report(s) when due and therefore no costs have been reported, the County may, at its option, request full payment of all funds paid Contractor under Provisional Payment Article of this Agreement. Contractor shall reimburse the full amount of all payments made by the County to Contractor within a period of time to be determined by the Director or designee.
 8. No claims for reimbursement will be accepted by the County after the cost report is submitted by the contractor. The total costs reported on the cost report must match the total of all the claims submitted to DBH by Contractor as of the end of the fiscal year which includes revised and/or final claims. Any variances between the total costs reported in the cost report and fiscal year claimed costs must be justified during the cost report process in order to be considered allowable.
 9. Annual Cost Report Reconciliation Settlement shall be subject to the limitations contained in this Agreement but not limited to:
 - a. Available Match Funds
 - b. Actual submitted and approved claims to those third-parties providing funds in support of specific funded programs.
- D. As part of its annual cost report settlement, County shall identify any amounts due to Contractor by the County or due from Contractor to the County.

1. Upon issuance of the County's annual cost report settlement, Contractor may, within fourteen (14) business days, submit a written request to the County for review of the annual cost report settlement.
2. Upon receipt by the County of Contractor's written request, the County shall, within twenty (20) business days, meet with Contractor to review the annual cost report settlement and to consider any documentation or information presented by Contractor. Contractor may waive such meeting and elect to proceed based on written submission at its sole discretion.
3. Within twenty (20) business days of the meeting specified above, the County shall issue a response to Contractor including confirming or adjusting any amounts due to Contractor by the County or due from Contractor to the County.
4. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor is due payment from the County, the County shall initiate the payment process to Contractor before submitting the annual Cost report to DHCS or other State agencies.
5. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor owes payments to the County, Contractor shall make payment to the County in accordance with Paragraph E below (Method of Payments for Amounts Due to the County).
6. Regardless of any other provision of this Paragraph D, reimbursement to Contractor shall not exceed the maximum financial obligation by fiscal year, funding source, and service modalities as delineated on the Schedules A and B.

E. Method of Payments for Amounts Due to the County

1. Within fourteen (14) business days after written notification by the County to Contractor of any amount due by Contractor, Contractor shall notify the County as to which payment option will be utilized. Payment options for the amount to be recovered will be outlined in the settlement letter.
- C. If Contractor does not so notify the County within such fourteen (14) business days, or if Contractor fails to make payment of any such amount to the County as required, then recovery of such amount from Contractor will be deducted in its entirety from immediate future claim(s) until recovered in.

V. ARTICLE XIII Duration and Termination Paragraphs A is hereby amended to read as follows:

- A. The term of this Agreement shall be from July 1, 2016 through September 30, 2021 inclusive.

VI. This amendment hereby adds Schedules A and B for FY 2020-21 and FY 2021-22. All previously approved schedules remain in effect.

VII. ADDENDUM I is hereby amended as follows:

Article VIII. ADMINISTRATIVE REQUIREMENTS paragraph B is hereby amended to read as follows:

- B. Services will be billed by the minute for all Mode 15 & Mode 60 services.

Article IX. REPORTING REQUIREMENTS article is hereby amended to read as follows:

Contractor shall work in collaboration with DBH for accurate data collections. The expectation is that the selected Contractor's staff will be available for collaboration for at least two (2) hours per month.

The collaboration will include, but is not limited to the following:

- A. Collect, analyze, and report on evaluation elements and their outcomes as defined by DBH.
- B. Provide support and assistance to DBH in any testing/evaluation efforts. This will minimally include the Child, Adolescent, Needs and Strengths Assessment, specifically, the Child, Adolescent Needs and Strengths Assessment: Comprehensive Multisystem Assessment – San Bernardino (CANS-SB), and the Adult Needs Strengths Assessment, (ANSA). Provide DBH Research and Evaluation Section (R&E) with important outcome information throughout the term of any contract awarded. R&E will notify the Agency(s) when its participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining needed information.

Participate in evaluating the progress of the overall program in regard to responding to the mental health needs of local communities. The evaluation may include: Audits, Annual Program Review, contract monitor site reviews or a review of special incident

Article X. PERFORMANCE OUTCOMES paragraph D is hereby revised and E is hereby added to read as follows:

- D. Adult Needs Strengths Assessment (ANSA)
 - 1. Within thirty (30) days of admission
 - 2. Every six (6) months, and
 - 3. Within thirty (30) days of discharge
- E. Clarifications:
 - 1. A CANS-SB or ANSA is not required at admission if the client did not meet criteria for services AND there is deemed insufficient information to complete the CANS-SB accurately.
 - 2. In no case shall a period of more than six (6) months pass without completing a CANS-SB or ANSA.
 - 3. A CANS-SB or ANSA is not required at discharge if a six (6) month (i.e., update) CANS-SB, ANSA, was administered within the past thirty (30) days AND no significant change in client's presentation has occurred.

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

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

COUNTY OF SAN BERNARDINO

West End Family Counseling Services

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

▶

Curt Hagman, Chairman, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

Name _____
(Print or type name of person signing contract)

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

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
▶
Dawn Martin, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
▶
Natalie Kessee, Contracts Manager
Date _____

Reviewed/Approved by Department
▶
Veronica Kelley, Director
Date _____

Schedule A

SCHEDULES		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: West End Family Counseling Services	
Actual Cost	ALL VALUES PROVIDED IN SCHEDULES ARE EXAMPLES TO ASSIST IN COMPLETION OF SCHEDULE.	GMH FY 2020 - 2021 July 1, 2020 - June 30, 2021				Provider # 3611-1	
Prepared by: Raymond Vargas Title: Director of Operations and Finance						Contract/RFP# 16-431	
						Address: 855 N. Euclid Ave Ontario, CA 91762	
						Date Form Completed: 3/20/2020	
						Date Form Revised:	
100%	Distribution %	3.00%	72.00%	24.00%	1.00%		
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
EXPENSES							
1	SALARIES	13,438	322,523	107,508	4,479		447,948
2	BENEFITS	2,373	56,943	18,981	791		79,088
	(1+2 must equal total staffing costs)	15,811	379,466	126,489	5,270		527,036
3	OPERATING EXPENSES	5,283	126,802	42,267	1,761		176,114
4	TOTAL EXPENSES (1+2+3)	21,095	506,268	168,756	7,032		703,150
AGENCY REVENUES							
5	PATIENT FEES		75	50	25		150
6	PATIENT INSURANCE						0
7	MEDI-CARE		1,500	1,000	500		3,000
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	1,575	1,050	525		3,150
10	CONTRACT AMOUNT (4-9)	21,095	504,693	167,706	6,507		700,000
FUNDING							
Mix %		Share %					
11	75.00% MEDI-CAL (FFP)	50.00%	7,910	189,260	62,890	2,440	262,500
12	80.00% EPSDT (2011 REALIGNMENT)	36.03%	4,560	109,105	36,255	1,407	151,327
13	1991 REALIGNMENT MATCH		3,351	80,155	26,635	1,033	111,173
14							0
15							0
16	25.00% 1991 REALIGNMENT - NET COUNTY		5,274	126,173	41,927	1,627	175,000
17							0
18	FUNDING TOTAL		21,095	504,693	167,706	6,507	700,000
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20	STATE FUNDING (Including Realignment)		7,911	189,260	62,890	2,440	262,500
21	FEDERAL FUNDING		13,184	315,433	104,817	4,067	437,500
22	TOTAL FUNDING		21,095	504,693	167,706	6,507	700,000
23	MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24	TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25	UNITS OF TIME (Minutes)		9,588	168,794	30,163	1,549	210,094

Schedule A

SCHEDULES		SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				Contractor Name: West End Family Counseling Services	
Actual Cost	ALL VALUES PROVIDED IN SCHEDULES ARE EXAMPLES TO ASSIST IN COMPLETION OF SCHEDULE.	GMH FY 2021 - 2022				Provider # 3611-1	
Prepared by: Raymond Vargas		July 1, 2021 - September 30, 2021		(3 Months)		Contract/RFP# 16-431	
Title: Director of Operations and Finance						Address: 855 N. Euclid Ave Ontario, CA 91762	
						Date Form Completed: 3/20/20	
						Date Form Revised:	
100%	Distribution %	3.00%	72.00%	24.00%	1.00%		
LINE	MODE OF SERVICE	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient		TOTAL
#	SERVICE FUNCTION	Case Management (01-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)		
EXPENSES							
1	SALARIES	3,360	80,631	26,877	1,120		111,987
2	BENEFITS	593	14,236	4,745	198		19,772
(1+2 must equal total staffing costs)		3,953	94,866	31,622	1,318		131,759
3	OPERATING EXPENSES	1,321	31,701	10,567	440		44,029
4	TOTAL EXPENSES (1+2+3)	5,274	126,567	42,189	1,758		175,788
AGENCY REVENUES							
5	PATIENT FEES		19	13	6		38
6	PATIENT INSURANCE						0
7	MEDI-CARE		375	250	125		750
8	GRANTS/OTHER						0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	394	263	131		788
10	CONTRACT AMOUNT (4-9)	5,274	126,173	41,926	1,627		175,000
FUNDING							
Mix %		Share %					
11	75.00% MEDI-CAL (FFP)	50.00%	1,978	47,315	15,722	610	65,625
12	80.00% EPSDT (2011 REALIGNMENT)	36.03%	1,140	27,276	9,064	352	37,832
13	1991 REALIGNMENT MATCH		837	20,039	6,659	258	27,793
14							0
15							0
16	25.00% 1991 REALIGNMENT - NET COUNTY		1,318	31,543	10,482	407	43,750
17							0
18	FUNDING TOTAL		5,274	126,173	41,926	1,627	175,000
19	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0
20	STATE FUNDING (Including Realignment)		1,977	47,315	15,723	610	65,625
21	FEDERAL FUNDING		3,296	78,858	26,204	1,017	109,375
22	TOTAL FUNDING		5,274	126,173	41,926	1,627	175,000
23	MAXIMUM COUNTY CONTRACT RATE (CCR)		2.20	2.99	5.56	4.20	
24	TARGET COST PER UNIT OF SERVICE		2.20	2.99	5.56	4.20	
25	UNITS OF TIME (Minutes)		2,397	42,198	7,541	387	52,523

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B								
				West End Family Counseling Services				
				Contractor Name:				
				Provider # 3611-1				
				Contract/RFP# 16-431				
				Address: 855 N. Euclid Ave				
				Ontario, CA 91762				
				Date Form Completed: 3/20/2020				
Prepared by: Raymond Vargas Title: Director of Operations and Finance								
Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.								
July 1, 2020 - June 30, 2021								
							Budget Revision	
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Original Budget	
1	Rent/Occupancy	\$185,000	100%	\$185,000	0%	\$0	0	
2	Utilities/Telecom	\$127,177	83%	\$105,557	17%	\$21,620	21,620	
3	Property Taxes and Insurance	\$51,871	78%	\$40,459	22%	\$11,412	11,412	
4	Depreciation	\$15,428	49%	\$7,560	51%	\$7,868	7,868	
5	Professional Services	\$462,785	92%	\$425,762	8%	\$37,023	37,023	
6	Equipment Expense	\$16,967	64%	\$10,859	36%	\$6,108	6,108	
7	General and Administrative Costs	\$139,379	84%	\$117,078	16%	\$22,301	22,301	
8	Office & Program Supplies	\$408,538	88%	\$361,148	12%	\$46,982	46,982	
11	Indirect Costs not to exceed 15%	\$297,971	92%	\$275,176	8%	\$22,801	22,801	
12		\$0	0%	\$0	100%	\$0	0	
13		\$0	0%	\$0	100%	\$0	0	
14		\$0	0%	\$0	100%	\$0	0	
SUBTOTAL B:		\$1,705,116		\$1,528,599		\$176,114	176,114	
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						\$703,150		

SAN BERNARDINO COUNTY			
DEPARTMENT OF BEHAVIORAL HEALTH			
SCHEDULE B			
BUDGET NARRATIVE			
		FY 2020 - 2021	Contractor Name: West End Family Counseling Services
			Provider # 3611-1
			Contract/RFP# 16-431
Prepared by: Raymond Vargas			Address: 855 N. Euclid Ave
Title: Director of Operations and Finance			Ontario, CA 91762
			Date Form Completed: 3/20/2020
Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.			
July 1, 2020 - June 30, 2021			

ITEM	Justification of Cost
1 Rent/Occupancy	The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Rent/ Occupancy is \$185,000 per year * 0% = \$0 based on square footage allocated directly to this program.
2 Utilities/Telecom	Allocated portion of electric, gas, water, telephone expense. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost for Utilities is \$127,177 per year * 17% = \$21,620 allocated directly to this program.
3 Property Taxes and Insurance	Allocated portion of property taxes/insurance of clinic facility/professional & D&O liability. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Property Taxes and Insurances are \$51,871 per year * 22% = \$11,412 allocated directly to this program.
4 Depreciation	Allocated portion of depreciation of clinic facility, equipment and furnishings. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Depreciation is \$15,428 per year * 51%=\$7,868 allocated directly to this program.
5 Professional Services	Allocated portion of CPA, consultants, and independent technical contractors. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Professional Services is \$462,785 per year * 8%=\$37,023 allocated directly to this program.
6 Equipment Expense	Allocated portion of office equipment lease and maintenance. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Equipment is \$16,967 per year * 36%=\$6,108 allocated directly to this program.
7 General and Administrative Costs	Includes janitorial, answering service, advertising, IT maint, postage, printing, facility maint, training, board expense, interest expense, membership dues, non-project specific repair and maint, gardener, security. Total cost of the General and Administrative Costs are \$139,379 per year * 16%=\$22,301 allocated directly to this program.
8 Office & Program Supplies	Allocated portion of consumable office supplies, consumable program supplies and printing. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Office & Program Supplies is \$408,538 per year * 12%=\$46,982 allocated directly to this program.
11 Indirect Costs not to exceed 15%	INDIRECT EXPENSE is allocated to each Agency program based on the percentage of the total Agency's direct worked wages. (indirect costs not to exceed 15% of direct costs) Total indirect cost is \$297,971 per year * 8%=\$22,801 allocated to this program.

SAN BERNARDINO COUNTY														
DEPARTMENT OF BEHAVIORAL HEALTH														
SCHEDULE B														
FY 2020 - 2021														
										Contractor Name: West End Family Counseling Services				
										Provider # 3611-1				
										Contract/RFP# 16-431				
										Address: 855 N. Euclid Ave				
										Ontario, CA 91762				
										Date Form Completed: 3/20/2020				
Client Service Projections for:		July 1, 2020 - June 30, 2021												
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Units of Service (Minutes)		17,508	17,508	17,508	17,508	17,508	17,508	17,508	17,508	17,508	17,508	17,507	17,507	210,094
Projected Cost per Unit														
Case Management (01-09)		\$1,758	\$1,758	\$1,758	\$1,758	\$1,758	\$1,758	\$1,758	\$1,758	\$1,758	\$1,758	\$1,758	\$1,758	\$21,095
Mental Health Services (10-50)		\$42,058	\$42,058	\$42,058	\$42,058	\$42,058	\$42,058	\$42,058	\$42,058	\$42,058	\$42,058	\$42,056	\$42,056	\$504,693
Medication Support (60)		\$13,976	\$13,976	\$13,976	\$13,976	\$13,976	\$13,976	\$13,976	\$13,976	\$13,976	\$13,976	\$13,975	\$13,975	\$167,706
Crisis Intervention (70)		\$542	\$542	\$542	\$542	\$542	\$542	\$542	\$542	\$542	\$542	\$542	\$542	\$6,507
Number of Unduplicated Clients Served		45	18	18	20	20	17	18	14	14	14	14	14	226

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B								
				West End Family Counseling Services				
				Contractor Name: Services				
				Provider # 3611-1				
				Contract/RFP# 16-431				
				Address: 855 N. Euclid Ave				
				Ontario, CA 91762				
				Date Form Completed: 3/20/20				
Prepared by: Raymond Vargas Title: Director of Operations and Finance								
Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.								
July 1, 2021 - September 30, 2021								
							Budget Revision	
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM	Request Change	Original Budget	
1	Rent/Occupancy	\$185,000	100%	\$185,000	0%	\$0	0	
2	Utilities/Telecom	\$127,177	83%	\$105,557	17%	\$5,405	5,405	
3	Property Taxes and Insurance	\$51,871	78%	\$40,459	22%	\$2,853	2,853	
4	Depreciation	\$15,428	49%	\$7,560	51%	\$1,967	1,967	
5	Professional Services	\$462,785	92%	\$425,762	8%	\$9,256	9,256	
6	Equipment Expense	\$16,967	64%	\$10,859	36%	\$1,527	1,527	
7	General and Administrative Costs	\$139,379	84%	\$117,078	16%	\$5,575	5,575	
8	Office & Program Supplies	\$408,538	88%	\$361,148	12%	\$11,745	11,745	
11	Indirect Costs not to exceed 15%	\$297,971	92%	\$275,176	8%	\$5,700	5,700	
12		\$0	0%	\$0	100%	\$0	0	
13		\$0	0%	\$0	100%	\$0	0	
14		\$0	0%	\$0	100%	\$0	0	
SUBTOTAL B:		\$1,705,116		\$1,528,599		\$44,029	0	
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:						\$175,788		

SAN BERNARDINO COUNTY			
DEPARTMENT OF BEHAVIORAL HEALTH			
SCHEDULE B			
BUDGET NARRATIVE			
		FY 2021 - 2022	Contractor Name: West End Family Counseling Services
			Provider # 3611-1
			Contract/RFP# 16-431
Prepared by: Raymond Vargas			Address: 855 N. Euclid Ave
Title: Director of Operations and Finance			Ontario, CA 91762
			Date Form Completed: 3/20/20

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

July 1, 2021 - September 30, 2021

ITEM	Justification of Cost
1 Rent/Occupancy	The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Rent/ Occupancy is \$185,000 per year * 0% = \$0 based on square footage allocated directly to this program.
2 Utilities/Telecom	Allocated portion of electric, gas, water, telephone expense. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost for Utilities is \$127,177 per year * 17% = \$21,620/4 = \$5,405 allocated directly to this program.
3 Property Taxes and Insurance	Allocated portion of property taxes/insurance of clinic facility/professional & D&O liability. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Property Taxes and Insurances are \$51,871 per year * 22% = \$11,412/4 = \$2,853 allocated directly to this program.
4 Depreciation	Allocated portion of depreciation of clinic facility, equipment and furnishings. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Depreciation is \$15,428 per year * 51%=\$7,868/4 = \$1,967 allocated directly to this program.
5 Professional Services	Allocated portion of CPA, consultants, and independent technical contractors. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Professional Services is \$462,785 per year * 8%=\$37,023/4 = \$9,256 allocated directly to this program.
6 Equipment Expense	Allocated portion of office equipment lease and maintenance. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Equipment is \$16,967 per year * 36%=\$6,108/4 = \$1,527 allocated directly to this program.
7 General and Administrative Costs	Includes janitorial, answering service, advertising, IT maint, postage, printing, facility maint, training, board expense, interest expense, membership dues, non-project specific repair and maint, gardener, security. Total cost of the General and Administrative Costs are \$139,379 per year * 16%=\$22,301/4 = \$5,575 allocated directly to this program.
8 Office & Program Supplies	Allocated portion of consumable office supplies, consumable program supplies and printing. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Office & Program Supplies is \$408,538 per year * 12%=\$46,982/4 = \$11,745 allocated directly to this program.
11 Indirect Costs not to exceed 15%	INDIRECT EXPENSE is allocated to each Agency program based on the percentage of the total Agency's direct worked wages. (indirect costs not to exceed 15% of direct costs) Total indirect cost is \$297,971 per year * 8%=\$22,801/4 = \$5,700 allocated to this program.
12	

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2021 - 2022													
										Contractor Name: West End Family Counseling Services			
										Provider # 3611-1			
										Contract/RFP# 16-431			
										Address: 855 N. Euclid Ave			
										Ontario, CA 91762			
										Date Form Completed: 3/20/20			
Client Service Projections for: July 1, 2021 - September 30, 2021													
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Units of Service (Minutes)	17,508	17,508	17,508										52,523
Projected Cost per Unit													
Case Management (01-09)	\$1,758	\$1,758	\$1,758	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,274
Mental Health Services (10-50)	\$42,058	\$42,058	\$42,058	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$126,173
Medication Support (60)	\$13,975	\$13,975	\$13,975	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,926
Crisis Intervention (70)	\$542	\$542	\$542	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,627
Number of Unduplicated Clients Served	11	5	5										20