



**Contract Number**

**21-693 A-1**

**SAP Number**

**4400017815**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Christopher Carso
<b>Telephone Number</b>	(909) 388-0856
<b>Contractor</b>	West End Family Counseling Service
<b>Contractor Representative</b>	Laura Tapia
<b>Telephone Number</b>	(909) 983-2020
<b>Contract Term</b>	October 1, 2021 – September 30, 2025
<b>Original Contract Amount</b>	\$1,871,619
<b>Amendment Amount</b>	\$623,873
<b>Total Contract Amount</b>	\$2,495,492
<b>Cost Center</b>	9206341000
<b>Grant Number (If Applicable)</b>	N/A

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

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

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

I. ARTICLE II GENERAL CONTRACT REQUIREMENTS, paragraphs I and J, are hereby added to read as follows:

I. Contract Exclusivity

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

J. Notice of Delays

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

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

I. The contract amendment amount of \$623,873 shall increase the total contract amount from \$1,871,619 to \$2,495,492 for the contract term.

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

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

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

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

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

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

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

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

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

M. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-

Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor's proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

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

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

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

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

SAN BERNARDINO COUNTY

West End Family Counseling Service

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

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

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

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

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

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

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

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

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

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

Address 855 N. Euclid Ave. Ontario CA 91762

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

► \_\_\_\_\_  
Dawn Martin, Deputy County Counsel

► \_\_\_\_\_  
Ellayna Hoatson, Contracts Supervisor

► \_\_\_\_\_  
Georgina Yoshioka, Director

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

Contractor Name: West End Family Counseling Service  
 Provider #  
 Contract/RFP# RTF # 23-107  
 Address: 855 N Euclid Ave  
 Ontario, CA 91762  
 Date Form Completed: 1/29/2024  
 Date Form Revised:

Actual Cost Contract (cost reimbursement)

General Mental Health  
(GMH)

FY 2024 - 2025 (9 Months)

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

October 1, 2024 - June 30, 2025

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)		TOTAL	
1	100% Distribution %	2.00%	73.00%	24.00%	1.00%			
<b>EXPENSES</b>								
2	SALARIES	5,652	206,285	67,820	2,826	0	282,582	
3	BENEFITS	1,017	37,130	12,207	509	0	50,864	
	(2+3 must equal total staffing costs)	6,669	243,415	80,027	3,334	0	333,446	
4	OPERATING EXPENSES	2,689	98,155	32,270	1,345	0	134,459	
5	TOTAL EXPENSES (2+3+4)	9,358	341,570	112,297	4,679	0	467,905	
<b>AGENCY REVENUES</b>								
6	PATIENT FEES						0	
7	PATIENT INSURANCE						0	
8	MEDI-CARE						0	
9	GRANTS/OTHER						0	
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	
11	CONTRACT AMOUNT (5-10)	9,358	341,570	112,297	4,679	0	467,905	
<b>FUNDING</b>								
	Mix %	Share %						
12	94.08% MEDI-CAL (FFP)	50.00%	4,402	160,675	52,825	2,201	0	220,103
13	3.08% EPSDT (2011 Realignment)	36.03%	98	3,566	1,172	49	0	4,885
14	1991 Realignment Match	13.97%	4,304	157,109	51,652	2,152	0	215,217
15			0	0	0	0	0	0
16	5.92% 1991 Realignment - Net County		554	20,221	6,648	277	0	27,700
17	FUNDING TOTAL		9,358	341,570	112,297	4,679	0	467,905
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0
19	STATE FUNDING (Including Realignment)		4,956	180,895	59,472	2,478	0	247,802
20	FEDERAL FUNDING		4,402	160,675	52,825	2,201	0	220,103
21	TOTAL FUNDING		9,358	341,570	112,297	4,679	0	467,905
22	TARGET COST PER UNIT OF SERVICE		\$3.41	\$4.55	\$7.39	\$5.97	\$0.00	
23	UNITS OF TIME (Minutes)		2,743	75,099	15,194	784	0	93,820

APPROVED:

*Raymond Vargas*

Feb 8, 2024

*Anthony Altamirano*  
Anthony Altamirano (Feb 8, 2024 07:49 PST)

Feb 8, 2024

*Joshua Taylor*  
Joshua Taylor (Feb 8, 2024 07:30 PST)

Feb 8, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Raymond Vargas

Anthony Altamirano

Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

Director of Operations and Finance

Administrative Supervisor | DBH FISCAL

Roger Ma

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

October 1, 2024 - June 30, 2025 (9 months)

Schedule B

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

CONTRACTOR NAME: West End Family Counseling Service

0.75 year

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C <sup>(1)</sup>	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
CEO	LMFT	Executive Director	N	I	194,649	35,037	229,686	5%	8,251		6,993	1,259
CEO	LMFT	Executive Director	N	D	194,649	35,037	229,686	2%	2,739		2,321	418
Program Director	LMFT	Program Director	Y	D	133,174	23,971	157,145	5%	5,893		4,994	899
Program Director	LMFT	Program Director	N	D	133,174	23,971	157,145	39%	45,965		38,954	7,012
Quality Assurance	LMFT	Quality Assurance Man	Y	D	123,387	22,210	145,597	1%	1,201		1,018	183
Quality Assurance	LMFT	Quality Assurance Man	N	D	123,387	22,210	145,597	5%	5,886		4,988	898
Director of Operations and	MBA	Director of Operations	N	I	130,315	23,457	153,772	6%	7,370		6,245	1,124
Administrative Services		Administrative Service	N	D	86,228	15,521	101,749	6%	4,876		4,133	744
Financial Services	AS	Financial Services Man	N	I	99,296	17,873	117,169	6%	5,615		4,759	857
Clinician	LCSW	Clinician	Y	D	111,052	19,989	131,041	10%	9,828		8,329	1,499
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	80,025		67,818	12,207
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	80,025		67,818	12,207
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	36%	28,809		24,415	4,394
Financial Services	AS	Financial Services Spec	N	I	64,801	11,664	76,465	6%	3,665		3,106	559
Financial Services		Financial Services Assi	N	I	43,014	7,743	50,757	6%	2,433		2,062	371
Billing		Billing Specialist	N	I	55,444	9,980	65,424	6%	3,135		2,657	479
Billing		Billing Assistant	N	I	37,653	6,778	44,431	6%	2,129		1,805	325
Administrative		Office Assistant	N	D	37,721	6,790	44,511	50%	16,692		14,146	2,546
Administrative		Administrative Support	N	D	38,960	7,013	45,973	50%	17,240		14,610	2,630
Veronica Herrera		Human Resources Spec	N	I	37,686	6,783	44,469	5%	1,668		1,413	254
Psychiatrist	MD	Psychiatrist	Y	C	0	0	0	24%	0		0	0
<b>COST:</b>									333,445		282,582	50,864

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

<sup>(1)</sup> Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position.  
 Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) - (4)

<sup>(2)</sup> Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

APPROVED:

<i>Raymond Vargas</i>	Feb 8, 2024	<i>Anthony Altamirano</i> Anthony Altamirano (Feb 8, 2024 07:49 PST)	Feb 8, 2024	<i>Joshua Taylor</i> Joshua Taylor (Feb 8, 2024 07:30 PST)	Feb 8, 2024
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		Anthony Altamirano		Joshua Taylor	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		AM MANAGER (PRINT NAME)	

Director of Operations and Finance

Administrative Supervisor I

EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2024 - 2025

Contractor Name: West End Family Counseling Service  
 Provider # \_\_\_\_\_  
 Contract/RFP# RTF # 23-107  
 Address: 855 N Euclid Ave  
Ontario, CA 91762  
 Date Form Completed: 1/29/2024

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.

October 1, 2024 - June 30, 2025

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 Utilities	\$102,888	88%	\$90,365	12%	\$12,323	0	12,323
2 Property Taxes and Insurance	\$73,000	94%	\$68,335	6%	\$4,665		4,665
4 Professional Services	\$32,500	94%	\$30,423	6%	\$2,077		2,077
5 Equipment Expense	\$10,000	94%	\$9,361	6%	\$639		639
6 General and Administrative Expenses	\$146,868	94%	\$137,483	6%	\$9,385		9,385
7 Office Supplies	\$100,000	94%	\$93,610	6%	\$6,390		6,390
Specialty Services	\$126,000	94%	\$117,949	6%	\$8,051		8,051
8 Indirect Costs	\$9,947	0%	\$0	100%	\$9,947		9,947
9 Subcontractors	\$80,983	0%	\$0	100%	\$80,983		80,983
10		0%	\$0	100%	\$0		0
11		0%	\$0	100%	\$0		0
12		0%	\$0	100%	\$0		0
13		0%	\$0	100%	\$0		0
14		0%	\$0	100%	\$0		0
<b>SUBTOTAL B:</b>	\$681,988		\$547,527		\$134,459	0	134,459
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$467,904	0	467,904

APPROVED:

<i>Raymond Vargas</i>	Feb 8, 2024	<i>Anthony Altamirano</i>	Feb 8, 2024	<i>Joshua Taylor</i>	Feb 8, 2024
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
<b>Raymond Vargas</b>		<b>Anthony Altamirano</b>		<b>Joshua Taylor</b>	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
Director of Operations and Finance		Administrative Supervisor I			

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

Contractor Name: West End Family Counseling Service  
 Provider # \_\_\_\_\_  
 Contract/RFP# RTF # 23-107  
 Address: 855 N Euclid Ave  
Ontario, CA 91762  
 Date Form Completed: 1/29/2024

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

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.

October 1, 2024 - June 30, 2025

ITEM	Justification of Cost
1 Utilities	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 \$102,688 per year * 12%*.75 allocated directly to this program.
2 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 \$73,000 per year * 6.39%*.75 allocated directly to this program.
4 Professional Services	Allocated portion of CPA and professional consultants. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Professional Services is \$32,500 per year * 6.39%*.75 allocated directly to this program.
5 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 \$10,000 per year * 6.39%*.75 allocated directly to this program.
6 General and Administrative Expenses	Includes janitorial, answering service, advertising, postage, printing, facility maint, training, interest expense, membership dues, non-project specific repair and maint, gardener, security. Total cost of the General and Administrative Costs are \$146,888 per year * 6.39%*.75 allocated directly to this program.
7 Office Supplies	Allocated portion of consumable office supplies, computer hardware expenses and electronic health records. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Office Supplies is \$100,000 per year * 6.39%*.75 allocated directly to this program's region.
Specialty Services	Allocated portion of specialty services performed by our IT vendor, shredding vendor, storage vendor and any other 3rd party vendors. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Specialty Services is \$126,000 per year * 6.39%*.75 allocated directly to this program.
8 Indirect Costs	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 of \$9,947 allocated to this program for this 9 month period. Indirect Costs = Indirect Admin Costs + Indirect Salaries.
9 Subcontractors	Psychiatrist contractors not to exceed \$80,983 for this period
10	
11	
12	
13	
14	

APPROVED: <i>Raymond Vargas</i>	Feb 8, 2024	<u>Anthony Altamirano</u> Anthony Altamirano (Feb 8, 2024 07:49 PST)	Feb 8, 2024	<u>Joshua Taylor</u> Joshua Taylor (Feb 8, 2024 07:30 PST)	Feb 8, 2024
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
<b>Raymond Vargas</b>		<b>Anthony Altamirano</b>		<b>Joshua Taylor</b>	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
Director of Operations and Finance		Administrative Supervisor I			



EXHIBIT I

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2024 - 2025  
Service Projections (Mode 15)**

Prior fiscal year Rates (Completed by DBH)				
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min
Agency Per Min Rates:	\$3.00	\$4.00	\$6.50	\$5.25
<b>NOTE:</b> If no established agency per minute rates, please input the CCR rates in the highlighted cells				
Target Cost Per Unit of Service	\$3.41	\$4.55	\$5.97	\$5.97

Contractor Name:	West End Family Counseling Service
Provider #	
Contract/RFP#	RTF # 23-107
Address:	855 N Euclid Ave Ontario, CA 91762
Date Form Completed:	1/29/2024
Date Form Revised:	

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served			
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		Monthly Census	
										Admissions (Episodes Opened)	Discharges (Episodes Closed)		
Jul-21	0		\$0	\$0	\$0	\$0							83
Aug-21	0		\$0	\$0	\$0	\$0							
Sep-21	0		\$0	\$0	\$0	\$0							
Oct-21	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	3		88
Nov-21	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	2		94
Dec-21	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	2		100
Jan-22	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	1		107
Feb-22	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	1		114
Mar-22	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	1		121
Apr-22	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	1		128
May-22	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	1		135
Jun-22	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	1		142
<b>TOTAL</b>	93,820		\$9,358	\$341,570	\$112,297	\$4,679				72	13		
<b>Total Revenue</b>									\$467,905	<b>Unduplicated Clients Served</b>		155	
									<b>Estimated Cost Per Client:</b>	<b>\$3,019</b>			

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	2,743	75,099	15,194	784	93,820
Total Monthly Minutes of Services (Average)	229	6258	1266	65	7818
Dosage (minutes) per client per month	2	55	11	1	68
Dosage (hours) per client per month	0.03	0.91	0.18	0.01	1.14
<b>Total Hours Per Unduplicated Client for Duration of the Program:</b>					<b>13.68</b>

Avg Monthly Census	Expected Length of Program (months)
114	12

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

General Mental Health  
(GMH)

Contractor Name: West End Family Counseling Service  
 Provider #  
 Contract/RFP# RTF# 23-107  
 Address: 855 N Euclid Ave  
 Ontario, CA 91762  
 Date Form Completed: 1/29/2024  
 Date Form Revised:

Prepared by: Raymond Vargas  
 Title: Director of Operations and Finance  
 FY 2025 - 2026 (3 Months)  
 July 1, 2025 - September 30, 2025

LINE #	MODE OF SERVICE	15-Outpatient Case Management (01-09)	15-Outpatient Mental Health Services (10-50)	15-Outpatient Medication Support (60)	15-Outpatient Crisis Intervention (70)	TOTAL
1	100% Distribution % EXPENSES	2.00%	73.00%	24.00%	1.00%	
2	SALARIES	1,884	68,762	22,607	942	94,194
3	BENEFITS	339	12,377	4,069	170	16,955
	(2+3 must equal total staffing costs)	2,223	81,138	26,676	1,111	111,149
4	OPERATING EXPENSES	896	32,718	10,757	448	44,819
5	TOTAL EXPENSES (2+3+4)	3,119	113,857	37,432	1,560	155,968
AGENCY REVENUES						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	3,119	113,857	37,432	1,560	155,968
FUNDING						
12	Mix % 94.08% MEDI-CAL (FFP) Share % 50.00%	1,467	53,558	17,608	734	73,367
13	3.08% EPSDT (2011 Realignment) 36.03%	33	1,189	391	16	1,629
14	1991 Realignment Match 13.97%	1,435	52,369	17,217	717	71,739
15		0	0	0	0	0
16	5.92% 1991 Realignment - Net County	185	6,740	2,216	92	9,233
17	FUNDING TOTAL	3,119	113,857	37,432	1,560	155,968
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	1,652	60,299	19,824	826	82,601
20	FEDERAL FUNDING	1,467	53,558	17,608	734	73,367
21	TOTAL FUNDING	3,119	113,857	37,432	1,560	155,968
22	TARGET COST PER UNIT OF SERVICE	\$3.41	\$4.55	\$7.39	\$5.97	\$0.00
23	UNITS OF TIME (Minutes)	914	25,033	5,065	261	31,273

APPROVED:

<i>Raymond Vargas</i>	Feb 8, 2024	<i>Anthony Altamirano</i>	Feb 8, 2024	<i>Joshua Taylor</i>	Feb 8, 2024
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		Anthony Altamirano		Joshua Taylor	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
Director of Operations and Finance		Administrative Supervisor I DBH FISCAL		Roger Ma	



EXHIBIT I

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2025 - 2026

Contractor Name: West End Family Counseling Service  
 Provider # \_\_\_\_\_  
 Contract/RFP# RTF# 23-107  
 Address: 855 N Euclid Ave  
Ontario, CA 91762  
 Date Form Completed: 1/29/2024

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, 2025 - September 30, 2025

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 Utilities	\$102,688	88%	\$90,365	12%	\$3,081	0	3,081
2 Property Taxes and Insurance	\$73,000	94%	\$68,335	6%	\$1,166		1,166
3 Professional Services	\$32,500	94%	\$30,423	6%	\$519		519
4 Equipment Expense	\$10,000	94%	\$9,361	6%	\$160		160
5 General and Administrative Expenses	\$146,868	94%	\$137,483	6%	\$2,346		2,346
6 Office Supplies	\$100,000	94%	\$93,810	6%	\$1,598		1,598
7 Specialty Services	\$126,000	94%	\$117,949	6%	\$2,013		2,013
8 Indirect Costs	\$6,943	0%	\$0	100%	\$6,943		6,943
9 Subcontractors	\$26,994	0%	\$0	100%	\$26,994		26,994
10		0%	\$0	100%	\$0		0
11		0%	\$0	100%	\$0		0
12		0%	\$0	100%	\$0		0
13		0%	\$0	100%	\$0		0
14		0%	\$0	100%	\$0		0
<b>SUBTOTAL B:</b>	<b>\$624,993</b>		<b>\$547,527</b>		<b>\$44,819</b>	<b>0</b>	<b>44,819</b>
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					<b>\$155,968</b>	<b>0</b>	<b>155,968</b>

APPROVED:

*Raymond Vargas*

Feb 8, 2024

*Anthony Altamirano*

Feb 8, 2024

*Joshua Taylor*

Feb 8, 2024

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH FISCAL SERVICES

DATE

DBH PROGRAM MANAGER

DATE

Raymond Vargas

Anthony Altamirano

Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)

Director of Operations and Finance

Administrative Supervisor I

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

Contractor Name: West End Family Counseling Service  
 Provider # \_\_\_\_\_  
 Contract/RFP# RTF# 23-107  
 Address: 855 N Euclid Ave  
Ontario, CA 91762  
 Date Form Completed: 1/29/2024

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

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

July 1, 2025 - September 30, 2025

ITEM	Justification of Cost
1 Utilities	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 \$102,888 per year * 12%*.25 allocated directly to this program.
2 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 \$73,000 per year * 6.39%*.25 allocated directly to this program.
3 Professional Services	Allocated portion of CPA and professional consultants. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Professional Services is \$32,500 per year * 6.39%*.25 allocated directly to this program.
4 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 \$10,000 per year * 6.39%*.25 allocated directly to this program.
5 General and Administrative Expenses	Includes janitorial, answering service, advertising, postage, printing, facility maint, training, interest expense, membership dues, non-project specific repair and maint, gardener, security. Total cost of the General and Administrative Costs are \$146,888 per year * 6.39%*.25 allocated directly to this program.
6 Office Supplies	Allocated portion of consumable office supplies, computer hardware expenses and electronic health records. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Office Supplies is \$100,000 per year * 6.39%*.25 allocated directly to this program's region.
7 Specialty Services	Allocated portion of specialty services performed by our IT vendor, shredding vendor, storage vendor and any other 3rd party vendors. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Specialty Services is \$126,000 per year * 6.39%*.25 allocated directly to this program.
8 Indirect Costs	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 of \$8,943 allocated to this program for this 3 month period. Indirect Costs = Indirect Admin Costs + Indirect Salaries.
9 Subcontractors	Psychiatrist contractors not to exceed \$26,994 for this period
10	
11	
12	
13	
14	

APPROVED:

<i>Raymond Vargas</i>	Feb 8, 2024	<u>Anthony Altamirano</u> <small>Anthony Altamirano (Feb 8, 2024 07:49 PST)</small>	Feb 8, 2024	<u>Joshua Taylor</u> <small>Joshua Taylor (Feb 8, 2024 07:30 PST)</small>	Feb 8, 2024
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Raymond Vargas		Anthony Altamirano		Joshua Taylor	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	
Director of Operations and Finance		Administrative Supervisor I			

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2025 - 2026  
Service Projections (Mode 15)**

Prior fiscal year Rates (Completed by DBH)					Contractor Name:	West End Family Counseling Service
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider #	
Productivity Expectation: 60%	CM Rate per Min.	MHS Rate/Min	MSS Rate/Min	Crisis Rate/Min	Contract/RFP#	RTF# 23-107
Agency Per Min Rates:	\$3.00	\$4.00	\$6.50	\$5.25	Address:	855 N Euclid Ave
						Ontario, CA 91762
					Date Form Completed:	1/29/2024
Target Cost Per Unit of Service	\$3.41	\$4.55	\$5.97	\$5.97	Date Form Revised:	

NOTE: If no established agency per minute rates, please input the CCR rates in the highlighted cells

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management (01-06 & 08-09)	Mental Health Services (10-50)	Medication Support (60)	Crisis Intervention (70)				Starting Census		Monthly Census
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	
Jul-24	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				8	5	34
Aug-24	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				7	5	36
Sep-24	10,424	2.76	\$1,040	\$37,952	\$12,477	\$520				5	4	37
Oct-24			\$0	\$0	\$0	\$0						
Nov-24			\$0	\$0	\$0	\$0						
Dec-24			\$0	\$0	\$0	\$0						
Jan-25			\$0	\$0	\$0	\$0						
Feb-25			\$0	\$0	\$0	\$0						
Mar-25			\$0	\$0	\$0	\$0						
Apr-25			\$0	\$0	\$0	\$0						
May-25			\$0	\$0	\$0	\$0						
Jun-25			\$0	\$0	\$0	\$0						
<b>TOTAL</b>	<b>31,273</b>		<b>\$3,119</b>	<b>\$113,857</b>	<b>\$37,432</b>	<b>\$1,560</b>				<b>20</b>	<b>14</b>	<b>51</b>
<b>Total Revenue</b>									<b>\$155,968</b>	<b>Unduplicated Clients Served</b>		<b>51</b>
									<b>Estimated Cost Per Client:</b>	<b>\$3,058</b>		

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL
Total Minutes of Services	914	25,033	5,065	261	31,273
Total Monthly Minutes of Services (Average)	76	2086	422	22	2606
Dosage (minutes) per client per month	2	58	12	1	73
Dosage (hours) per client per month	0.04	0.97	0.20	0.01	1.22
<b>Total Hours Per Unduplicated Client for Duration of the Program:</b>					<b>3.65</b>

Avg Monthly Census	Expected Length of Program (months)
36	3





## ATTACHMENT III

### Campaign Contribution Disclosure (SB 1439)

#### **DEFINITIONS**

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

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

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

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

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

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

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

1. Name of Contractor: West End Family Counseling Service

2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?

Yes  If yes, skip Question Nos. 3-4 and go to Question No. 5 No

3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: \_\_\_\_\_

4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):  
\_\_\_\_\_

5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	

6. Name of agent(s) of Contractor:

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

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and/or Agent(s):
N/A		

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/a	

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No  If **no**, please skip Question No. 10.

Yes  If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: \_\_\_\_\_

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

Date(s) of Contribution(s): \_\_\_\_\_

Amount(s): \_\_\_\_\_

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.