

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



Contract Number

21-693 A-1

SAP Number

4400017815

Department of Behavioral Health

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

► *Dawn Rowe*
Dawn Rowe, Chair, Board of Supervisors

Dated: SEP 10 2024
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
Lynna Monell
Clerk of the Board of Supervisors
of San Bernardino County
By *[Signature]* Deputy



West End Family Counseling Service

(Print or type name of corporation, company, contractor, etc.)
By *Laura Tapia*
A51AB8FDE23E42F
(Authorized signature - sign in blue ink)

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

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

Dated: 8/20/2024

Address 855 N. Euclid Ave. Ontario CA 91762

FOR COUNTY USE ONLY

Approved by to Legal Form
Dawn Martin
Dawn Martin, Deputy County Counsel
Date 8/20/2024

Reviewed for Contract Compliance
EllaYna Hoatson
EllaYna Hoatson, Contracts Supervisor
Date 8/20/2024

Reviewed/Approved by Department
Georgina Yoshioka
Georgina Yoshioka, Director
Date 8/23/2024

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

West Linn Family Counseling
Service

Actual Cost Contract (cost reimbursement)

General Mental Health
(GMH)

Contractor Name:

Provider #

Contract/RFP#

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 2024 - 2025 (9 Months)
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%	
EXPENSES						
2	SALARIES	5,652	206,285	67,820	2,826	262,582
3	BENEFITS	1,017	37,130	12,207	509	50,864
3	(2+3 must equal total staffing costs)	6,669	243,415	80,027	3,334	333,446
4	OPERATING EXPENSES	2,689	96,155	32,270	1,345	134,459
5	TOTAL EXPENSES (2+3+4)	9,358	341,570	112,297	4,679	467,905
AGENCY REVENUES						
6	PATIENT FEES					0
7	PATIENT INSURANCE					0
8	MEDI-CARE					0
9	GRANTS/OTHER					0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	9,358	341,570	112,297	4,679	467,905
FUNDING						
12	MEDI-CAL (FFP)	4,402	160,675	52,825	2,201	220,103
13	EPSDT (2011 Realignment)	98	3,566	1,172	49	4,885
14	1991 Realignment Match	4,304	157,109	51,652	2,152	215,217
15		0	0	0	0	0
16	1991 Realignment - Net County	554	20,221	6,648	277	27,700
17	FUNDING TOTAL	9,358	341,570	112,297	4,679	467,905
18	NET COUNTY FUNDS (Local Cost) MUST = ZERO	0	0	0	0	0
19	STATE FUNDING (Including Realignment)	4,956	180,895	59,472	2,478	247,802
20	FEDERAL FUNDING	4,402	160,675	52,825	2,201	220,103
21	TOTAL FUNDING	9,358	341,570	112,297	4,678	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	93,820

APPROVED:

Raymond Vargas

Feb 8, 2024

Anthony Altamirano
Anthony Altamirano (Feb 8, 2024 07:43 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

EXHIBIT I

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
STAFFING DETAIL

Schedule B

FY 2024 - 2025

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

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degree/License	Position Title	Position is Not Providing SMHS, change to "N"	D/I/C (1)	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	0.75 year		
													COST:	333,445	
CEO	L.M.F.T.	Executive Director	N	I	194,649	35,037	229,686	5%	8,251		6,983	1,259			
CEO	L.M.F.T.	Executive Director	N	D	194,649	35,037	229,686	2%	2,739		2,321	418			
Program Director	L.M.F.T.	Program Director	Y	D	133,174	23,971	157,145	5%	5,993		4,994	899			
Program Director	L.M.F.T.	Program Director	N	D	133,174	23,971	157,145	3%	45,965		38,954	7,012			
Quality Assurance	L.M.F.T.	Quality Assurance Man	Y	D	123,367	22,210	145,577	1%	1,201		1,018	183			
Quality Assurance	L.M.F.T.	Quality Assurance Man	N	D	123,367	22,210	145,577	5%	5,886		4,988	898			
Director of Operations and	M.B.A.	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	A.S.	Financial Services Man	N	I	99,296	17,873	117,169	6%	5,615		4,759	857			
Clinician	L.C.S.W.	Clinician	Y	D	111,052	19,989	131,041	10%	9,828		8,329	1,499			
Clinician	ACS/W/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	80,025		67,818	12,207			
Clinician	ACS/W/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	80,025		67,818	12,207			
Clinician	ACS/W/AMFT	Clinician	Y	D	90,424	16,276	106,700	36%	28,809		24,415	4,394			
Financial Services	A.S.	Financial Services Spec	N	I	64,801	11,664	76,465	6%	3,665		3,106	559			
Financial Services		Financial Services Assn	N	I	43,014	7,743	50,757	6%	2,433		2,062	371			
Billing		Billing Specialist	N	I	55,444	9,990	65,434	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%	16,992		14,146	2,846			
Administrative		Administrative Support	N	D	36,960	7,013	43,973	50%	17,240		14,610	2,630			
Veronica Herran		Human Resources Spec	N	I	37,666	6,793	44,459	5%	1,668		1,413	254			
Psychiatrist	M.D.	Psychiatrist	Y	C	0	0	0	24%	0		0	0			
											COST:	333,445			

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

(1) 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)

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

APPROVED:

Raymond Vargas

PROVIDER AUTHORIZED SIGNATURE

Feb 8, 2024

Anthony Altamirano
Anthony Altamirano (Feb 8, 2024 07:48 PST)

DBH FISCAL SERVICES

DATE

Feb 8, 2024

Joshua Taylor
Joshua Taylor (Feb 8, 2024 02:59 PST)

DBH PROGRAM MANAGER

DATE

Feb 8, 2024

Raymond Vargas

Anthony Altamirano

Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH FISCAL SERVICES (PRINT NAME)

DBH PROGRAM MANAGER

DATE

Director of Operations and Finance

Administrative Supervisor I

EXHIBIT I

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

Contractor Name: West End Family Counseling Service
 Provider # _____
 Contract/RFP# RTF # 23-107
 Address: 855 N Euclid Ave
 Ontario, CA 91762

FY 2024 - 2025

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

Date Form Completed: 1/28/2024
 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	\$102,889	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	\$146,968	94%	\$137,463	6%	\$9,385		9,385
7 Office Supplies	\$100,000	94%	\$93,810	6%	\$6,390		6,390
Specialty Services	\$126,000	94%	\$117,948	6%	\$8,051		8,051
8 Indirect Costs	\$9,947	0%	\$0	100%	\$9,947		9,947
9 Subcontractors	\$80,883	0%	\$0	100%	\$80,883		80,883
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
SUBTOTAL B:	\$681,986		\$647,527		\$134,459	0	134,459
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$467,904	0	467,904

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**
 Director of Operations and Finance DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME)
 Administrative Supervisor I

EXHIBIT 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 \$102,888 per year * 12% = 7.5 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% = 7.5 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% = 7.5 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% = 7.5 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% = 7.5 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% = 7.5 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% = 7.5 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 \$80,963 for this period
10	
11	
12	
13	
14	

APPROVED:

Raymond Vargas

Feb 8, 2024

PROVIDER AUTHORIZED SIGNATURE

Raymond Vargas

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Director of Operations and Finance

Feb 8, 2024

DATE

Anthony Altamirano

DBH FISCAL SERVICES

Anthony Altamirano

DBH FISCAL SERVICES (PRINT NAME)

Administrative Supervisor I

Feb 8, 2024

DATE

Joshua Taylor

DBH PROGRAM MANAGER

Joshua Taylor

DBH PROGRAM MANAGER (PRINT NAME)

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)						Contractor Name: West End Family Counseling Service							
Old County Contract (CCR) Rates:	\$2.20	\$2.99	\$5.56	\$4.20	Provider #								
Productivity Expectation: 80%	CM Rate per Min. \$3.00	MHS Rate/Min \$4.00	MSS Rate/Min \$6.50	Crisis Rate/Min \$5.25	Contract/RFF#	RTF # 23-107							
Agency Per Min Rates:					Address:	955 N Euclid Ave Ontario, CA 91762							
NOTE: 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	Date Form Completed:	1/29/2024							
Date Form Revised:													
MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTEs	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)	Admissions (Opened)	Discharges (Closed)	Starting Census	Monthy Census			
Jul-21	0		\$0	\$0	\$0	\$0							
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				
TOTAL	93,820		\$9,358	\$341,570	\$112,297	\$4,679	72	13	155				
Total Revenue							\$467,905	Unduplicated Clients Served		155			
							Estimated Cost Per Client:		\$3,019				

EXHIBIT I

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

West Lind Community Counseling
Contractor Name: Service

Actual Cost Contract (cost reimbursement)

General Mental Health
(GMH)

Provider #
Contract/RFP#
Address: 855 N Euclid Ave
Ontario, CA 91762

FY 2025 - 2026 (3 Months)

Date Form Completed: 1/29/2024
Date Form Revised:

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

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%	
EXPENSES						
2	SALARIES	1,894	68,762	22,607	942	94,194
3	BENEFITS	339	12,377	4,069	170	16,955
4	(2+3 must equal total staffing costs)	2,223	81,138	26,676	1,111	111,149
5	OPERATING EXPENSES	856	32,718	10,757	448	44,819
6	TOTAL EXPENSES (2+3+4)	3,119	113,857	37,432	1,560	155,968
AGENCY REVENUES						
7	PATIENT FEES					0
8	PATIENT INSURANCE					0
9	MEDI-CARE					0
10	GRANTS/OTHER					0
11	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0
12	CONTRACT AMOUNT (5-10)	3,119	113,857	37,432	1,560	155,968
FUNDING						
13	MEDI-CAL (FFP)	1,467	53,558	17,608	734	73,367
14	EPSDT (2011 Realignment)	33	1,189	391	16	1,629
15	1991 Realignment Match	1,435	52,369	17,217	717	71,739
16	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	836	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:

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

Roger Mia

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

Schedule B

FY 2025 - 2026
July 1, 2025 - September 30, 2025 (3 months)

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

CONTRACTOR NAME: West End Family Counseling Service

Name	Degrees/ License	Position Title	II Staff Position is not Clinical FTE Providing SMBS, change to "N"	D/I/C (1)	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	164,648	35,037	229,686	5%	2,750		2,331	420
CEO	LMFT	Executive Director	N	D	164,648	35,037	229,686	2%	913		774	136
Program Director	LMFT	Program Director	Y	D	133,174	23,671	157,145	5%	1,964		1,665	300
Program Director	LMFT	Program Director	N	D	133,174	23,671	157,145	30%	15,322		12,885	2,337
Quality Assurance	LMFT	Quality Assurance Mgr	Y	D	123,397	22,210	145,607	1%	400		339	61
Quality Assurance	LMFT	Quality Assurance Mgr	N	D	123,397	22,210	145,607	5%	1,962		1,663	299
Director of Operations and EMBA		Director of Operations	N	I	130,316	23,457	153,772	6%	2,457		2,082	375
Administrative Services	AS	Administrative Services	N	D	98,228	15,521	111,749	6%	1,625		1,378	248
Administrative Services	AS	Administrative Services	N	I	98,228	15,521	111,749	6%	1,872		1,688	288
Clinician	LCSW	Clinician	Y	D	111,062	19,689	131,041	10%	3,276		2,278	500
Clinician	LCSW	Clinician	Y	D	90,424	16,276	106,700	100%	28,675		22,608	4,068
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	100%	26,675		22,608	4,068
Clinician	ACSW/AMFT	Clinician	Y	D	90,424	16,276	106,700	36%	9,603		8,138	1,465
Financial Services	AS	Financial Services Spec	N	I	64,801	11,694	76,485	6%	1,222		1,035	188
Financial Services	AS	Financial Services Assl	N	I	43,014	7,743	50,757	6%	811		687	124
Billing		Billing Specialist	N	I	55,444	9,680	65,424	6%	1,045		888	160
Billing		Billing Assistant	N	I	37,693	6,778	44,431	6%	710		602	108
Administrative		Office Assistant	N	D	37,721	6,790	44,511	50%	5,604		4,715	849
Administrative		Administrative Support	N	D	38,680	7,013	45,693	50%	5,747		4,870	877
Veronica Harren		Human Resources Spec	N	I	37,696	6,783	44,489	5%	666		471	88
Psychiatrist	MD	Psychiatrist	Y	C	0	0	0	24%	0		0	0
									TOTAL COST:	111,148	94,194	16,955

*Clinical Therapists are contracted employees that are part time but 65% their time is towards the MH services
Detail of Fringe Benefits: Employer EIC/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

(1) Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position, or "C" contracted position
for administrative and clinical staff are normally

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

APPROVED:

Raymond Vargas

Feb 8, 2024

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

Feb 5, 2024

Joshua Taylor
Joshua Taylor (Feb 5, 2024 07:30 PST)

Feb 5, 2024

PROVIDER AUTHORIZED SIGNATURE: **Raymond Vargas** DATE: Feb 8, 2024
 PROVIDER AUTHORIZED SIGNATURE: **Joshua Taylor** DATE: Feb 5, 2024
 DBH FISCAL SERVICES DBH PROGRAM MANAGER

PROVIDER AUTHORIZED SIGNER (PRINT NAME): **Raymond Vargas** DBH PROGRAM MANAGER (PRINT NAME): **Joshua Taylor**
 Director of Operations and Finance Administrative Supervisor I

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

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

Date Form Completed: 1/29/2024
 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	\$102,889	88%	\$90,365	12%	\$3,081	0	3,051
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%	\$137,463	6%	\$2,346		2,346
6 Office Supplies	\$100,000	94%	\$93,910	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	\$26,964	0%	\$0	100%	\$26,964		26,964
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
SUBTOTAL B:	\$824,863		\$547,527		\$44,819	0	44,819
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$155,988	0	155,988

APPROVED:

Raymond Vargas

Feb 5, 2024

Anthony Altamirano

Feb 6, 2024

Joshua Taylor

Feb 8, 2024

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES

PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES

PROVIDER AUTHORIZED SIGNATURE DATE DBH PROGRAM MANAGER

PROVIDER AUTHORIZED SIGNATURE DATE DBH PROGRAM MANAGER

Raymond Vargas

Anthony Altamirano

Joshua Taylor

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Director of Operations and Finance

Administrative Supervisor I

EXHIBIT 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: 955 N Euclid Ave
Ontario, CA 91762

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

Date Form Completed: 1/29/2024

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/insurances 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 * 8.39% = .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 * 8.39% = .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 * 8.39% = .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 \$148,888 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 \$128,000 per year * 8.39% = .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 \$6,643 allocated to this program for this 3 month period. Indirect Costs = Indirect Admin Costs + Indirect Salaries.
9 Subcontractors	Psychiatrist contractors not to exceed \$26,984 for this period
10	
11	
12	
13	
14	

APPROVED:

Raymond Vargas

Feb 8, 2024

Anthony Altamirano

Feb 8, 2024

Joshua Taylor

Feb 8, 2024

PROVIDER AUTHORIZED SIGNATURE

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

EXHIBIT I

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

Service Projections (Mode 15)

Prior fiscal year Rates (Completed by DBH)		Old County Contract (CCR) Rates:		MHS Rate/Min		MSS Rate/Min		Crisis Rate/Min		
	\$2.20	\$2.96	\$5.56	\$4.20	\$2.96	\$5.56	\$4.20	\$5.56	\$4.20	
Productivity Expectation: 80%		CM Rate per Min.	\$3.00	\$4.00	\$6.50	\$5.25				
Agency Per Min Rates:										
NOTE: 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	\$5.97	\$5.97	\$5.97	\$5.97	
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 (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census	
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				
TOTAL	31,273		\$3,119	\$113,857	\$37,432	\$1,560	20	14	51	
			Total Revenue					\$155,968	Unduplicated Clients Served	51
								Estimated Cost Per Client:	\$3,058	

EXHIBIT I

15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	TOTAL
Case Management	Mental Health Services	Medication Support Services	Crisis Intervention		
914	25,033	5,065	261		31,273
76	2086	422	22		2606
2	58	12	1		73
0.04	0.97	0.20	0.01		1.22

Total Minutes of Services
 Total Monthly Minutes of Services (Average)
 Dosage (minutes) per client per month
 Dosage (hours) per client per month

Total Hours Per Unduplicated Client for Duration of the Program: 3.65

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