



Contract Number

22-579 A-3

SAP Number

4400019579

Department of Behavioral Health

Department Contract Representative	<u>Melynda Paredes</u>
Telephone Number	<u>(909) 388-0887</u>
Contractor	<u>Pacific Clinics</u>
Contractor Representative	<u>Maria Murillo</u>
Telephone Number	<u>(909) 266-2713</u>
Contract Term	<u>July 1, 2022, through December 31, 2027</u>
Original Contract Amount	<u>\$540,000</u>
Amendment Amount	<u>\$202,500</u>
Total Contract Amount	<u>\$742,500</u>
Cost Center	<u>9203342200</u>
Grant Number (if applicable)	<u>Not Applicable</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3:

It is hereby agreed to amend **Contract No. 22-579** as follows:

ARTICLE I. Definition of Terminology

Paragraph K is hereby added to read as follows:

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

ARTICLE IV. Performance

Paragraph F and G.1 are hereby amended to read as follows:

- F. Data Collection and Performance Outcome Requirements

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

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

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

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

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

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

G. Right to Monitor and Audit Performance and Records

1. Right to Monitor

County or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, financial records, staff information, patient records, other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract. Full cooperation shall be given by Contractor in any auditing or monitoring conducted, according to this agreement.

Contractor shall make all of its premises, physical facilities, equipment, books, records, documents, contracts, computers, or other electronic systems pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services, and activities furnished under the terms of this Contract, or determinations of amounts payable available at any time for inspection, examination, or copying by DBH, the State of California or any subdivision or appointee thereof, Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services (HHS) Office of Inspector General, the United States Comptroller General or their designees, and other authorized Federal and State agencies. This audit right will exist for at least ten (10) years from the final date of the contract period or in the event the Contractor has been notified that an audit or investigation of this Contract has commenced, until such time as the matter under audit or investigation has been resolved,

including the exhaustion of all legal remedies. Records and documents include, but are not limited to, all physical and electronic records. Contractor shall cooperate with the County in the implementation, monitoring and evaluation of this Agreement and comply with any and all reporting requirements established by the County, including changes due to BHSA requirements. Should the County identify an issue or receive notification of a complaint or potential/actual/suspected violation of requirements, County may audit, monitor, and/or request information from Contractor to ensure compliance with laws, regulations, and requirements, including to BHSA requirements, as applicable. County reserves the right to place Contractor on probationary status, as referenced in the Probationary Status Article, should Contractor fail to meet performance requirements; including, but not limited to violations such as high disallowance rates, failure to report incidents and changes as contractually required, failure to correct issues, inappropriate invoicing, untimely and inaccurate data entry, not meeting performance outcomes expectations, and violations issued directly from the State. Additionally, Contractor may be subject to Probationary Status or termination if contract monitoring and auditing corrective actions are not resolved within specified timeframes.

ARTICLE V. Funding and Budgetary Restrictions

Paragraph H and I are hereby amended, and paragraph J is added, to read as follows:

- H. The maximum financial obligation under this contract shall not exceed \$742,500 for the contract term.
- I. Exhibit I includes: approved Schedules A and B for FY 2025-26, 2026-27, and 2027-28 through December 31, 2027. All previously approved schedules remain in effect.
- J. The allowable funding sources for this Contract may include: Mental Health Services Act funds (MHSA), Behavioral Health Services Act funds (BHSA), and Federal funds used as match funds to draw down federal funds.

ARTICLE VI. Provisional Payment

Paragraph C and G are hereby amended to read as follows:

- C. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' Profit and Loss Statement with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.
 - For each fiscal year period (FYs 2022-23, 2023-24, 2024-25, 2025-26, 2026-27, and 2027-28 through December 31, 2027), no single monthly payment for any mode of service shall exceed one-twelfth (1/12th) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12th) of such amount for any prior month of the Contract. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly service claims which exceed one-twelfth (1/12th) 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 Contract.

- G. As this Contract may be funded in whole or in part by both MHSA and BHSA funds, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA/BHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA or BHSA. Contractor will be required to reimburse funds to the county.

ARTICLE XIV. Duration and Termination

Paragraph A is hereby amended to read as follows:

- A. The term of this Contract shall be from July 1, 2022 through December 31, 2027.

ARTICLE XVII. Personnel

Paragraph N is added to read as follows:

- N. California Consumer Privacy Act

To the extent applicable, if Contractor is a business that collects the personal information of a consumer(s) in performing Services pursuant to this Contract, Contractor must comply with the provisions of the California Consumer Privacy Act (CCPA). (Cal. Civil Code §§1798.100, et seq.). For purposes of this provision, “business,” “consumer,” and “personal information” shall have the same meanings as set forth at Civil Code section 1798.140. Contractor must contact the County immediately upon receipt of any request by a consumer submitted pursuant to the CCPA that requires any action on the part of the County, including but not limited to, providing a list of disclosures or deleting personal information. Contractor must not sell, market or otherwise disclose personal information of a consumer provided by the County unless specifically authorized pursuant to terms of this Contract. Contractor must immediately provide to the County any notice provided by a consumer to Contractor pursuant to Civil Code section 1798.150(b) alleging a violation of the CCPA, that involves personal information received or maintained pursuant to this Contract. Contractor must immediately notify the County if it receives a notice of violation from the California Attorney General pursuant to Civil Code section 1798.155(b).

ARTICLE XIX. Licensing, Certification and Accreditation

Paragraph H.3.a is hereby amended to read as follows:

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

ADDENDUM I, ARTICLE I. BACKGROUND

Paragraph A and B are hereby amended to read as follows:

- A. The Mental Health Services Act (MHSA), approved by California voters in 2004 and effective January 1, 2005, was created to transform the state’s public mental health system. Its purpose was to reduce the long-term impacts of untreated serious mental illness on individuals, families, and public systems by expanding services, improving access, and promoting culturally responsive, recovery-oriented care. MHSA directed counties to develop modern, community-based systems focused on wellness for adults with serious mental illness and on resilience for children, youth, and their families.

As the State continues to evolve its approach to behavioral health, MHSA has transitioned into the Behavioral Health Services Act (BHSA). While grounded in the original goals and

spirit of MHSA, BHSA broadens the framework to support a more integrated behavioral health system that encompasses both mental health and substance use needs.

Under this framework, the new Act identifies the following six core components designed to transform the behavioral health system to better serve priority populations.

- Behavioral Health Services and Supports
 - Children's, Adult, and Older Adult Systems of Care
 - Community Planning and Reporting
 - Housing and Treatment Integration
 - Oversight and Accountability
 - Innovation and Flexibility
- B. The Department of Behavioral Health (DBH) has long embraced the transformational principles established under MHSA and continues to advance them under the Behavioral Health Services Act (BHSA). These principles guide the development of a community-driven, culturally competent, wellness-focused Prevention and Early Intervention (PEI) Plan that supports individuals and families with a particular focus on underserved and historically marginalized communities.

Although prevention and early intervention efforts span the full range of behavioral health care, the PEI component of BHSA has been expanded and is intentionally positioned at the earliest points of need. Its purpose is to design and implement programs that:

- Prevent mental illnesses and substance use disorders from becoming severe and disabling.
- Reduce disparities in access, quality, and outcomes.
- Are culturally responsive and linguistically appropriate, addressing barriers for underserved populations.

ADDENDUM 1, ARTICLE II. DEFINITIONS

Add paragraph W to read as follows:

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

ADDENDUM 1, ARTICLE III. PERSONS TO BE SERVED

Is hereby amended to read as follows:

The PdS/CHW program is categorized as the Full Service Partnership State program, Outreach for Increasing Recognition of Early Signs of Mental Illness and substance use disorder. The purpose is to engage, encourage educate, train, and learn from potential responders about ways

to respond effectively to early signs of potentially severe and disabling mental illness. Further, PdS/CHW promotes mental health awareness, education, and available resources specifically to the unserved, underserved, and inappropriately served communities.

For FYs 2022-23, 2023-24, 2024-25, and 2025-26:

Contractor shall provide face-to-face, meaningful prevention activities in the East Desert region for a minimum of 1,760 unduplicated participants from the African American, LGBTQ+, and Native American populations during each fiscal year.

The PdS/CHW program will provide services to a minimum of:

- a. 915 African American individuals
- b. 475 Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) individuals
- c. 370 Native American individuals

For FY 2026-27 and 2027-28:

Contractor shall provide face-to-face, meaningful prevention activities in the East Desert region for a minimum of 1,759 unduplicated participants from the BHSA priority population during fiscal year 2026-27 and a minimum of 929 unduplicated participants during the partial fiscal year 2027-28 through December 31, 2027. This number includes first responders that help the priority populations.

For eligible adults and older adults who are:

1. Chronically homeless or experiencing homelessness or are at risk of homelessness;
2. In, or are at risk of being in, the justice system, and/or reentering the community from prison or jail;
3. At risk of conservatorship; and
4. At risk of institutionalization.

For eligible youth who are:

1. Chronically homeless or experiencing homelessness or are at risk of homelessness;
2. In, or at risk of being in, the juvenile justice system and/or reentering the community from a youth correctional facility;
3. In the child welfare system; and
4. At risk of institutionalization.

ADDENDUM 1, ARTICLE VI. STAFFING

Paragraph C.10 and 11 are hereby amended as follows:

10. An evaluation plan and logic model has been developed to measure the projected outcomes stated in this contract. See Attachment I. Contractor will work closely with DBH to ensure evaluation design and enhancements are in alignment with mandated BHSA outcomes and regulations. Contractor acknowledges that BHSA program standards may be refined or updated during the term of this agreement.
11. Contractor will actively participate in the collaborative efforts of drafting the BHSA Three Year Integrated Plan for 2027-28 through 2029-30.

- a. Contractors will provide input into program policy, development, implementation, and evaluation of the PdS/CHW program.
- b. This process will ensure that the PdS/CHW program integrates the needs of diverse individuals, families, and communities in the programming.
- c. Changes to the provision of services for the PdS/CHW program will be implemented through an approved updated work plan.
- d. Updated workplan will be implemented starting July 1, 2027.
- e. Failure to participate in this process may result in a termination of the contract.

EXHIBIT I Schedule A Planning Estimates and Schedule B Program Budget

FY 2026-27 and FY 2027-28 through December 31, 2027, are hereby added as attached.

Attachment IV Levine Act – Campaign Contribution Disclosure

Form is hereby replaced with the attached.

All other terms and conditions of Contract No. 22-579 remain in full force and effect.

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

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

SAN BERNARDINO COUNTY

Pacific Clinics

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

►

Dawn Rowe, Chair, 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: Kim. M. Wells
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title Chief Legal Officer
(Print or Type)

By _____
Deputy

Dated: _____

Address 572 N. Arrowhead Ave., Suite 100
San Bernardino, CA 92401

FOR COUNTY USE ONLY

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

Reviewed for Contract Compliance
►
Michael Shin, Administrative Manager

Reviewed/Approved by Department
►
Joshua Dugas, Acting Director

Date _____

Date _____

Date _____

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement) **PREVENTION AND EARLY INTERVENTION** Contractor Name: Pacific Clinics
 (PEI) Region: East Valley East Desert
Promotores de Salud/Community Health Workers Contract #/REF #: 22-579
 Address: 800 S. Santa Anita Ave.
 Prepared by: Conner O'Brien FY 2026 - 2027 Date Form Completed: 05/12/26
 Title: Financial Analyst I July 1, 2026 to June 30, 2027 Updated

PEI County Program: Promotores de Salud / Community Health Workers							TOTAL
State Defined Program: Outreach for Increasing Recognition of Early Signs of Mental Illness							
	Distribution	85.00%	15.00%				
		Mode 45					
#	COMPONENTS	Behavioral Health Promotion (10)	Community Client Services (20)				
1	EXPENSES						
2	SALARIES	\$ 60,040	\$ 10,595			\$ 70,635	
3	BENEFITS	\$ 17,968	\$ 3,171			\$ 21,139	
4	(2+3 must equal total staffing costs)	\$ 78,008	\$ 13,766			\$ 91,775	
5	OPERATING EXPENSES	\$ 36,741	\$ 6,484			\$ 43,225	
6	TOTAL EXPENSES (2+3+5)	\$ 114,750	\$ 20,250			\$ 135,000	
7	AGENCY REVENUES						
8	PATIENT FEES					\$ -	
9	PATIENT INSURANCE					\$ -	
10	GRANTS/OTHER					\$ -	
11	TOTAL AGENCY REVENUES (8+9+10)	\$ -	\$ -			\$ -	
12	CONTRACT AMOUNT (6-11)	\$ 114,750	\$ 20,250			\$ 135,000	
13	FUNDING						
14	MHSA	\$ 114,750	\$ 20,250			\$ 135,000	
15	TOTAL FUNDING	\$ 114,750	\$ 20,250			\$ 135,000	
16	UNDUPLICATED PARTICIPANTS	1,519	240				
17	TOTAL UNDUPLICATED PARTICIPANTS	1,519	240			1,759	
18	COST PER UNDUPLICATED PARTICIPANT	\$ 75.54	\$ 84.37			\$ 76.75	
19	SERVICES						
20	TOTAL SERVICES	1,519	240			1,659	
21	COST PER TOTAL SERVICES	\$ 75.54	\$ 84.37			\$ 81.37	

APPROVED:

<u>Madeleine Apiafi</u> Madeleine Apiafi (May 27, 2026 10:19:49 PDT)	05/27/26	<u>Thelma Rodriguez</u>	05/27/26	<u>Jeanine Wymer</u> Jeanine Wymer (May 27, 2026 10:57:28 PDT)	05/27/26
PROVIDER AUTHORIZED SIGNATURE	DATE	PROVIDER AUTHORIZED SIGNATURE	DATE	DBH PROGRAM MANAGER	DATE
Madeleine Apiafi		Thelma Rodriguez		Jeanine Wymer	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		DBH PROGRAM MANAGER (PRINT NAME)	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2026 - 2027

Prepared by: Conner O'Brien
Title: Financial Analyst I

Contractor Name: Pacific Clinics
Region: ~~East Valley~~ East Desert
Contract #/RFP #: 22-579
Address: 800 S. Santa Anita Ave.
Arcadia, CA 91006
Date Form Completed: 46,154
Updated:

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, 2026 to June 30, 2027

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
1 Office & Program Supplies	\$7,685	0%	\$0	100%	\$7,685
2 Telephone/Systems/Communications	\$9,270	0%	\$0	100%	\$9,270
3 Travel & Mileage	\$725	0%	\$0	100%	\$725
4 Conference and Training	\$600	0%	\$0	100%	\$600
5 Program Support & Related Shared Costs	\$2,517	0%	\$0	100%	\$2,517
6 Occupancy and Facility Related Costs (Shared cost)	\$4,819	0%	\$0	100%	\$4,819
7 Administrative Indirect Costs	\$17,609	0%	\$0	100%	\$17,609
8		100%	\$0		\$0
9		100%	\$0		\$0
10		100%	\$0		\$0
11		100%	\$0		\$0
12		100%	\$0		\$0
SUBTOTAL B:	\$43,225		\$0		\$43,225
GROSS TOTAL STAFFING AND OPERATING COSTS					\$135,000

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE

PREVENTION AND EARLY INTERVENTION

FY 2026 - 2027

Contractor Name: Pacific Clinics
Region ~~East Valley~~ East Desert
Contract #/RFP # 22-579
Address: 800 S, Santa Anita Ave,
Arcadia, CA 91006
Date Form Completed: 46,154
Updated

Prepared by: Conner O'Brien
Title: Financial Analyst I

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, 2026 to June 30, 2027

ITEM	Justification of Cost
1 Office & Program Supplies	This includes, but is not limited to copy paper, toner for computers, files, pens, pencils, folders, desk supplies, calculators, small office items, printing and copying costs, break room supplies (e.g., drinking water, paper cups, coffee), and etc.
2 Telephone/Systems/Communications	This includes land lines, Lifesize, DSL and fax charges, as well as monthly cell phone service and wireless cards for laptop computers that enable the Agency to maintain a fully functional mobile workforce with the ability to deliver services anywhere. Costs are estimated based on historical trends.
3 Travel & Mileage	This includes but is not limited to mileage reimbursement for traveling for program purposes, Costs also include gasoline & maintenance for program vehicles. Mileage reimbursement is based on the current IRS reimbursement rate., which is paid at the prevailing federal rate (currently .725 cents per mile) to staff supporting program or program related activities. Costs have been estimated based on historical trends.
4 Conference and Training	Includes professional development and training specific to the delivery of program services, training for new staff and continuing education related conferences, as well as other mandatory trainings such as CPR, first aid, and company required training courses such as annual training regarding blood born pathogens, cultural responsiveness training, HIPAA compliance, health and safety, emergency preparedness, defensive driving,
5 Program Support & Related Shared Costs	This includes administrative program support costs incurred by program support personnel, such as mileage, trainings, supplies, etc. These are costs that are shared for this region and are pooled and allocated to all applicable programs relative to the direct labor costs in each program.
6 Occupancy and Facility Related Costs (Shared cost)	This includes costs such as building rent, depreciation, storage fees, leased copiers, fax machines, utilities, network connections, phone services, various fees and permits, facility repairs and maintenance, and other facility related costs. These are costs that are shared for this region and are allocated to all applicable programs relative to the direct labor costs in each program.
7 Administrative Indirect Costs	Allocation of overhead based upon direct costs calculated up to a maximum of 15%, based on Entity actual costs, The method used by Pacific Clinics is an entity wide allocation of administrative costs (in example: Accounting, HR, Facilities, IT, Executive Mgmt, Contract Mgmt) across all programs based on actual program salaries to agency salaries. Administrative costs are shared costs and therefore cannot be detailed into Salaries & Benefits or Services and Supplies categories in the accounting system,
8	
9	
10	
11	
12	

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

FY 2026 - 2027

Prepared by: Conner O'Brien
Title: Financial Analyst I

Contractor Name: Pacific Clinics
 Region: ~~East Valley~~ East Desert
 Contract #/RFP #: 22-579
 Address: 800 S. Santa Anita Ave.
Arcadia, CA 91006
 Date Form Completed: 46,154
 Updated: _____

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, 2027 to Dec 31, 2027

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
1 Office & Program Supplies	\$2,023	0%	\$0	100%	\$2,023
2 Telephone/Systems/Communications	\$4,774	0%	\$0	100%	\$4,774
3 Travel & Mileage	\$288	0%	\$0	100%	\$288
4 Conference and Training	\$250	0%	\$0	100%	\$250
5 Program Support & Related Shared Costs	\$1,296	0%	\$0	100%	\$1,296
6 Occupancy and Facility Related Costs (Shared cost)	\$2,482	0%	\$0	100%	\$2,482
7 Administrative Indirect Costs	\$8,804	0%	\$0	100%	\$8,804
8		100%	\$0		\$0
9		100%	\$0		\$0
10		100%	\$0		\$0
11		100%	\$0		\$0
12		100%	\$0		\$0
SUBTOTAL B:	\$19,917		\$0		\$19,917
GROSS TOTAL STAFFING AND OPERATING COSTS					\$67,500

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE

PREVENTION AND EARLY INTERVENTION

FY 2026 - 2027

Contractor Name: Pacific Clinics
Region: ~~East Valley~~ East Desert
Contract #/RFP #: 22-579
Address: 800 S. Santa Anita Ave.
Arcadia, CA 91006
Date Form Completed: 46,154
Updated:

Prepared by: Conner O'Brien
Title: Financial Analyst I

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, 2027 to Dec 31, 2027

ITEM	Justification of Cost
1 Office & Program Supplies	This includes, but is not limited to copy paper, toner for computers, files, pens, pencils, folders, desk supplies, calculators, small office items, printing and copying costs, break room supplies (e.g., drinking water, paper cups, coffee), and etc.
2 Telephone/Systems/Communications	This includes land lines, Lifesize, DSL and fax charges, as well as monthly cell phone service and wireless cards for laptop computers that enable the Agency to maintain a fully functional mobile workforce with the ability to deliver services anywhere. Costs are estimated based on historical trends.
3 Travel & Mileage	This includes but is not limited to mileage reimbursement for traveling for program purposes. Costs also include gasoline & maintenance for program vehicles. Mileage reimbursement is based on the current IRS reimbursement rate., which is paid at the prevailing federal rate (currently .725 cents per mile) to staff supporting program or program related activities. Costs have been estimated based on historical trends.
4 Conference and Training	Includes professional development and training specific to the delivery of program services, training for new staff and continuing education related conferences, as well as other mandatory trainings such as CPR, first aid, and company required training courses such as annual training regarding blood born pathogens, cultural responsiveness training, HIPAA compliance, health and safety, emergency preparedness, defensive driving.
5 Program Support & Related Shared Costs	This includes administrative program support costs incurred by program support personnel, such as mileage, trainings, supplies, etc. These are costs that are shared for this region and are pooled and allocated to all applicable programs relative to the direct labor costs in each program.
6 Occupancy and Facility Related Costs (Shared cost)	This includes costs such as building rent, depreciation, storage fees, leased copiers, fax machines, utilities, network connections, phone services, various fees and permits, facility repairs and maintenance, and other facility related costs. These are costs that are shared for this region and are allocated to all applicable programs relative to the direct labor costs in each program.
7 Administrative Indirect Costs	Allocation of overhead based upon direct costs calculated up to a maximum of 15%, based on Entity actual costs. The method used by Pacific Clinics is an entity wide allocation of administrative costs (in example: Accounting, HR, Facilities, IT, Executive Mgmt, Contract Mgmt) across all programs based on actual program salaries to agency salaries. Administrative costs are shared costs and therefore cannot be detailed into Salaries & Benefits or Services and Supplies categories in the accounting system.
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ATTACHMENT IV Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

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

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

DEFINITIONS

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

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

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidiary 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: Pacific Clinics
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: Not applicable
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):
Not applicable
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
Pacific Clinics Head Start	Wholly owned subsidiary
Not applicable	Not applicable

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
Not applicable	Not applicable	Not applicable
Not applicable	Not applicable	Not applicable

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):
Not applicable	Not applicable	Not applicable
Not applicable	Not applicable	Not applicable

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
Not applicable	Not applicable
Not applicable	Not applicable

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

No 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: Not applicable

Name of Contributor: Not applicable

Date(s) of Contribution(s): Not applicable

Amount(s): Not applicable

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 \$500 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.