

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



Contract Number

24-556 A-1

SAP Number

Department of Behavioral Health

| | |
|---|------------------------------------|
| Department Contract Representative | Melissa Malcom |
| Telephone Number | (909) 388-0951 |
| Contractor | Star View Behavioral Health, Inc. |
| Contractor Representative | Sonia Cueva |
| Telephone Number | (310) 221-6336 ext. 294 |
| Contract Term | July 1, 2024 through June 30, 2029 |
| Original Contract Amount | \$6,500,000 |
| Amendment Amount | \$1,600,000 |
| Total Contract Amount | \$8,100,000 |
| Cost Center | 9202901000 |
| Grant Number (if applicable) | N/A |

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

San Bernardino County (County) and Star View Behavioral Health, Inc. (Contractor) hereby agree to amend **Contract No. 24-556** as follows:

- I. ARTICLE V Funding and Budgetary Restrictions, paragraph I is hereby amended and paragraph L is hereby added to read as follows:
 - I. The maximum financial obligation under this contract shall not exceed \$8,100,000 for the contract term.
 - L. This Agreement is federally funded and subject to the additional terms on Attachment V Federal Contracting Provisions.

- II. ARTICLE VI Provisional Payment is hereby deleted and replaced with the following:
 - VI. Combined Cost Reimbursement and Fee for Service Provisional Payment

Cost Reimbursement Provision:

 - A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms.

County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.

- B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, audits, as such payments, are subject to future County, State and/or Federal adjustments.
- C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:
 - 1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.
 - 2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.
 - 3. Reimbursement Rates for Institutions for Mental Diseases: Pursuant to Section 5902 € of the WIC, Institutions for Mental Diseases (IMD), which are licensed by the DHCS, will be reimbursed at the rate(s) established by DHCS.
 - 4. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.
 - 5. It is the responsibility of Contractor to access MyAvatar reports and make any necessary corrections to the denied Medi-Cal services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
 - 6. In the event that the denied claims cannot be corrected, and therefore DHCS will not adjudicate and approve the denied claims, Contractor is required to follow DBH's Overpayment Policy COM0954, which has been provided or will be provided to Contractor at its request.
- D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' 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.
 - 1. For each fiscal year period (FYs 2025-26, 2026-27, 2027-28, 2028-29), no single monthly payment for any mode of service shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of

less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.

- E. Monthly payments for Short-Doyle Medi-Cal (SD/MC) billable mode of services, mode 5, 10 and/or 15, will be based on actual units of service reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system, and non-billable mode of services, mode 45 and 60, will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] for Youth in Residential Placement services shall not exceed Contracted amount or County's Maximum Obligation. (The current CalAIM Payment Reform Rate Schedule is set forth in Exhibit 1 attached hereto.) The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs. All approved provisional rates will be superseded by actual cost per unit rate.
 - 1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges and Contractor's actual cost.
- I. Contractor shall maximize the Federal Financial Participation reimbursement by claiming all possible SD/MC Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.

- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program (“Medi-Cal”), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA. Contractor will be required to reimburse funds to the County.
- O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/> (U.S. Office of Personnel Management).
- P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.
- R. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis fifteen percent (15%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a “Federal Agency Acceptance of Negotiated Indirect Cost Rates”, the contractor must also obtain concurrence in writing from DBH of such rate.
- For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a “Federal Agency Acceptance of Negotiated Indirect Rates.”
- The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual costs instead of estimated costs.
- S. Prohibited Payments
1. County shall make no payment to Contractor other than payment for services covered under this Contract.

2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
 - a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.
 - b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
 - c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
 - d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.
- T. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.

Fee-For-Service (FFS) Provision:

- U. Monthly payments for SD/MC billable mode of services, mode 5, 10 and/or 15, will be based on actual units of service reported on Charge Data Invoices claimed to and reimbursed by the State, and services deemed by the State to be DBH responsibility at the rates specified on the referenced agreed upon **(FFS) reimbursement rates** for of this agreement, and non-billable mode of service, mode 45 and 60, will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] for Youth in Residential Placement services shall not exceed Contracted amount or County's Maximum Obligation.
- V. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period.

For the period of January 1, 2026 through May 31, 2026, DBH will reconcile monthly payments for SD/MC billable mode of services, mode 5, 10 and/or 15, to ensure provider

payments are made at a minimum of 1/12th of the maximum allocations for the Medi-Cal billable services.

- W. The Parties acknowledge that each party is solely responsible for any tax obligations it may incur as a result of the payment or receipt of the Settlement Amount, as applicable.
- X. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- Y. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- Z. As this contract may be funded in whole or in part with Mental/Behavioral Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing Mental/Behavioral Health Services Act funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to Mental/Behavioral Health Services Act. Contractor will be required to reimburse funds to the County.
- AA. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/> (U.S. Office of Personnel Management).
- BB. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- CC. The FFS reimbursement rates are established by DBH for San Bernardino County. DBH will take into consideration requests for changes to Contract funding as applicable and appropriate. All requests for changes must be submitted in writing by Contractor to the DBH Deputy Director of Youth Collaborative and Justice Involved Services, or designee. Any modification must be approved in writing by DBH and shall be subject to all applicable provisions of this Contract.
- DD. Contractor may contact DBH Quality Management directly with questions pertaining to appropriate and compliant documentation via telephone at (909) 386-8227, or via email at DBH-QualityManagementDivision@dbh.sbcounty.gov so that DBH QM may respond or direct questions to a designee for response.

III. ARTICLE VIII Annual Cost Report Settlement is hereby deleted.

IV. ARTICLE XVII Personnel, paragraph L, is hereby amended to read as follows:

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

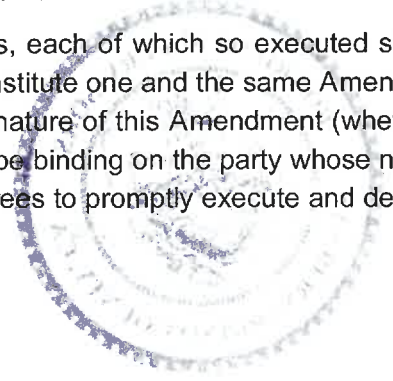
Contractor has disclosed to the County using Attachment IV – Levine Act - Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor’s proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer for 12 months after the County’s consideration of the Contract.

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

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

- V. SCHEDULE A Planning Estimates and SCHEDULE B Program Budgets for FY 2025/26, FY 2026/27, FY 2027/28 and FY 2028/29.
- VI. ATTACHMENT IV Campaign Contributions Disclosure (SB1439) of the Contract is hereby removed and ATTACHMENT IV Levine Act-Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439), attached to this amendment, is hereby added to the Contract.
- VII. ATTACHMENT V Federal Contracting Provisions is hereby added to the Contract.
- VIII. All other terms, conditions and covenants of Contract No. 24-556 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 Amendment. 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.



[SIGNATURE PAGE FOLLOWS]

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

SAN BERNARDINO COUNTY

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

Dated: MAY 05 2026

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



By *Kristina Monel*
Kristina Monel, Clerk of the Board of Supervisors
San Bernardino County
Deputy

Star View Behavioral Health, Inc.

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

By ▶ *Kent Dunlap*
33507498791446
(Authorized signature - sign in blue ink)

Name Kent Dunlap
(Print or type name of person signing contract)

Title President and Chief Executive Officer
(Print or Type)

Dated: 4/21/2026

Address 1501 Hughes Way, Suite 150
Long Beach, CA 90810

FOR COUNTY USE ONLY

Approved by Legal Form
Signed by *Kristina Robb*
Kristina Robb, Deputy County Counsel
Date 4/21/2026

Reviewed by Contract Compliance
Signed by *Michael Shin*
Michael Shin, Administrative Manager
Date 4/21/2026

Reviewed by Department
Signed by *Joshua Dugas*
Joshua Dugas, Acting Director
Date 4/21/2026

SCHEDULE A

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Youth In Residential
 FY 2025-2026
 July 1, 2025 - June 30, 2026

SCHEDULE A - Planning Estimates
 Call/Am/fee for Service
 Contractor Name: Star View Behavioral Health, Inc.
 RU # WSEP
 Contract # / RFP # 24-556
 Address: 4025 W. 226th Street
Torrance, CA 90505
 City, State, Zip Code: 4113/2026
 Date Form Completed: Stelma Wazneru
 Prepared by: Senior Accountant
 The:

| LINE | MODE OF SERVICE | 15 (Outpatient) | | | | | 10 (Day Services) | | 05 (24 Hour Services) | | 00 (support) | | TOTAL |
|------|--|-----------------|-------------------------------|----------------------------|-----------------------------|--|-------------------|---------------------------------|-------------------------------------|------|--------------|-----------|-------|
| | | TMS (16) | Case Management & I/C (01-09) | Medication Support (00-08) | Crisis Intervention (70-79) | Community Treatment Facility (CTF) Support (7) | Other | Day Treatment Intensive (13-18) | Psychiatric Health Facility (20-31) | 5.0% | 32.0% | 3.0% | |
| 1 | Allocation % | 4.0% | 5.0% | 0.0% | 3.0% | 1.0% | 32.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.00% | |
| 2 | Total DBH Allocation (Funding) Amount | 75,054 | 8,099 | 14,599 | 8,828 | 130,829 | 369,441 | 1,008,160 | 1,008,160 | 0 | 0 | 1,700,000 | |
| 12 | 2011 Reassignment | 37,527 | 4,050 | 7,294 | 4,114 | 0 | 184,721 | 504,060 | 504,060 | 0 | 0 | 742,066 | |
| 13 | FUNDING TOTAL | 37,527 | 4,050 | 7,294 | 4,114 | 130,829 | 369,441 | 1,008,160 | 1,008,160 | 0 | 0 | 967,914 | |
| 14 | NET COUNTY FUNDS (Local Costs MUST = ZERO) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15 | STATE FUNDING (Including Reassignment) | 37,527 | 4,050 | 7,294 | 4,114 | 130,829 | 184,721 | 504,060 | 504,060 | 0 | 0 | 967,914 | |
| 16 | FEDERAL FUNDING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17 | TARGET COST PER UNIT OF SERVICE | \$4.45 | \$5.91 | \$19.42 | \$4.45 | \$4.45 | \$5.4732 | \$1,452.06 | \$1,452.06 | 0 | 0 | 1,700,000 | |
| 18 | UNITS OF SERVICE | 16,866 | 1,370 | 751 | 1,984 | 130,829 | 675 | 694 | 694 | 0 | 0 | 22,341 | |

APPROVED: _____ DATE: 04/15/2026 DBH PROGRAM MANAGER: Olivia Oliveros DATE: 04/15/2026
 PROVIDER AUTHORIZED SIGNATURE: Thelma Rodriguez DBH PROGRAM MANAGER (PRINT NAME): Olivia Oliveros
 PROVIDER AUTHORIZED SIGNER (PRINT NAME): DBH PSAS SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME): DBH PSAS SERVICES (PRINT NAME)

SCHEDULE B

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

| Mode 05 | | Mode 10 | | Mode 15 | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| PHF (20-29) | DTI (85-89) | CM&CC (01-09) | TBS (58) | MSS (60-69) | CI (70-79) | CI | CI |
| \$ 1,452,006 | \$ 547,332 | \$ 5,911 | \$ 4,451 | \$ 19,472 | \$ 4,445 | | |
| Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate |

Contract Name: Star View Behavioral Health, Inc.
 RU # 4045P
 Contract # / NFP # 24555
 Address: 4025 W. 225th Street
 City, State, Zip Code: Torrance, CA 90505
 Date Form Completed: 4/13/2025

| MONTH | Estimated Units of Service (Minutes) | Mode 05 | | Mode 10 | | Mode 15 | | | | Clients served | | |
|-----------------------------|--------------------------------------|------------------|----------------|---------------|---------------|---------------|--------------|-----------------|------------------------------|---------------------------|--|-----------|
| | | PHF (20-29) | DTI (85-89) | CM&CC (01-09) | TBS (58) | MSS (60-69) | CI (70) | Starting Census | Discharges (Episodes Closed) | Monthly Census | | |
| Jul-25 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 0 | 0 | 4 | | |
| Aug-25 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 0 | 0 | 4 | | |
| Sep-25 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 1 | 1 | 4 | | |
| Oct-25 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 0 | 0 | 4 | | |
| Nov-25 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 1 | 0 | 5 | | |
| Dec-25 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 0 | 0 | 5 | | |
| Jan-26 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 0 | 0 | 5 | | |
| Feb-26 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 1 | 1 | 5 | | |
| Mar-26 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 0 | 0 | 5 | | |
| Apr-26 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 1 | 0 | 6 | | |
| May-26 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 0 | 0 | 6 | | |
| Jun-26 | 1,862 | 84,013 | 30,787 | 675 | 6,255 | 1,216 | 736 | 1 | 1 | 6 | | |
| TOTAL | 22,341 | 1,008,160 | 369,441 | 8,098 | 75,054 | 14,568 | 8,828 | 5 | 3 | 9 | | |
| Total Revenue | | | | | | | | | | 1,700,000.01 | | |
| Unduplicated Clients Served | | | | | | | | | | Estimated Cost Per Client | | \$188,889 |

SCHEDULE A

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Youth In Residential
FY 2026-2027
July 1, 2025 - June 30, 2027**

SCHEDULE A - Planning Estimates

Callum/Fee for Service

| | |
|------------------------|--|
| Contractor Name: | Star View Behavioral Health, Inc. |
| RU # | #35EP |
| Contract # / RFP # | 24-555 |
| Address: | 4925 W. 225th Street Torrance, CA 90505 |
| City, State, Zip Code: | |
| Date Form Completed: | 4/13/2025 |
| Prepared by: | Sabina Wainetu |
| Title: | Senior Accountant |

| LINE | MODE OF SERVICE | 15 (Subtotal) | | | | | 60 (Support) | | Other | TOTAL |
|----------------|---|-----------------------|-------------------|-------------------------------|----------|----------------------------|-----------------------------|--|--------|-----------|
| | | 65 (24 Hour Services) | 10 (Day Services) | Case Management & IOC (01-09) | TBS (08) | Medication Support (08-09) | Crisis Intervention (78-79) | Continuity Treatment Facility (CTF) Support (78) | | |
| 1 | 100% Distribution % Allocation Amount | 536,027 | 744,369 | 11,712 | 40,490 | 11,546 | 7,256 | 263,600 | 65,050 | 1,700,000 |
| 2 | Total DBH Allocation (Funding) Amount | | | | | | | | | |
| FUNDING | | | | | | | | | | |
| 12 | MEDICAL (FFP) | 268,014 | 372,184 | 5,856 | 20,245 | 5,773 | 3,628 | | | 675,700 |
| 13 | 2011 Re-entrant | 268,014 | 372,184 | 5,856 | 20,245 | 5,773 | 3,628 | 263,600 | 65,000 | 1,024,300 |
| | FUNDING TOTAL | 536,027 | 744,369 | 11,712 | 40,490 | 11,546 | 7,256 | 263,600 | 65,000 | 1,700,000 |
| 14 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | STATE FUNDING (including Realignment) | 268,014 | 372,184 | 5,856 | 20,245 | 5,773 | 3,628 | 263,600 | 65,000 | 1,024,300 |
| 16 | FEDERAL FUNDING | 536,027 | 744,369 | 11,712 | 40,490 | 11,546 | 7,256 | 263,600 | 65,000 | 1,700,000 |
| 17 | TOTAL FUNDING | | | | | | | | | |
| 17 | TARGET COST PER UNIT OF SERVICE | \$1,452.06 | \$547.32 | \$5.91 | \$4.45 | \$19.42 | \$4.45 | | | |
| 18 | LIMITS OF SERVICE | 369 | 1,360 | 1,962 | 9,056 | 595 | 1,631 | | | 15,035 |

APPROVED: Olivia Aranda 04/15/2026 DATE: 04/15/2026 DATE: 04/15/2026 DATE: 04/15/2026

PROVIDER AUTHORIZED SIGNATURE: Thelma Rodriguez DBH PSAS SERVICES DATE: 04/15/2026

PROVIDER AUTHORIZED SIGNER (PRINT NAME): Thelma Rodriguez DBH PSAS SERVICES (PRINT NAME) DATE: 04/15/2026

DBH PROGRAM MANAGER: Olivia Oliveros DATE: 04/15/2026

DBH PROGRAM MANAGER (PRINT NAME): Olivia Oliveros

SCHEDULE B

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

| Mode 05 | | Mode 10 | | Mode 15 | | | |
|-------------|-------------|----------------|----------|-------------|------------|---------------|---------------|
| PHF (20-20) | DTI (85-89) | CM&ICC (01-09) | TBS (58) | MSS (60-69) | CI (70-79) | Weighted Rate | Weighted Rate |
| \$ 1,452.06 | \$ 547.32 | \$ 5.01 | \$ 4.45 | \$ 19.42 | \$ 4.45 | \$ | \$ 4.45 |

Contractor Name: Star View Behavioral Health, Inc.
 RU # 4065P
 Contract # / RFP # 24-556
 Address: 4025 W. 226th Street
 City, State, Zip Code: Torrance, CA 90505
 Date Form Completed: 4/13/2026

| MONTH | Estimated Units of Service (Minutes) | Projected Revenue Generated by Service Type | | | | | | Clients Served | | | |
|----------------------|--------------------------------------|---|------------------------|---------------------------|---------------------|------------------------|-----------------------------------|------------------------------------|------------------------------|----------------|------------------|
| | | Mode 05 PHF (20-20) | Mode 10 DTI (85-89) | Mode 15 CM&ICC (01-09) | Mode 15 TBS (58) | Mode 15 MSS (60-69) | Mode 15 CI (70) | Admissions (Episodes Opened) | Discharges (Episodes Closed) | Monthly Census | |
| Jul-26 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 | |
| Aug-26 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 1 | 5 | |
| Sep-26 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 5 | |
| Oct-26 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 5 | |
| Nov-26 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 1 | 4 | |
| Dec-26 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 1 | 0 | 5 | |
| Jan-27 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 5 | |
| Feb-27 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 1 | 0 | 6 | |
| Mar-27 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 | |
| Apr-27 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 | |
| May-27 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 | |
| Jun-27 | 1,253 | 44,669 | 62,031 | 976 | 3,374 | 962 | 605 | 1 | 0 | 7 | |
| TOTAL | 15,035 | 536,027 | 744,359 | 11,712 | 40,490 | 11,546 | 7,258 | 3 | 2 | 8 | |
| Total Revenue | | | | | | | 1,699,999.99 | Unduplicated Clients Served | | | \$188,889 |
| | | | | | | | Estimated Cost Per Client: | | | | \$188,889 |

SCHEDULE A

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Youth in Residential**

FY 2027-2028
July 1, 2027 - June 30, 2028

**SCHEDULE A - Planning Estimate
Cost/Unit/Line for Services**

| | |
|------------------------|--|
| Contractor Name: | Star View Behavioral Health, Inc. |
| R/U # | #35EP |
| Contract # / RFP # | 24-556 |
| Address: | 4025 W. 226th Street Torrance, CA 90509 |
| City, State, Zip Code: | Torrance, CA 90509 |
| Date Form Completed: | 4/13/2026 |
| Prepared by: | Sabrina Waznetu |
| Title: | Senior Accountant |

| LINE | MODE OF SERVICE | 15 (Outpatient) | | | | 60 (Support) | | Other | TOTAL |
|------|---|-------------------------------|----------|----------------------------|-----------------------------|---|------------------|-------------|-----------|
| | | Case Management & IIC (91-99) | TBI (94) | Medication Support (99-94) | Crisis Intervention (70-79) | Community Treatment Facility (CTF) Support (78) | Operating Income | | |
| 1 | Distribution % | 11.9% | 2.1% | 0.7% | 6.6% | 16.3% | 8.9% | 100.00% | 1,700,000 |
| 2 | Total DBH Allocation (Funding) Amount | 11,712 | 40,490 | 11,546 | 7,256 | 263,600 | 85,000 | 1,700,000 | |
| 12 | FUNDING | 5,856 | 20,245 | 5,773 | 3,628 | | | 675,700 | |
| 13 | MEDICAL (FFP) | 266,014 | 372,164 | 5,856 | 3,628 | 263,600 | 85,000 | 1,024,300 | |
| 14 | 2011 Reassignment | 536,027 | 744,369 | 11,712 | 11,546 | 263,600 | 85,000 | 1,700,000 | |
| 15 | FUNDING TOTAL | 266,014 | 372,164 | 5,856 | 3,628 | 263,600 | 85,000 | 1,024,300 | |
| 16 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17 | STATE FUNDING (Including Reassignment) | 536,027 | 744,369 | 11,712 | 11,546 | 263,600 | 85,000 | 1,700,000 | |
| 18 | FEDERAL FUNDING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 19 | TOTAL FUNDING | \$1,452,061 | \$4,145 | \$19,421 | \$4,415 | \$85,000 | \$85,000 | \$1,700,000 | |
| 20 | TARGET COST PER UNIT OF SERVICE | 369 | 9,099 | 585 | 1,631 | | | 15,035 | |

APPROVED: _____ DATE: 04/15/2026

PROVIDER AUTHORIZED SIGNER: _____ DATE: 04/15/2026

PROVIDER AUTHORIZED SIGNER (PRINT NAME): _____ DBH PROGRAM MANAGER: _____ DATE: 04/15/2026

PROVIDER AUTHORIZED SIGNER (PRINT NAME): _____ DBH PROGRAM MANAGER (PRINT NAME): _____

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027-2028
July 1, 2027 - June 30, 2028

| Mode 05 | | Mode 10 | | Mode 15 | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| PHF (20-28) | DTI (85-99) | CM&IC (01-09) | TBS (59) | MSS (60-69) | CI (70-79) |
| Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate |
| \$ 1,452.06 | \$ 547.32 | \$ 5.91 | \$ 4.45 | \$ 19.42 | \$ 4.45 |

Contractor Name: Star View Behavioral Health, Inc.

#0SEP
RU #

Contract # / RFP # 24-596

Address: 4025 W. 226th street

City, State, Zip Code: Torrance, CA 90505

Date Form Completed: 4/13/2026

| MONTH | Estimated Units of Service (Minutes) | Projected Revenue Generated by Service Type | | | | | Clients Served | | | | |
|--------|--------------------------------------|---|------------------------|--------------------------|----------|-------------|-----------------------------|------------------------------|------------------------------|--------------------------------------|--|
| | | Mode 05 PHF (20-28) | Mode 10 DTI (85-99) | Mode 15 CM&IC (01-09) | TBS (59) | MSS (60-69) | CI (70) | Admissions (Episodes Opened) | Discharges (Episodes Closed) | Monthly Census | |
| Jul-27 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 | |
| Aug-27 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 1 | 5 | |
| Sep-27 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 5 | |
| Oct-27 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 1 | 0 | 6 | |
| Nov-27 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 1 | 5 | |
| Dec-27 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 5 | |
| Jan-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 5 | |
| Feb-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 1 | 0 | 6 | |
| Mar-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 | |
| Apr-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 | |
| May-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 | |
| Jun-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 1 | 0 | 7 | |
| TOTAL | 15,035 | 536,027 | 744,368 | 11,712 | 40,490 | 11,540 | 7,256 | 3 | 2 | 8 | |
| | | Total Revenue | | | | | Unduplicated Clients Served | | | Estimated Cost Per Client: \$188,889 | |
| | | 1,699,999.99 | | | | | | | | | |

SCHEDULE A

SCHEDULE A - Planning Estimates

CalAIM/Fee for Service

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Youth In Residential

Contractor Name: Star View Behavioral Health, Inc.
 RU #: 83SEP
 Contract # / RFP #: 24-556

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

Address: 4025 W. 28th Street
 Torrance, CA 90505
 Date Form Completed: 4/13/2026

Prepared by: Sabina Waweru
 Title: Senior Accountant

| LINE | MODE OF SERVICE | 15 (Outpatient) | | | | | | Other | TOTAL |
|----------------|---|-----------------------|-------------------|-------------------------------|----------|----------------------------|----------------------------|---------|--------|
| | | 05 (24 Hour Services) | 10 (Day Services) | Care Management & ICC (91-49) | TBS (40) | Medication Support (90-40) | Child Intervention (70-70) | | |
| 6 | | | | | | | | | |
| 1 | 100% Distribution % | 31.9% | 44.8% | 6.2% | 2.1% | 8.1% | 6.4% | 9.3% | 5.9% |
| 2 | Allocation Amount | \$36,027 | 744,369 | 11,712 | 40,490 | 11,546 | 7,256 | 263,600 | 55,000 |
| FUNDING | | | | | | | | | |
| | | | | | | | | | |
| 12 | MEDI-CAL (FFP) | 268,014 | 372,184 | 5,856 | 20,245 | 5,773 | 3,628 | | |
| 13 | 2011 Reassignment | 268,014 | 372,184 | 5,856 | 20,245 | 5,773 | 3,628 | 263,600 | 55,000 |
| | FUNDING TOTAL | 536,027 | 744,369 | 11,712 | 40,490 | 11,546 | 7,256 | 263,600 | 55,000 |
| 14 | NET COUNTY FUNDS (Local Cost) MUST = ZERO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | STATE FUNDING (Including Reassignment) | 268,014 | 372,184 | 5,856 | 20,245 | 5,773 | 3,628 | 263,600 | 55,000 |
| 16 | FEDERAL FUNDING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | TOTAL FUNDING | 536,027 | 744,369 | 11,712 | 40,490 | 11,546 | 7,256 | 263,600 | 55,000 |
| 18 | TARGET COST PER UNIT OF SERVICE | \$1,452.06 | \$547.32 | \$5.91 | \$4.45 | \$19.42 | \$4.45 | \$8.00 | \$8.00 |
| 19 | UNITS OF SERVICE | 369 | 1,360 | 1,982 | 9,099 | 595 | 1,633 | | |

APPROVED: *Sabina Waweru* 04/15/2026 DATE: *Olivia Oliveros* 04/15/2026 DATE

PROVIDER AUTHORIZED SIGNATURE: *Olivia Oliveros* DBH PSAS SERVICES DATE: *Olivia Oliveros* DBH PROGRAM MANAGER

PROVIDER AUTHORIZED SIGNER (PRINT NAME): *Olivia Oliveros* DBH PSAS SERVICES (PRINT NAME) DATE: *Olivia Oliveros* DBH PROGRAM MANAGER (PRINT NAME)

SCHEDULE B

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

| Mode 05 | | Mode 10 | | Mode 15 | | |
|----------------|----------------|-------------------|---------------|----------------|---------------|--|
| PHF (20-26) | DTI (85-89) | CM&ICC (01-06) | TBS (55) | MSS (60-66) | CI (70-79) | |
| \$ 1,452.06 | \$ 547.32 | \$ 5.81 | \$ 4.45 | \$ 10.42 | \$ 4.45 | |
| Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | Weighted Rate | |

Contractor Name: Star View Behavioral Health, Inc.

RU # 20SEP

Contract # / RFP # 24-656

Address: 4025 W. 226th Street

City, State, Zip Code: Torrance, CA 90505

Date Form Completed: 6/15/2026

| MONTH | Estimated Units of Service (Minutes) | Projected Revenue Generated by Service Type | | | | | Clients Served | | | |
|----------------------|--------------------------------------|---|---------------------------|------------------------------|------------------------|---------------------------|-----------------------|--------------------------------------|--------------------------------------|-------------------|
| | | Mode 05 PHF (20-26) | Mode 10 DTI (85-89) | Mode 15 CM&ICC (01-06) | Mode 15 TBS (55) | Mode 15 MSS (60-66) | Mode 15 CI (70) | Admissions (Opened) (Episodes) | Discharges (Closed) (Episodes) | Monthly Census |
| Jul-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 7 |
| Aug-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 7 |
| Sep-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 7 |
| Oct-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 7 |
| Nov-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 1 | 6 |
| Dec-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 |
| Jan-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 |
| Feb-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 1 | 0 | 7 |
| Mar-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 1 | 6 |
| Apr-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 |
| May-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 0 | 0 | 6 |
| Jun-28 | 1,253 | 44,668 | 62,031 | 976 | 3,374 | 962 | 605 | 1 | 0 | 7 |
| TOTAL | 15,035 | 530,027 | 744,369 | 11,712 | 40,490 | 11,548 | 7,256 | 2 | 2 | 8 |
| Total Revenue | | | | | | | 1,695,999.99 | Unduplicated Clients Served | | \$183,889 |
| | | | | | | | | Estimated Cost Per Client: | | |



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

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

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

DEFINITIONS

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

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

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

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

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

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

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

1. Name of Contractor: Star View Behavioral Health, Inc. DBA Star View Adolescent Center

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 entry listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: N/A

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):

N/A

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

| Company Name | Relationship |
|---|--|
| Stars Behavioral Health Group Holding Company, Inc. | Parent Company - SSGHC is an Employee Stock Ownership Program (ESOP) |
| Star View Behavioral Health, Inc. | Subsidiary of Stars Behavioral Health Group Holding Company, Inc. |

6. Name of agent(s) of Contractor:

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

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

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

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

| Company Name | Individual(s) Name |
|--------------|--------------------|
| N/A | |
| N/A | |

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board

of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No 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: N/A

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

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

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor 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.

FEDERAL CONTRACTING PROVISIONS

Contractor shall comply with the following additional terms:

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

Clean Air Act

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

Federal Water Pollution Control Act

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

E. Procurement of Recovered Materials (45 CFR § 75.331)

1. Contractor shall comply with the provisions of section 6002 of the Federal Solid Waste Disposal Act, as amended by the federal Resource conservation and Recovery Act, as the same may be amended, which include (but are not necessarily limited to): procuring only items designated in guidelines of the Environmental Protection Agency at 40 CFR Part 247 (as the same may be amended) that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the Environmental Protection Agency guidelines.
2. This provision does not apply if the items cannot be acquired—

- a. Competitively within a timeframe providing for compliance with the contract performance schedule;
 - b. Meeting contract performance requirements; or
 - c. At a reasonable price.
3. Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.
 4. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

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

Contractor certifies that it will not use contract funds to:

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

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

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

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

H. Combatting Trafficking in Persons

Contractor shall not engage in any prohibited activities identified in paragraph (b) of Federal Acquisition Regulation 52.222-50, Combating Trafficking in Persons. The County has the right to monitor, detect, and terminate the Contract if it is determined Contractor is engaging in prohibited activities identified at paragraph (b) and to refer such activities to the applicable law enforcement or federal authorities. Contractor shall comply with all requirements in paragraph (c) of Regulation 52.222-50 and immediately notify the County of any activity described in paragraph (d) of Regulation 52.222-50.

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

Generally applies to contracts that are federally funded and exceed \$100,000.

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

[certification continued on next page]

ANTI- LOBBYING CERTIFICATION

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

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

Signature of Contractor's Authorized Official

Name and Title of Contractor's Authorized Official

Date