



**Contract Number**

25-509 A-1

**SAP Number**

**Department of Behavioral Health**

<b>Department Contract Representative</b>	<u>Vanessa Esparza</u>
<b>Telephone Number</b>	<u>(909) 388-0858</u>
<b>Contractor</b>	<u>Amethyst Behavioral Health, LLC</u>
<b>Contractor Representative</b>	<u>Cole Fry</u>
<b>Telephone Number</b>	<u>(909) 809-9348</u>
<b>Contract Term</b>	<u>July 1, 2025 through June 30, 2030</u>
<b>Original Contract Amount</b>	<u>\$11,832,480</u>
<b>Amendment Amount</b>	<u>N/A</u>
<b>Total Contract Amount</b>	<u>\$11,832,480</u>
<b>Cost Center</b>	<u>9209161000</u>
<b>Grant Number (if applicable)</b>	<u>N/A</u>

**Amendment No. 1**

This Amendment is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Amethyst Behavioral Health, LLC referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

IN THAT CERTAIN **Contract No. 25-509** ("Contract") by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Amethyst Behavioral Health, LLC, which Contract first became effective July 1, 2025, the following changes are hereby made and agreed to, effective upon execution:

- I. The REFERENCED CONTRACT PROVISIONS of the Contract are replaced with the REFERENCED CONTRACTS PROVISION attached to this Amendment.
- II. Addendum I – DESCRIPTION OF PROGRAM SERVICES, ARTICLE V FACILITY LOCATIONS, NUMBER OF BEDS, STAFFING, paragraph B, is hereby amended to read as follows:
  - B. The maximum number of beds for this contract is 18 beds located between the following facilities:

<b>ADDRESS</b>
921 Tribune Street Redlands, CA 92374 (909) 809-9293
923 Tribune Street Redlands, CA 92374 (909) 809-9293
925 Tribune Street Redlands, CA 92374 (909) 809-9293
514 Hartzell Ave. Redlands, CA 92374 (909) 809-9293

- III. Schedules A and B for FY 2025/26-2029/30 of the Contract are hereby replaced with Schedules A and B for FY 2025/26-29/30 attached to this Amendment.
- IV. All other terms, conditions and covenants in the Contract 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]

SAN BERNARDINO COUNTY

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

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

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

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

Amethyst Behavioral Health, LLC

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

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

Name Cole O. Fry  
(Print or type name of person signing contract)

Title President  
(Print or Type)

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

Address 320 E. Union Ave.

Redlands, CA 92374

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
►  
Charles Phan, Supervising Deputy County  
Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
►  
Michael Shin, Administrative Manager  
Date \_\_\_\_\_

Reviewed/Approved by Department  
►  
Joshua Dugas, Acting Director  
Date \_\_\_\_\_

**REFERENCED CONTRACT PROVISIONS**

**Term:** July 1, 2025 through June 30, 2030, inclusive.

**Aggregate Maximum Obligation:** \$11,832,480

**Basis for Reimbursement:**

Fee for Service

**Payment/Reimbursement Rate:**

Max Per Diem, Per Bed

Including DBH bed holds/vacant hold/client occupied: \$360

**Notices to County and Contractor:**

COUNTY:           San Bernardino County  
                      Department of Behavioral Health  
                      303 East Vanderbilt Way  
                      San Bernardino, CA 92415-0026

CONTRACTOR:   Amethyst Behavioral Health, LLC  
                      320 E. Union Ave.  
                      Redlands, CA 92374  
                      (909) 809-9348

FACILITY LOCATIONS:

921 Tribune Street Redlands, CA 92374 (909) 809-9293	923 Tribune Street Redlands, CA 92374 (909) 809-9293
925 Tribune Street Redlands, CA 92374 (909) 809-9293	514 Hartzell Ave. Redlands, CA 92374 (909) 809-9293

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

NEGOTIATED RATE AMOUNT  
PLANNING ESTIMATES  
SCHEDULE A

Contractor Name: Amethyst Behavioral Health, LLC  
Contract #: 25-509 A1  
Address: 921,923,925 Tribune/514 Hartzell Ave  
City, State, Zip Code: Redland, CA 92374  
Legal Entity No.: 85-1722472  
Date: 5/14/2025  
Updated

Prepared by: Sandra Richardson  
Title: Chief Administration Officer

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

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
<b>EXPENSES</b>						
1	SALARIES		-	-	1,237,340	1,237,340
2	BENEFITS		-	-	49,200	49,200
	TOTAL SALARIES AND BENEFITS		-	-	1,286,540	1,286,540
3	OPERATING EXPENSES		-	-	1,079,956	1,079,956
4	TOTAL EXPENSES (1+2+3)	-	-	-	2,366,496	2,366,496
<b>AGENCY REVENUES</b>						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	2,366,496	2,366,496
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				18	18
14	TOTAL CLIENT DAYS (11 * 13)		-	-	6,570	6,570
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	131,472	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	10,956	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	360.00	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	131,472	131,472
19	TOTAL AMOUNT (11*13*17)		-	-	2,365,200.00	2,365,200
<b>FUNDING:</b>						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	2,365,200	2,365,200
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	2,365,200	2,365,200

APPROVED:

Sandra Richardson 10/27/2025 Thelma Rodriguez 10/30/2025 Jennifer Pacheco 10/30/2025  
Sandra Richardson (Oct 27, 2025 11:34:30 PDT) Thelma Rodriguez (Oct 30, 2025 15:22:05 PDT) Jennifer Pacheco (Oct 30, 2025 15:22:05 PDT)  
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Sandra Richardson Thelma Rodriguez Jennifer Pacheco  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)



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

Contractor Name: Amethyst Behavioral Health, LLCContract #: 25-509 A1Address: 921,923,925 Tribune/514 Hartzell AveCity, State, Zip Code: Redland, CA 92374Contract Form Completed: 5/14/2025

Updated \_\_\_\_\_

Prepared by: Sandra Richardson  
Title: CEO

**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.**

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST	
1			100%	\$0	
2			100%	\$0	
3	Leases-4 houses+1 Office	\$ 402,000	100%	0%	\$402,000
4	Site utilities/Repair and Maintenance/Furniture/Equipment	\$ 75,000	100%	0%	\$75,000
5	Liability/Workmans Comp/Auto/Licenses/Attorney	\$ 90,000	100%	0%	\$90,000
6	General transportation	\$ 20,000	100%	0%	\$20,000
7	Contract Labor/OT	\$ 65,000	100%	0%	\$65,000
8	IT/Office Supplies/Computers & Equipment	\$ 40,000	100%	0%	\$40,000
9			100%	\$0	
10	Indirect Costs	\$ 88,545	100%	0%	\$88,545
11	Direct Costs	\$ 299,411	100%	0%	\$299,411
<b>SUBTOTAL B:</b>		\$1,079,956			\$1,079,956
<b>GROSS COSTS TOTAL A + B:</b>		\$2,366,496			\$2,366,496

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

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921,923,925 Tribune/514 Hartzell Ave  
 City, State, Zip Code: Redland, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated: \_\_\_\_\_

Prepared by: Sandra Richardson  
 Title: Chief Administration Officer

**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.**

ITEM		Justification of Cost
1.		
2.		
3.	Leases-4 houses+1 Office	921, 923, 925 Tribune (Amethyst- Tribune), 320 E Union Ave (Office Space), 98 Herald St. (Amethyst-Herald)
4.	Site utilites/Repair and Maintenance/Furniture/Equipment	Electricity/Water/Trash/Maintenance Services//Maintenance and Repair of Physical Site/Furniture
5.	Liability/Workmans Comp/Auto/Licenses/Attorney	Workmans Comp/Professional Liability Insurance/
6.	General transportation	Car Repairs/Maintenance/Gas/Registration/Car Payment/Insurance
7.	Contract Labor/OT	Contract Labor-Attorney/Accountant and Overtime for Staff
8.	IT/Office Supplies/Computers & Equipment	Laptops/Desktops/Services/Internet/Upkeep/Replacement/Additional/Cell Phones/Memberships
9.		
10.	Indirect Costs	HR/Paychecks/CPA/Etc.
11.	Direct Costs	Resident care supplies, transportation costs for resident outings, meals and snacks provided to residents, and costs related to resident activities. Fixtures, furniture, equipment, and supplies. Recreational equipment, supplies for daily group, etc.

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

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921,923,925 Tribune/514 Hartzell Ave  
 City, State, Zip Code: Redland, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated

<i>Client Service Projections for: July 1, 2025 to June 30, 2026</i>													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	TOTAL
<b>Unduplicated Clients Served</b>	18	18	18	18	18	18	18	18	18	18	18	18	216
<b>Projected Bed Days</b>	548	548	548	548	548	548	548	548	548	548	548	548	6,570

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
NEGOTIATED RATE AMOUNT  
PLANNING ESTIMATES  
SCHEDULE A**

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Legal Entity No.: 85-1722472  
 Date: 5/14/2025  
 Updated

Prepared by: Sandra Richardson  
 Title: Chief Administrative Officer

**FY 2026-2027**  
 July 1, 2026 to June 30, 2027

**Adult Residential Facilities with Social Rehabilitation Treatment Services**

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
<b>EXPENSES</b>						
1	SALARIES				1,237,340	1,237,340
2	BENEFITS				49,200	49,200
	TOTAL SALARIES AND BENEFITS				1,286,540	1,286,540
3	OPERATING EXPENSES				1,079,956	1,079,956
4	TOTAL EXPENSES (1+2+3)	-			2,366,496	2,366,496
<b>AGENCY REVENUES</b>						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	2,366,496	2,366,496
<b>CONTRACT INFORMATION</b>						
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				18	18
14	TOTAL CLIENT DAYS (11 * 13)		-	-	6,570	6,570
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	131,472	
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18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	131,472	131,472
19	TOTAL AMOUNT (11*13*17)		-	-	2,365,200	2,365,200
<b>FUNDING:</b>						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	2,365,200	2,365,200
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	2,365,200	2,365,200

APPROVED:

<u>Sandra Richardson</u> Sandra Richardson (Oct 27, 2025 11:24:40 PDT)	10/27/2025	<u>Thelma Rodriguez</u> Thelma Rodriguez	10/30/2025	<u>Jennifer Pacheco</u> Jennifer Pacheco (Oct 30, 2025 15:21:24 PDT)	10/30/2025
PROVIDER AUTHORIZED SIGNATURE & DATE		DBH FISCAL SERVICES SIGNATURE & DATE		PROGRAM MANAGER SIGNATURE & DATE	
Sandra Richardson		Thelma Rodriguez		Jennifer Pacheco	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		PROGRAM MANAGER (PRINT NAME)	



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

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated \_\_\_\_\_

Prepared by: Sandra Richardson  
 Title: CEO

**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.**

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH		TOTAL DBH COST
1 Leases - 4 Houses+1 Office	\$402,000	100.00%	0.00%	\$402,000
2 Site Utilities/Repair and Maintainance/Furniture/Equipment	\$75,000	100.00%	0.00%	\$75,000
3 Liability/Workmans Comp/Auto/Licenses/Attorney	\$90,000	100.00%	0.00%	\$90,000
4 General Transportation	\$20,000	100.00%	0.00%	\$20,000
5 Contract Labor/OT	\$65,000	100.00%	0.00%	\$65,000
6 IT/Office Supplies/Computers & Equipment	\$40,000	100.00%	0.00%	\$40,000
7 Indirect Costs	\$88,545	100.00%	0.00%	\$88,545
8 Direct Costs	\$299,411	100.00%	0.00%	\$299,411
9		100.00%	0.00%	\$0
10		100.00%	0.00%	\$0
11		100.00%	0.00%	\$0
<b>SUBTOTAL B:</b>	\$1,079,956			\$1,079,956
<b>GROSS COSTS TOTAL A + B:</b>	\$2,366,496			\$2,366,496

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

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 Updated: \_\_\_\_\_

Prepared by: Sandra Richardson  
 Title: Chief Administrative Officer

**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.**

ITEM		Justification of Cost
1.	Leases - 4 Houses+1 Office	921, 923, 925 Tribune (Amethyst-Tribune), 320 E Union Ave (Office), 938 Herald St. (Amethyst-Herald)
2.	Site Utilities/Repair and Maintainance/Furniture/Equipment	Electricity/Water/Trash/Maintenance Services//Maintnence and Repair of Physical Site/Furniture
3.	Liability/Workmans Comp/Auto/Licenses/Attorney	Workmans Comp/Professional Liability Insurance/
4.	General Transportation	Car Repairs/Maintanance/Gas/Registration/Car Payment/Insurance
5.	Contract Labor/OT	Contract Labor-Attorney/Accountant and Overtime for Staff
6.	IT/Office Supplies/Computers & Equipment	Laptops/Desktops/Services/Internet/Upkeep/Replacement/Additional/Cell Phones/Memberships
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9.		
10.		
11.		

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

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<b>Unduplicated Clients Served</b>	18	18	18	18	18	18	18	18	18	18	18	18	216
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**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
NEGOTIATED RATE AMOUNT  
PLANNING ESTIMATES  
SCHEDULE A  
FY 2027-2028  
July 1, 2027 to June 30, 2028**

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Legal Entity No.: 85-1722472  
 Date 5/14/2025

Prepared by: Sandra Richardson  
 Title: Chief Administrative Officer

Updated

**Adult Residential Facilities with Social Rehabilitation Treatment Services**

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
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3	OPERATING EXPENSES		-	-	1,079,956	1,079,956
4	TOTAL EXPENSES (1+2+3)	-	-	-	2,366,496	2,366,496
<b>AGENCY REVENUES</b>						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	2,366,496	2,366,496
11	CONTRACT DAYS				366	366
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				18	18
14	TOTAL CLIENT DAYS (11 * 13)		-	-	6,588	6,570
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	131,472	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	10,956	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	360.00	
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19	TOTAL AMOUNT (11*13*17)		-	-	2,371,680	2,371,680
<b>FUNDING:</b>						
20	MEDI-CAL	Mix %				-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	2,371,680	2,371,680
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	2,371,680	2,371,680

APPROVED: Sandra Richardson 10/27/2025 Thelma Rodriguez 10/30/2025 Jennifer Pacheco 10/30/2025  
Sandra Richardson (Oct 27, 2025 11:28:22 PDT) Thelma Rodriguez (Oct 30, 2025 15:25:06 PDT) Jennifer Pacheco (Oct 30, 2025 15:25:06 PDT)  
 PROVIDER AUTHORIZED SIGNATURE & DATE      DBH FISCAL SERVICES SIGNATURE & DATE      PROGRAM MANAGER SIGNATURE & DATE

Sandra Richardson      Thelma Rodriguez      Jennifer Pacheco  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME)      DBH FISCAL SERVICES (PRINT NAME)      PROGRAM MANAGER (PRINT NAME)



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

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Prepared by: Sandra Richardson  
 Title: CEO

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3	Liability/Workmans Comp /Auto/Licenses/ Attorney	\$ 90,000	100.00%	0.00%	\$90,000
4	General Transportation	\$ 20,000	100.00%	0.00%	\$20,000
5	Contract Labor/OT	\$ 65,000	100.00%	0.00%	\$65,000
6	IT/Office Supplies/Computers & Equipment	\$ 40,000	100.00%	0.00%	\$40,000
7	Indirect Costs	\$ 88,545	100.00%	0.00%	\$88,545
8	Direct Costs	\$ 299,411	100.00%	0.00%	\$299,411
9				100.00%	\$0
10				100.00%	\$0
11				100.00%	\$0
<b>SUBTOTAL B:</b>		\$1,079,956			\$1,079,956
<b>GROSS COSTS TOTAL A + B:</b>		\$2,366,496			\$2,366,496

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

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated: \_\_\_\_\_

Prepared by: Sandra Richardson  
 Title: Chief Administrative Officer

**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.

ITEM		Justification of Cost
1.	Leases - 4 Houses+1 Office	921, 923, 925 Tribune (Amethyst-Tribune), 320 E Union Ave (Office), 938 Herald St. (Amethyst-Herald)
2.	Site Utilities/Repair and Maintainance/ Furniture/Equipment	Electricity/Water/Trash/Maintenance Services//Maintnence and Repair of Physical Site/Furniture
3.	Liability/Workmans Comp /Auto/Licenses/ Attorney	Workmans Comp/Professional Liability Insurance/
4.	General Transportation	Car Repairs/Maintanence/Gas/Registration/Car Payment/Insurance
5.	Contract Labor/OT	Contract Labor-Attorney/Accountant and Overtime for Staff
6.	IT/Office Supplies/Computers & Equipment	Laptops/Desktops/Services/Internet/Upkeep/Replacement/Additional/Cell Phones/Memberships
7.	Indirect Costs	HR/Paychecks/CPA/Etc.
8.	Direct Costs	Resident care supplies, transportation costs for resident outings, meals and snacks provided to residents, and costs related to resident activities. Fixtures, furniture, equipment, and supplies. Recreational equipment, supplies for daily group, etc.
9.		
10.		
11.		

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

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated

<b>Client Service Projections for: July 1, 2027 to June 30, 2028</b>													
	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28	Feb-28	Mar-28	Apr-28	May-28	Jun-28	TOTAL
<b>Unduplicated Clients Served</b>	18	18	18	18	18	18	18	18	18	18	18	18	216
<b>Projected Bed Days</b>	549	549	549	549	549	549	549	549	549	549	549	549	6,588

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Legal Entity No.: 85-1722472  
 Date: 5/14/2025  
 Updated

Prepared by: Sandra Richardson  
 Title: Chief Administrative Officer

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE #	MODE OF SERVICE SERVICE FUNCTION		05 20-29	05 40-49	05 65-79	
<b>EXPENSES</b>						
1	SALARIES		-	-	1,237,340	1,237,340
2	BENEFITS		-	-	49,200	49,200
	TOTAL SALARIES AND BENEFITS		-	-	1,286,540	1,286,540
3	OPERATING EXPENSES		-	-	1,079,956	1,079,956
4	TOTAL EXPENSES (1+2+3)	-	-	-	2,366,496	2,366,496
<b>AGENCY REVENUES</b>						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	2,366,496	2,366,496
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				18	18
14	TOTAL CLIENT DAYS (11 * 13)		-	-	6,570	6,570
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	131,472	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	10,956	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	360.00	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	131,472	131,472
19	TOTAL AMOUNT (11*13*17)		-	-	2,365,200	2,365,200
<b>FUNDING:</b>						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	2,365,200	2,365,200
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	2,365,200	2,365,200

APPROVED:

<u>Sandra Richardson</u> Sandra Richardson (Oct 27, 2025 12:24:51 PDT)	10/27/2025	<u>Thelma Rodriguez</u> Thelma Rodriguez	10/30/2025	<u>Jennifer Pacheco</u> Jennifer Pacheco (Oct 30, 2025 15:22:38 PDT)	10/30/2025
PROVIDER AUTHORIZED SIGNATURE & DATE		DBH FISCAL SERVICES SIGNATURE & DATE		PROGRAM MANAGER SIGNATURE & DATE	
Sandra Richardson		Thelma Rodriguez		Jennifer Pacheco	
PROVIDER AUTHORIZED SIGNER (PRINT NAME)		DBH FISCAL SERVICES (PRINT NAME)		PROGRAM MANAGER (PRINT NAME)	



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2028-2029  
July 1, 2028 to June 30, 2029

Prepared by: Sandra Richardson  
Title: CEO

Contractor Name: Amethyst Behavioral Health, LLC  
Contract #: 25-509 A1  
Address: 921, 923, 925 Tribune St/514 Hartzell  
City, State, Zip Code: Redlands, CA 92374  
Date Form Completed: 5/14/2025  
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.

ITEM	TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1 Leases - 4 Houses+1 Office	\$ 402,000	100.00%	0.00%	\$402,000
2 Site Utilities/Repair and Maintainance/Furniture/Equipment	\$ 75,000	100.00%	0.00%	\$75,000
3 Liability/Workmans Comp/Auto/Licenses/Attorney	\$ 90,000	100.00%	0.00%	\$90,000
4 General Transportation	\$ 20,000	100.00%	0.00%	\$20,000
5 Contract Labor/OT	\$ 65,000	100.00%	0.00%	\$65,000
6 IT/Office Supplies/Computers & Equipment	\$ 40,000	100.00%	0.00%	\$40,000
7 Indirect Costs	\$ 88,545	100.00%	0.00%	\$88,545
8 Direct Costs	\$ 299,411	100.00%	0.00%	\$299,411
9			100.00%	\$0
10			100.00%	\$0
11			100.00%	\$0
<b>SUBTOTAL B:</b>	\$1,079,956			\$1,079,956
<b>GROSS COSTS TOTAL A + B:</b>	\$2,366,496			\$2,366,496

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2028-2029  
July 1, 2028 to June 30, 2029

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated \_\_\_\_\_

Prepared by: Sandra Richardson  
 Title: Chief Administrative Officer

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.

ITEM		Justification of Cost
1.	Leases - 4 Houses+1 Office	921, 923, 925 Tribune (Amethyst-Tribune), 320 E Union Ave (Office), 938 Herald St. (Amethyst-Herald)
.2	Site Utilities/Repair and Maintainance/Furniture/Equipment	Electricity/Water/Trash/Maintenance Services//Maintnence and Repair of Physical Site/Furniture
3.	Liability/Workmans Comp/Auto/Licenses/Attorney	Workmans Comp/Professional Liability Insurance/
4.	General Transportation	Car Repairs/Maintenance/Gas/Registration/Car Payment/Insurance
5.	Contract Labor/OT	Contract Labor-Attorney/Accountant and Overtime for Staff
6.	IT/Office Supplies/Computers & Equipment	Laptops/Desktops/Services/Intemet/Upkeep/Replacement/Additional/Cell Phones/Memberships
7.	Indirect Costs	HR/Paychecks/CPA/Etc.
8.	Direct Costs	Resident care supplies, transportation costs for resident outings, meals and snacks provided to residents, and costs related to resident activities. Fixtures, fumiture, equipment, and supplies. Recreational equipment, supplies for daily group, etc.
9.		
10.		
11.		

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SCHEDULE B  
 FY 2028-2029  
 July 1, 2028 to June 30, 2029

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated

<i>Client Service Projections for: July 1, 2028 to June 30, 2029</i>													
	Jul-28	Aug-28	Sep-28	Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29	Apr-29	May-29	Jun-29	TOTAL
<b>Unduplicated Clients Served</b>	18	18	18	18	18	18	18	18	18	18	18	18	216
<b>Projected Bed Days</b>	548	548	548	548	548	548	548	548	548	548	548	548	6,570

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 NEGOTIATED RATE AMOUNT  
 PLANNING ESTIMATES  
 SCHEDULE A  
 FY 2029-2030  
 July 1, 2029 to June 30, 2030

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Legal Entity No.: 85-1722472  
 Date: 5/14/2025  
 Updated

Prepared by: Sandra Richardson  
 Title: Chief Administrative Officer

Adult Residential Facilities with Social Rehabilitation Treatment Services

100.00%	DISTRIBUTION		0.00%	0.00%	100.00%	
LINE	MODE OF SERVICE		05	05	05	TOTAL
#	SERVICE FUNCTION		20-29	40-49	65-79	
<b>EXPENSES</b>						
1	SALARIES		-	-	1,237,340	1,237,340
2	BENEFITS		-	-	49,200	49,200
	TOTAL SALARIES AND BENEFITS		-	-	1,286,540	1,286,540
3	OPERATING EXPENSES		-	-	1,079,956	1,079,956
4	TOTAL EXPENSES (1+2+3)	-	-	-	2,366,496	2,366,496
<b>AGENCY REVENUES</b>						
5	PATIENT FEES					-
6	PATIENT INSURANCE					-
7	MEDI-CARE					-
8	GRANTS/OTHER					-
9	TOTAL AGENCY REVENUES (5+6+7+8)	-	-	-	-	-
10	CONTRACT AMOUNT (4-9)	-	-	-	2,366,496	2,366,496
11	CONTRACT DAYS		365	365	365	1,095
12	CONTRACT MONTHS				12	12
13	NUMBER OF BEDS				18	18
14	TOTAL CLIENT DAYS (11 * 13)		-	-	6,570	6,570
15	ANNUAL AMOUNT PER BED (10 / 13)		-	-	131,472	
16	MONTHLY AMOUNT PER BED (15 / 12)		-	-	10,956	
17	*NEGOTIATED DAILY BED RATE (10 / 14)		-	-	360.00	
18	TOTAL MONTHLY AMOUNT (16 * 13)		-	-	131,472	131,472
19	TOTAL AMOUNT (11*13*17)		-	-	2,365,200	2,365,200
<b>FUNDING:</b>						
		Mix %				
20	MEDI-CAL					-
21	PATH					-
22	SAMSHA					-
23	MHSA (Non-Medi-Cal)	100%	-	-	2,365,200	2,365,200
24	MHSA MATCH					-
25	1991 REALIGNMENT					-
26	OTHER:					-
	TOTAL FUNDING		-	-	2,365,200	2,365,200

APPROVED: Sandra Richardson 10/27/2025 Thelma Rodriguez 10/30/2025 Jennifer Pacheco 10/30/2025  
Sandra Richardson (Oct 27, 2025 13:36:01 PDF) Thelma Rodriguez (Oct 30, 2025 14:46:03 PDF) Jennifer Pacheco (Oct 30, 2025 14:46:03 PDF)  
 PROVIDER AUTHORIZED SIGNATURE & DATE DBH FISCAL SERVICES SIGNATURE & DATE PROGRAM MANAGER SIGNATURE & DATE

Sandra Richardson Thelma Rodriguez Jennifer Pacheco  
 PROVIDER AUTHORIZED SIGNER (PRINT NAME) DBH FISCAL SERVICES (PRINT NAME) PROGRAM MANAGER (PRINT NAME)



SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B

FY 2029-2030  
July 1, 2029 to June 30, 2030

Contractor Name: Amethyst Behavioral Health, LLC  
Contract #: 25-509 A1  
Address: 921, 923, 925 Tribune St/514 Hartzell  
City, State, Zip Code: Redlands, CA 92374  
Date Form Completed: 5/14/2025  
Updated \_\_\_\_\_

Prepared by: Sandra Richardson  
Title: CEO

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.

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11			100.00%	\$0
<b>SUBTOTAL B:</b>	\$1,079,956			\$1,079,956
<b>GROSS COSTS TOTAL A + B:</b>	\$2,366,496			\$2,366,496

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2029-2030  
July 1, 2029 to June 30, 2030

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated: \_\_\_\_\_

Prepared by: Sandra Richardson  
 Title: Chief Administrative Officer

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.

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3.	Liability/Workmans Comp/Auto/Licenses/Attorney	Workmans Comp/Professional Liability Insurance/
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9.		
10.		
11.		

**SAN BERNARDINO COUNTY**  
**DEPARTMENT OF BEHAVIORAL HEALTH**  
**SCHEDULE B**  
**FY 2029-2030**  
**July 1, 2029 to June 30, 2030**

Contractor Name: Amethyst Behavioral Health, LLC  
 Contract #: 25-509 A1  
 Address: 921, 923, 925 Tribune St/514 Hartzell  
 City, State, Zip Code: Redlands, CA 92374  
 Date Form Completed: 5/14/2025  
 Updated

<i>Client Service Projections for: July 1, 2029 to June 30, 2030</i>													
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<b>Projected Bed Days</b>	548	548	548	548	548	548	548	548	548	548	548	548	6,570