



**Contract Number**

**20-1138 A-2**

**SAP Number**

## Department of Behavioral Health

<b>Department Contract Representative</b>	<u>Amanda Figueroa</u>
<b>Telephone Number</b>	<u>(909) 388-0859</u>
<b>Contractor</b>	<u>Rim Family Services</u>
<b>Contractor Representative</b>	<u>Claudia Barbosa</u>
<b>Telephone Number</b>	<u>(909) 252-8392</u>
<b>Contract Term</b>	<u>January 1, 2021 through December 31, 2027</u>
<b>Original Contract Amount</b>	<u>\$1,100,000</u>
<b>Amendment Amount</b>	<u>\$ 300,000</u>
<b>Total Contract Amount</b>	<u>\$1,400,000</u>
<b>Cost Center</b>	<u>9203372200</u>
<b>Grant Number (if applicable)</b>	<u>N/A</u>

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 2**

San Bernardino County (County) and Rim Family Services (Contractor) hereby agree to amend Contract No. 20-1138 as follows:

- I. 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.
- II. ARTICLE III. Performance, paragraph F, is 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.

- III. ARTICLE IV. Funding and Budgetary Restrictions, paragraph H, is hereby amended to read as follows:
  - H. The contract amendment amount of \$300,000 shall increase the total contract amount from \$1,100,000 to \$1,400,000 for the contract term.
- IV. ARTICLE XIII. Duration and Termination, paragraph A, is hereby amended to read as follows:
  - A. The term of this Agreement shall be from January 1, 2021, through December 31, 2027, inclusive.
- V. ARTICLE XVIII. Licensing, Certification and Accreditation, paragraph G.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>.
- VI. SCHEDULE A Planning Estimates FY 2026-27 through 2027-28 and SCHEDULE B Program Budget FY 2026-27 through 2027-28 are hereby added as attached.
- VII. ATTACHMENT III Campaign Contribution Disclosure (SB 1439) is hereby removed and replaced with Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) as attached.
- VIII. All other terms, conditions and covenants in the basic agreement 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

► \_\_\_\_\_  
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  
of San Bernardino County

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

Rim Family Services, Inc.

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

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

Name Joscelyn Field  
*(Print or type name of person signing contract)*

Title Executive Director  
*(Print or Type)*

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

Address 28545 Highway 18  
Skyforest, CA 92385

**FOR COUNTY USE ONLY**

Approved as to Legal Form

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

Date \_\_\_\_\_

Reviewed for Contract Compliance

► \_\_\_\_\_  
Michael Shin, Administrative Manager

Date \_\_\_\_\_

Reviewed/Approved by Department

► \_\_\_\_\_  
Joshua Dugas, Acting Director

Date \_\_\_\_\_

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
PREVENTION AND EARLY INTERVENTION

Actual Cost Contract (cost reimbursement)

Contractor Name:	Rim Family Services
Region	Mountain
Contract #	20-1138
Address:	28545 Highway 18 Skyforest, CA 92385
Date Form Completed:	5/5/2026
Updated	

Prepared by: Michele Hunt  
Title: Finance Director

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

Date Form Completed: 5/5/2026  
Updated

PEI County Program: OLDER ADULT COMMUNITY SERVICES							TOTAL
State Defined Program: PREVENTION							
Distribution		1.00%	1.00%	40.00%	58.00%		
#	COMPONENTS	Mode 15 Early Intervention Services		Mode 45 Prevention Services			
		Case Management 01-09	Mental Health Services 10-19; 30-38; 40-48; 50-57	Mental Health Promotion 10-19	Community Client Services 20-29		
1	EXPENSES						
2	SALARIES	\$ 1,159	\$ 1,159	\$ 46,361	\$ 67,224	\$ 115,903	
3	BENEFITS	\$ 301	\$ 301	\$ 12,054	\$ 17,478	\$ 30,134	
4	(2+3 must equal total staffing costs)	\$ 1,460	\$ 1,460	\$ 58,415	\$ 84,701	\$ 146,037	
5	OPERATING EXPENSES	\$ 514	\$ 3,015	\$ 20,585	\$ 29,849	\$ 53,963	
6	TOTAL EXPENSES (2+3+5)	\$ 1,974	\$ 4,475	\$ 79,000	\$ 114,550	\$ 200,000	
7	AGENCY REVENUES						
8	PATIENT FEES					\$ -	
9	PATIENT INSURANCE					\$ -	
10	GRANTS/OTHER					\$ -	
11	TOTAL AGENCY REVENUES (8+9+10)	\$ -	\$ -	\$ -	\$ -	\$ -	
12	CONTRACT AMOUNT (6-11)	\$ 1,974	\$ 4,475	\$ 79,000	\$ 114,550	\$ 200,000	
13	FUNDING						
14	MHSA	\$ 1,974	\$ 4,475	\$ 79,000	\$ 114,550	\$ 200,000	
15	TOTAL FUNDING	\$ 1,974	\$ 4,475	\$ 79,000	\$ 114,550	\$ 200,000	
17	TARGET COST PER UNIT OF SERVICE (Minutes)	\$ 0.71	\$ 1.60				
18	UNITS OF TIME (Minutes)	\$ 2,796	\$ 2,796				
19	UNDUPLICATED PARTICIPANTS						
20	TOTAL UNDUPLICATED PARTICIPANTS	6	4	118	450	0	
21	COST PER UNDUPLICATED PARTICIPANT	\$ 329.06	\$ 1,118.84	\$ 669.49	\$ 254.56	\$ -	
22	SERVICES						
23	TOTAL SERVICES	18	25	118	2,510	2,671	
24	COST PER TOTAL SERVICES	\$ 109.69	\$ 179.01	\$ 669.49	\$ 45.64	\$ 74.88	

APPROVED:

<i>Joscelyn Field</i>	13/05/2026	<i>Thelma Rodriguez</i>	13/05/2026	<i>Jeanine Wymer</i>	13/05/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Joscelyn Field		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: Michele Hunt  
Title: Finance Director

Contractor Name: Rim Family Services  
Region Mountain  
Contract # 20-1138  
Address: 28545 Highway 18  
Skyforest, CA 92385  
Date Form Completed: 5/5/2026  
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	Budget Revision	
						Request Change	Revised Budget
1 ProWellness Sub Contract	\$2,500	0%	\$0	100%	\$2,500	0	2,500
2 Education / Training	\$1,000	0%	\$0	100%	\$1,000		1,000
3 Mileage	\$3,700	0%	\$0	100%	\$3,700		3,700
4 Office Supplies	\$1,200	0%	\$0	100%	\$1,200		1,200
5 Utilities	\$2,100	0%	\$0	100%	\$2,100		2,100
6 Program Supplies	\$3,177	0%	\$0	100%	\$3,177		3,177
7 Food	\$1,200	0%	\$0	100%	\$1,200		1,200
8 Rent	\$13,000	0%	\$0	100%	\$13,000		13,000
9 Allocated Admin	\$26,086	0%	\$0	100%	\$26,086		26,086
10		0%	\$0	100%	\$0		0
11		0%	\$0	100%	\$0		0
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$53,963		\$0		\$53,963	0	53,963
<b>GROSS TOTAL STAFFING AND OPERATING COSTS</b>					\$200,000		

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2026 - 2027

Contractor Name: Rim Family Services  
 Region: Mountain  
 Contract #: 20-1138  
 Address: 28545 Highway 18  
Skyforest, CA 92385  
 Date Form Completed: 5/5/2026  
 Updated: \_\_\_\_\_

Prepared by: Michele Hunt  
 Title: Finance Director

**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 ProWellness Sub Contract	Costs include therapy services provided by ProWellness subcontracted. Billed at \$100.00 per session.
2 Education / Training	Costs include initial and ongoing training of staff, PEARLS, AgeSafe America, etc.
3 Mileage	Mileage reimbursement for working with clients and attending meetings. Reimbursement rate according to the IRS guidelines.
4 Office Supplies	Office supplies purchased specifically for the program., i.e. Binders, folders, pens, business cards, stationary, postage, etc.
5 Utilities	Costs to reimburse employee usage of personal cell phones at set rate per Agency policies approved by RFS Board of Directors.
6 Program Supplies	Costs include manuals, activity supplies, materials specific to the program, etc.
7 Food	Costs include food for program groups, events, etc.
8 Rent	Cost of program specific rental space.
9 Allocated Admin	Costs include indirect administrative costs not identified by any one program. These cost include such expenses as: Accounting, maintenance, utilities, insurance, indirect administrative payroll costs, etc.
10	
11	
12	
13	
14	
15	

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

**Contractor Name:** Rim Family Services  
**Region:** Mountain  
**Contract #:** 20-1138  
**Address:** 28545 Highway 18  
Skyforest, CA 92385  
**Date Form Completed:** 5/5/2026  
**Updated**

Year to Date Unduplicated Participant Count				
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
6	4	118	450	

**PEI County Program: OLDER ADULT COMMUNITY SERVICES  
State Defined Program: PREVENTION**

Service Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	1	1	1	1	1	1	2	2	2	2	2	2	18
	Mental Health Services	2	2	2	2	2	2	2	2	2	2	2	3	25
Mental Health Promotion		10	10	10	10	10	9	9	10	10	10	10	10	118
Community Client Services		210	210	209	209	209	209	209	209	209	209	209	209	2510
<b>TOTAL</b>		223	223	222	222	222	221	222	223	223	223	223	224	2671
Hours Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	4	4	4	4	4	4	4	4	4	4	4	4	47
	Mental Health Services	4	4	4	4	4	4	4	4	4	4	4	4	47
Mental Health Promotion		155	155	155	155	155	155	155	155	155	155	155	155	1,864
Community Client Services		225	225	225	225	225	225	225	225	225	225	225	225	2,702
<b>TOTAL</b>		388	388	388	388	388	388	388	388	388	388	388	388	4,659
Cost Projections for:		Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	TOTAL
Early Intervention Services	Case Management	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 1,974
	Mental Health Services	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 4,475
Mental Health Promotion		\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 79,000
Community Client Services		\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 114,550
<b>TOTAL</b>		\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 200,000

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
PREVENTION AND EARLY INTERVENTION

Actual Cost Contract (cost reimbursement)

Contractor Name: Rim Family Services  
Region: Mountain  
Contract #: 20-1138  
Address: 28545 Highway 18  
Skyforest, CA 92385  
Date Form Completed: 5/5/2026  
Updated:

Prepared by: Michele Hunt  
Title: Finance Director

FY 2027 - 2028  
July 1, 2027 to December 31, 2027

PEI County Program: OLDER ADULT COMMUNITY SERVICES							TOTAL
State Defined Program: PREVENTION							
Distribution		1.00%	1.00%	40.00%	58.00%		
#	COMPONENTS	Mode 15		Mode 45			
		Early Intervention Services		Prevention Services			
		Case Management 01-09	Mental Health Services 10-19; 30-38; 40-48; 50-57	Mental Health Promotion 10-19	Community Client Services 20-29		
1	EXPENSES						
2	SALARIES	\$ 584	\$ 584	\$ 23,377	\$ 33,897	\$ 58,444	
3	BENEFITS	\$ 152	\$ 152	\$ 6,078	\$ 8,813	\$ 15,195	
4	(2+3 must equal total staffing costs)	\$ 736	\$ 736	\$ 29,455	\$ 42,710	\$ 73,639	
5	OPERATING EXPENSES	\$ 251	\$ 1,551	\$ 10,024	\$ 14,535	\$ 26,361	
6	TOTAL EXPENSES (2+3+5)	\$ 987	\$ 2,287	\$ 39,479	\$ 57,245	\$ 100,000	
7	AGENCY REVENUES						
8	PATIENT FEES					\$ -	
9	PATIENT INSURANCE					\$ -	
10	GRANTS/OTHER					\$ -	
11	TOTAL AGENCY REVENUES (8+9+10)	\$ -	\$ -	\$ -	\$ -	\$ -	
12	CONTRACT AMOUNT (6-11)	\$ 987	\$ 2,287	\$ 39,479	\$ 57,245	\$ 100,000	
13	FUNDING						
14	MHSA	\$ 987	\$ 2,287	\$ 39,479	\$ 57,245	\$ 100,000	
15	TOTAL FUNDING	\$ 987	\$ 2,287	\$ 39,479	\$ 57,245	\$ 100,000	
17	TARGET COST PER UNIT OF SERVICE (Minutes)	\$ 0.72	\$ 1.66				
18	UNITS OF TIME (Minutes)	\$ 1,379	\$ 1,379				
19	UNDUPLICATED PARTICIPANTS						
20	TOTAL UNDUPLICATED PARTICIPANTS	3	2	59	225	0	
21	COST PER UNDUPLICATED PARTICIPANT	\$ 329.13	\$ 1,143.69	\$ 669.14	\$ 254.42	\$ -	
22	SERVICES						
23	TOTAL SERVICES	9	13	60	1,258	1,340	
24	COST PER TOTAL SERVICES	\$ 109.71	\$ 175.95	\$ 657.99	\$ 45.51	\$ 74.63	

APPROVED:

<i>Joscelyn Field</i>	13/05/2026	<i>Thelma Rodriguez</i>	13/05/2026	<i>Jeanine Wymer</i>	13/05/2026
PROVIDER AUTHORIZED SIGNATURE	DATE	DBH FISCAL SERVICES	DATE	DBH PROGRAM MANAGER	DATE
Joscelyn Field		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 2027 - 2028

Prepared by: Michele Hunt  
Title: Finance Director

Contractor Name: Rim Family Services  
Region: Mountain  
Contract #: 20-1138  
Address: 28545 Highway 18  
Skyforest, CA 92385  
Date Form Completed: 5/5/2026  
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						Request Change	Revised Budget
1 ProWellness Sub Contract	\$1,300	0%	\$0	100%	\$1,300	0	1,300
2 Education / Training	\$500	0%	\$0	100%	\$500		500
3 Mileage	\$1,850	0%	\$0	100%	\$1,850		1,850
4 Office Supplies	\$268	0%	\$0	100%	\$268		268
5 Utilities	\$1,050	0%	\$0	100%	\$1,050		1,050
6 Program Supplies	\$1,250	0%	\$0	100%	\$1,250		1,250
7 Food	\$600	0%	\$0	100%	\$600		600
8 Rent	\$6,500	0%	\$0	100%	\$6,500		6,500
9 Allocated Admin	\$13,043	0%	\$0	100%	\$13,043		13,043
10		100%	\$0		\$0		0
11		100%	\$0		\$0		0
12		100%	\$0		\$0		0
13		100%	\$0		\$0		0
14		100%	\$0		\$0		0
15		100%	\$0		\$0		0
<b>SUBTOTAL B:</b>	\$26,361		\$0		\$26,361	0	26,361
<b>GROSS TOTAL STAFFING AND OPERATING COSTS</b>					\$100,000		

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2027 - 2028**

Contractor Name: Rim Family Services  
 Region: Mountain  
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 Address: 28545 Highway 18  
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5 Utilities	Costs to reimburse employee usage of personal cell phones at set rate per Agency policies approved by RFS Board of Directors.
6 Program Supplies	Costs include manuals, activity supplies, materials specific to the program, etc.
7 Food	Costs include food for program groups, events, etc.
8 Rent	Cost of program specific rental space.
9 Allocated Admin	Cost include indirect administrative costs not identified by any one program. These cost include such expenses as: Accounting, maintenance, utilities, insurance, indirect administrative payroll costs, etc.
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**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2027 - 2028**

July 1, 2027 to December 31, 2027

**Contractor Name:** Rim Family Services  
**Region:** Mountain  
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Skyforest, CA 92385  
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Year to Date Unduplicated Participant Count				
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
3	2	59	225	

**PEI County Program: OLDER ADULT COMMUNITY SERVICES  
State Defined Program: PREVENTION**

Service Projections for:		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
Early Intervention Services	Case Management	1	1	1	2	2	2							9
	Mental Health Services	2	2	2	3	2	2							13
Mental Health Promotion		10	10	10	10	10	10							60
Community Client Services		210	210	210	209	209	210							1258
<b>TOTAL</b>		223	223	223	224	223	224	0	0	0	0	0	0	1340
Hours Projections for:		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
Early Intervention Services	Case Management	4	4	4	4	4	4							23
	Mental Health Services	4	4	4	4	4	4							23
Mental Health Promotion		153	153	153	153	153	153							919
Community Client Services		222	222	222	222	222	222							1,333
<b>TOTAL</b>		383	383	383	383	383	383	0	0	0	0	0	0	2,298
Cost Projections for:		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
Early Intervention Services	Case Management	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165							\$ 987
	Mental Health Services	\$ 381	\$ 381	\$ 381	\$ 381	\$ 381	\$ 381							\$ 2,287
Mental Health Promotion		\$ 6,580	\$ 6,580	\$ 6,580	\$ 6,580	\$ 6,580	\$ 6,580							\$ 39,479
Community Client Services		\$ 9,541	\$ 9,541	\$ 9,541	\$ 9,541	\$ 9,541	\$ 9,541							\$ 57,245
<b>TOTAL</b>		\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000



## 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 pages. If a question does not apply respond N/A or Not Applicable.**

1. Name of Contractor: Rim Family Services
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: 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
N/A	

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
Prowellness Academy		

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):
Prowellness Academy		

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

Company Name	Individual(s) Name
N/A	

9. Was a campaign contribution, of more than \$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

Yes  If **yes**, please provide the contribution information in Question 11.

10. Has an agent of Contractor made a campaign contribution of any amount to any member of the San Bernardino County Board of Supervisors or other elected officer involved with this Contract while award of this Contract is being considered?

No

Yes  If **yes**, please provide the contribution information in Question 11.

11. Name of Board of Supervisor Member or other County elected officer: N/A

Name of Contributor: N/A

Date(s) of Contribution(s): N/A

Amount(s): N/A

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 acknowledges that agents are prohibited from making any campaign contributions, regardless of amount, to any member of the Board of Supervisors or other County elected officer involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County. Contractor understands that the other individuals and entities (excluding agents) 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 involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County.