

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



Contract Number

22-472 A-4

SAP Number

4400019558 – Total Contract

4400025546 – CFS Aggregate

Department of Behavioral Health

Department Contract Representative	<u>Nathaniel Rodriguez</u>
Telephone Number	<u>(909) 388-0861</u>
Contractor	<u>Inland Behavioral and Health Services, Inc.</u>
Contractor Representative	<u>Dr. Christine Bierdrager-Salley</u>
Telephone Number	<u>(909) 881-0111</u>
Contract Term	<u>July 1, 2022 through June 30, 2027</u>
Original Contract Amount	<u>\$1,685,950</u>
Amendment Amount	<u>\$0.00</u>
Total Contract Amount	<u>\$1,685,950</u>
Total Aggregate Contract Term	<u>July 1, 2022 through June 30, 2027</u>
Total Aggregate Amount – For Clients referred by CFS	<u>\$4,000,000</u>
Cost Center	<u>1018501000</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 4:

San Bernardino County (County) and Inland Behavioral and Health Services, Inc. (Contractor) hereby agree to amend Contract No. 22-472 as follows:

I. ARTICLE IV PERFORMANCE, paragraph D is hereby amended to read as follows:

D. Data Collection and Performance Outcome Requirements

Contractor shall maintain compliance with all applicable federal, state, and county laws, regulations, policies, and guidance, including but not limited to requirements issued by DBH and DHCS, including Behavioral Health Services Act (BHSA) requirements. Such requirements may be issued in draft or final form and may be updated or modified during the term of this Agreement. Contractor shall implement applicable changes within timeframes established by DBH.

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.

II. ARTICLE V FUNDING, paragraph K and L are hereby amended to read as follows:

K. The maximum financial obligation under this contract shall not exceed \$1,685,950 for the contract term.

Separately, the contract amendment amount of \$800,000 shall increase the total additional aggregate funding amount from \$3,200,000 to \$4,000,000 that may be applied (but not necessarily ensured) for any client referred from San Bernardino County Children and Family Services for fiscal years 2022-23, 2023-24, 2024-25, 2025-26, and 2026-27.

L. This amendment hereby adds Schedules A and B for FY 2026-27. All previously approved schedules remain in effect.

III. ARTICLE XXII LICENSING, CERTIFICATION AND ACCREDITATION, paragraph F.4 is hereby amended to read as follows:

F.4 Contractor shall certify or attest that no staff member, officer, director, partner or principal, or sub-contractor is “excluded” or “suspended” from any federal health care program, federally funded contract, state health care program or state funded contract. This certification shall be documented by completing the Attestation Regarding Ineligible/Excluded Persons (**ATTACHMENT II**) at time of the initial contract execution and annually thereafter. Contractor shall not certify or attest any excluded person working/contracting for its agency and acknowledges that the County shall not pay the Contractor for any excluded person. The Attestation Regarding Ineligible/Excluded Persons shall be submitted to the following program and address:

DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

IV. ARTICLE XXV LAWS AND REGULATIONS, paragraph F.2.b.ii and F.2.c.i are hereby amended to read as follows:

F.2.b.ii Contractor shall have a Compliance Plan demonstrating the seven (7) elements of a Compliance Plan. Contractor has the option to develop its own or adopt DBH’s Compliance Plan. Should Contractor develop its own Plan, Contractor shall submit the Plan prior to implementation for review and approval to:

DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

F.2.c.i Should the Contractor develop its own Code of Conduct, Contractor shall submit the Code

prior to implementation to the following DBH Program for review and approval:

DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

V. **ATTACHMENTS:**

SCHEDULE A Planning Estimates and SCHEDULE B Program Budget FY 2026-27 are hereby added.



VI. All other terms, conditions and covenants in Contract No. 22-472 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, San Bernardino County and 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: APR 21 2026

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



By *[Signature]*
Lynna K. Bell, Clerk of the Board of Supervisors, San Bernardino County, Deputy

Inland Behavioral Health Services, Inc.
(Print or type name of corporation, company, contractor, etc.)

By ► DocuSigned by: *DR. TEMETRY LINDSEY*
(Authorized signature - sign in blue ink)

Name Dr. Temetry Lindsey
(Print or type name of person signing contract)

Title CEO/President
(Print or Type)

Dated: 3/31/2026

Address 1693 North E Street
San Bernardino, CA 92405

FOR COUNTY USE ONLY

Approved as to Legal Form
Signed by: *Charles Phan*
Charles Phan, Supervising Deputy County Counsel
Date 3/31/2026

Reviewed for Contract Compliance
Signed by: *Michael Shin*
Michael Shin, Administrative Manager
Date 3/31/2026

Reviewed/Approved by Department
Signed by: *Joshua Dugas*
Joshua Dugas, Acting Director
Date 4/1/2026


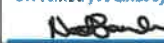

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
SCHEDULE A - Proposed Budget

BUDGET PERIOD: FY 2026-2027

Contractor Name:	<u>Inland Behavioral and Health Services, Inc. (IBHS)</u>	Prepared by:	<u>Peter De Mel</u>
Facility Address:	<u>1953 North E Street</u>	Title:	<u>CFO</u>
	<u>San Bernardino, CA 92405-3919</u>	Date Prepared:	<u>12/26/2025</u>
Provider Number (36xx):	<u>36-3668</u>		

FUNDING SOURCE	Drug	Medi-Cal	CatWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODT)								
Cost - Individual Counseling	\$ 40,020	\$ 420	\$ 360	\$ 23,220	\$ 10,200	\$ 18,575		\$ 92,795
Units of Service (15 minute increment)	1,334	14	12	774	340	619		3,093
Interim Rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00		\$ 30
Cost - Group Counseling	\$ 67,290	\$ 840	\$ 720	\$ 35,414	\$ 12,150	\$ 36,414		\$ 151,828
Units of Service (15 minute increment)	2,243	28	24	1,180	405	1,180		5,060
Interim Rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00		\$ 30
Intensive Outpatient Treatment (IOT)								
Cost - Individual Counseling	\$ 1,980	\$ 120	\$ 120	\$ 900	\$ 540	\$ 225		\$ 3,885
Units of Service (15 minute increment)	66	4	4	30	18	6		130
Interim Rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00		\$ 30
Cost - Group Counseling	\$ 7,800	\$ 360	\$ 360	\$ 3,600	\$ 2,160	\$ 720		\$ 15,000
Units of Service (15 minute increment)	260	12	12	120	72	24		500
Interim Rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00		\$ 30
Early Intervention Treatment (EI)								
Cost - Individual Counseling				\$ 9,000				\$ 9,000
Units of Service (15 minute increment)				300				300
Interim Rate				\$ 30.00				\$ 30
Cost - Group Counseling				\$ 27,000				\$ 27,000
Units of Service (15 minute increment)				900				900
Interim Rate				\$ 30.00				\$ 30
Recovery Services (RS)								
Cost - Individual Counseling	\$ 5,100				\$ 900	\$ 1,275		\$ 7,275
Units of Service (15 minute increment)	170				30	43		243
Interim Rate	\$ 30.00				\$ 30.00	\$ 30.00		\$ 90
Cost - Group Counseling	\$ 7,850				\$ 1,350	\$ 1,913		\$ 10,913
Units of Service (15 minute increment)	255				45	64		364
Interim Rate	\$ 30.00				\$ 30.00	\$ 30.00		\$ 30
Cost - Family Therapy	\$ 26,400				\$ 6,600			\$ 33,000
Units of Service (15 minute increment)	880				220			1,100
Interim Rate	\$ 30.00				\$ 30.00	\$ 0.00		\$ 60
Cost - Recovery Monitoring	\$ 4,800				\$ 7,200			\$ 6,000
Units of Service (15 minute increment)	160				40			200
Interim Rate	\$ 30.00				\$ 30.00	\$ 0.00		\$ 30

Case Management (ODF/IOT/EIRS)							
Cost - ODF Case Management	\$ 8,160	\$ 24	\$ 24	\$ 9,600	\$ 1,440	\$ 1,440	\$ 20,688
Units of Service (15 minute increment)	340	1	1	400	60	60	862
Interim Rate	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00	144
Cost - IOT Case Management	\$ 2,040	\$ 24	\$ 24	\$ 2,520	\$ 360	\$ 180	\$ 5,148
Units of Service (15 minute increment)	85	1	1	105	15	8	215
Interim Rate	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00	144
Cost - EI Case Management				\$ 9,600			\$ 9,600
Units of Service (15 minute increment)				400			400
Interim Rate				\$ 24.00			24
Cost - RS Case Management	\$ 4,080				\$ 720	\$ 780	\$ 5,580
Units of Service (15 minute increment)	170				30	33	233
Interim Rate	\$ 24.00				\$ 24.00	\$ 24.00	24
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Costs	\$ 175,320	\$ 1,788	\$ 1,608	\$ 120,854	\$ 37,620	\$ 60,522	\$ 397,712
Units of Service (15 minute increment)	5,963	60	54	4,209	1,675	2,037	13,998
* Round Costs to nearest dollar							

APPROVED:		PRINTED NAME:	
SIGNATURE:		Dr. Temetry A. Lindsey	01/12/26
	<small>Dr. Temetry A. Lindsey (Jan 12, 2026 14:30:59 PST)</small>	PRINTED NAME	DATE
SIGNATURE:		Natalie Sanders	01/12/26
	<small>Natalie Sanders (Jan 12, 2026 14:30:59 PST)</small>	PRINTED NAME	DATE
SIGNATURE:		Michael Sweitzer	01/13/26
	<small>Michael Sweitzer (Jan 13, 2026 14:30:59 PST)</small>	PRINTED NAME	DATE
DEH PROGRAM MANAGER or DESIGNEE SIGNATURE			

Federal funds include:				
CFDA title	CFDA No.	Agency Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Medical Asst	93.059	SABG	SAMHSA	State DHCS
Substance Abuse Prevention & Medical Asst	93.778	DMC	DHHS	State DHCS

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Personnel Expense Detail

BUDGET PERIOD: FY 2026-2027

PROVIDER NAME:	<u>Inland Behavioral and Health Services, ll</u>	PREPARER:	<u>Peter De Mel</u>
FACILITY ADDRESS:	<u>1963 North E Street</u>	TITLE:	<u>CFO</u>
	<u>San Bernardino, CA 92405-3919</u>	DATE PREPARED:	<u>12/26/2025</u>
PROVIDER NUMBER : (36XX)	<u>38-3666</u>		

Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% / FTE of Total Salary & Benefits	Total Salaries and Benefits Charged to Contract Services
Director of Behavioral Health	\$ 124,683	\$ 15,673	\$ 140,556	30.0%	\$ 42,167
WCC Program Manager VD	\$ 60,320	\$ 7,570	\$ 67,890	100.0%	\$ 67,890
AOD counselor ll	\$ 56,160	\$ 7,046	\$ 63,208	100.0%	\$ 63,208
AOD counselor I	\$ 49,920	\$ 6,285	\$ 56,185	100.0%	\$ 56,185
		\$ -	\$ -	50.0%	\$ -
		\$ -	\$ -	10.0%	\$ -
Receptionist	\$ 47,640	\$ 8,004	\$ 53,844	40.0%	\$ 21,538
Billing Clerk	\$ 47,640	\$ 6,004	\$ 53,844	40.0%	\$ 21,538
Driver	\$ 47,640	\$ 6,004	\$ 53,844	5.0%	\$ 2,692
Maintenance	\$ 47,640	\$ 6,004	\$ 53,844	40.0%	\$ 21,538
Security	\$ 52,000	\$ 6,526	\$ 58,526	40.0%	\$ 23,410
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -

TOTAL COST	\$ 320,165
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Budget Detail

BUDGET PERIOD: FY 2026-2027

PROVIDER NAME: Inland Behavioral and Health Services, Inc. (IBHS)

*Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefit, FTE, etc.). For example, show how indirect costs or overhead were calculated.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment Explanations*
TOTAL SALARIES AND BENEFITS	\$ 320,165	
Equipment, Materials and Supplies		
Depreciation - Equipment	\$490	Depreciation for equipment @ \$40 per month
Maintenance - Equipment	\$394	Maintenance @ \$32 per month
Medical, Dental and Laboratory Supplies		
Membership Dues	\$209	
Rent and Lease Equipment	\$3,098	Copier and Telephone lease @ \$258 per month
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies		
Operating Expenses		
Communications	\$4,116	Telephone Services and Internet Services @ \$343 per month
Depreciation - Structures and Improvements	\$8,568	Depreciation for Building structure @ \$714 per month
Household Expenses		
Insurance	\$8,594	Auto, General Cyber liability Insurance @ \$572 per month
Interest Expense	\$5,268	Interest expenses @ \$439 per month
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$1,544	Maintenance & Janitorial @ \$127 per month
Miscellaneous Expense		
Office Expense	\$1,776	Office supplies, postage @ \$148 per month
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements		
Taxes and Licenses	\$1,015	Licenses and taxes per year
Drug Screening and Other Testing	\$6,083	Routine Toxicology for drug testing

	\$0.00	Renewed toxicology for drug testing
Utilities	\$10,273	Electricity, water and gas services @ \$850 per month
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$4,981	Medical Doctors, Insurance, and Independent CPA services
Transportation		
Transportation	\$ 1,484	Repairs for van
Travel		
Gas, Oil, & Maintenance - Vehicles	\$ 1,721	Gas for van transportation
Rents & Leases - Vehicles		
Depreciation - Vehicles	\$ 444	Depreciation for Vans
Other Costs		
Administrative Indirect Costs	\$19,210	Unreimbursed time for audits, report writing, and other administrative duties, executive management oversight
OTHER		
TOTAL OPERATING EXPENSES	\$ 77,547	
FEES/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 397,712	