

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



Contract Number
22-491 A-2

SAP Number

Children and Family Services

Department Contract Representative	Julie West
Telephone Number	(909) 387-2462
Contractor	Making A Difference Association
Contractor Representative	Tammy DeHesa
Telephone Number	(909) 420-0413
Contract Term	July 1, 2022 through September 30, 2026
Original Contract Amount	\$13,546,775 Aggregate
Amendment Amount	N/A
Total Contract Amount	\$13,546,775 Aggregate
Cost Center	
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 22-491, effective July 1, 2026, as follows:

SECTION VIII. TERM

Amend section to read as follows:

This Contract is effective as of July 1, 2022 and is extended from the original expiration date of June 30, 2026 to expire on September 30, 2026, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

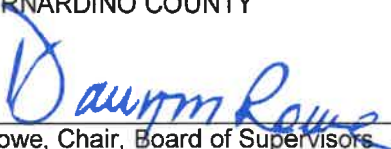
ATTACHMENTS

Remove and Replace **Attachment C** with revised **MAXIMUM FEE SCHEDULE – effective July 1, 2026**, 1 page

All other terms and conditions of Contract No. 22-491 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.

SAN BERNARDINO COUNTY

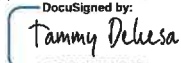
► 
Dawn Rowe, Chair, Board of Supervisors

Dated: JUN 09 2026
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

By  Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County
Deputy

Making A Difference Association

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

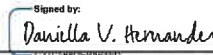
By ► 
DocuSigned by:
AF0CED9FF582434
(Authorized signature - sign in blue ink)

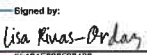
Name Tammy DeHesa
(Print or type name of person signing contract)

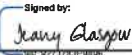
Title Executive Director
(Print or Type)

Dated: 4/8/2026

Address PO Box 1533
Colton, CA 92324

Approved as to Legal Form
Signed by: 
Daniella V. Hernandez, Deputy County Counsel
Date 4/8/2026

Reviewed for Contract Compliance
Signed by: 
Lisa Rivas-Ordaz, Contracts Manager
Date 4/8/2026

Reviewed/Approved by Department
Signed by: 
Jeany Glasgow, Director
Date 4/8/2026

ATTACHMENT C – MAXIMUM FEE SCHEDULE effective July 1, 2026

Note: Only those individuals who maintain appropriate license/credentials for the titles shown above may provide the required services. In addition, these individuals may only provide the services listed that have an actual dollar amount indicated in the Standard Fee. Example: Only a Licensed PH.D/Psy.D may provide Psychological Testing or Evaluation/Reporting Writing Services, neither Psychological Assistants/Registered Psychologist, LCSW/LMFT/LPCC or ACSW/AMFT/APCC may perform these services under the terms of an awarded contract. Additionally, Standard Fees for Group Therapy and Family/Couples Therapy are paid per session, not per hour. (*) Requires Contractor to maintain \$1,000,000 automobile liability insurance.

Service	Type	Licensed PhD or PsyD		Psychological Asst. or Registered Psychologist		LCSW/LMFT/LPCC		ACSW/AMFT/APCC		Certified Educator		Other
		In Person	Telehealth	In Person	Telehealth	In Person	Telehealth	In Person	Telehealth	In Person	Telehealth	
Individual Therapy	Per session/Per Client	\$130	\$120	\$90	\$80	\$120	\$110	\$60	\$55			\$10/hour premium for sessions provided after 5 pm or on the weekend when authorized by CFS on a Referral (13.5E). *\$20/hour premium for services provided in home when authorized by CFS on Referral (CFS 13.5E).
Group Therapy (max 6 clients/group)	Per session/Per Client	\$75	\$65	\$60	\$50	\$75	\$65	\$40	\$35			*\$20/hour premium for services provided in home when authorized by CFS on Referral (CFS 13.5E).
Psychological Testing/Report	Per Testing	\$800										When authorized by CFS on Referrals (13.5E).
Psychological Evaluation/Report	Per Evaluation	\$1,500										When authorized by CFS on Referrals (13.5E).
Bonding/Attachment Assessment	Per Assessment	\$500										When authorized by CFS on Referrals (13.5E).
Testifying-Court Services	Per Hour	\$125				\$115						When authorized by CFS on Referrals (13.5E).
Non-Routine Report Writing	Per Hour	\$110				\$95						When authorized by CFS on Referrals (13.5E).
School Visits	Per Hour	\$120		\$90		\$120		\$60				When authorized by CFS on Referrals (13.5E).
Family/Couples Therapy (per family or couple)	Per Session	\$140	\$130	\$110	\$95	\$130	\$120	\$70	\$65			\$10/hour premium for sessions provided after 5pm or on weekend when authorized by CFS on a Referral (13.5E). *\$20/hour premium for services provided in home when authorized by CFS on a Referral (13.5E).
PCIT/Floor Play (per family)	Per Session	\$200		\$200		\$200						
Parent Education Classes (max 15 clients per class to 1 facilitator)	Per Class/Per Client	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	*\$20/class premium for services provided in home when authorized by CFS on Referral (CFS 13.5E).
Anger Management Classes (max 15 clients per class to 1 facilitator)	Per Class/Per Client	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	*\$20/class premium for services provided in home when authorized by CFS on Referral (CFS 13.5E).
Domestic Violence Classes (max 15 clients per class to 1 facilitator)	Per Class/Per Client	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	*\$20/class premium for services provided in home when authorized by CFS on Referral (CFS 13.5E).
Life Skills Classes (max 15 clients per class to 1 facilitator)	Per Class/Per Client	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	*\$20/class premium for services provided in home when authorized by CFS on Referral (CFS 13.5E).
Support Groups (max 15 clients per group to 1 facilitator)	Per session/Per Client	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	\$35	\$30	
Bilingual Services (for transcription of progress reports to English)	Per Referral	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100			
**No Shows will be reimbursed for 50% of scheduled class/therapy												*NOTE: Telehealth services are not eligible for premium for services provided in client's home.