

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



**Contract Number**

**22-472 A-2**

**SAP Number**

**4400019558 – Total Contract  
4400014427 – CFS Aggregate**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Christopher Carso
<b>Telephone Number</b>	(909) 388-0856
<b>Contractor</b>	Inland Behavioral and Health Services, Inc.
<b>Contractor Representative</b>	Dr. Christine Bierdrager-Salley
<b>Telephone Number</b>	(909) 881-0111
<b>Contract Term</b>	July 1, 2022 through June 30, 2027
<b>Original Contract Amount</b>	\$1,685,950
<b>Amendment Amount</b>	\$0
<b>Total Contract Amount</b>	\$1,685,950
<b>Total Aggregate Amount – For Clients Referred by CFS</b>	July 1, 2022 through June 30, 2025 \$2,400,000
<b>Cost Center</b>	1018501000

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Inland Behavioral and Health Services, Inc. referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 22-472** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Early Intervention, Outpatient Treatment, Intensive Outpatient Treatment, and Recovery Services, which Contract first became effective July 1, 2022, the following changes are hereby made and agreed to, effective July 1, 2024:

I. ARTICLE V FUNDING, paragraph K and L are hereby amended and paragraph M is hereby added 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 \$1,600,000 to \$2,400,000 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, and 2024-25.

L. This amendment hereby adds Schedules A and B for FY 2024-25 as set forth in Exhibit I. All previously approved schedules remain in effect.

M. The allowable funding sources for this Contract may include: 2011 Realignment, Substance Use Prevention, Treatment and Recovery Services Block Grant, Federal Financial Participation Drug Medi-Cal, California Work Opportunity and Responsibility to Kids, State Assembly Bill 109 and the Department of Children and Family Services, through a Memorandum of Understanding. Federal funds may not be used as match funds to draw down federal funds.

II. ARTICLE XX PERSONNEL, paragraphs M and N, are hereby added to read as follows:

M. Executive Order N-6-22 – Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

N. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 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 \$250 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 Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 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.

- III. ATTACHMENT V Campaign Contribution Disclosure (SB 1439) is hereby added.
- IV. Exhibit I Schedules A and B for FY 2024-25 are hereby added.

V. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

SAN BERNARDINO COUNTY

Inland Behavioral and Health Services, Inc.

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

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

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

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

Name \_\_\_\_\_  
*(Print or type name of person signing contract)*

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

Title \_\_\_\_\_  
*(Print or Type)*

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

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

Address 1963 North E Street, San Bernardino,  
\_\_\_\_\_  
CA 92405  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
►  
\_\_\_\_\_  
Dawn Martin, Deputy County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
►  
\_\_\_\_\_  
Ellayna Hoatson, Contracts Supervisor  
Date \_\_\_\_\_

Reviewed/Approved by Department  
►  
\_\_\_\_\_  
Georgina Yoshioka, Director  
Date \_\_\_\_\_

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

BUDGET PERIOD: FY 2024-2025

PROVIDER NAME:	<u>Inland Behavioral and Health Services, I</u>	PREPARER:	<u>for 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>4/19/2024</u>
PROVIDER NUMBER : (36XX)	<u>36-3666</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	\$ 96,000	\$ 12,048	\$ 108,048	12.0%	\$ 12,966
WCC Program Manager VD	\$ 54,122	\$ 6,792	\$ 60,914	100.0%	\$ 60,914
AOD counselor I (EI/Youth focus) AM	\$ 53,664	\$ 6,735	\$ 60,399	100.0%	\$ 60,399
AOD counselor II	\$ 49,920	\$ 6,265	\$ 56,185	100.0%	\$ 56,185
AOD counselor I (Case Mgmt/RS focus)	\$ 43,680	\$ 5,482	\$ 49,162	50.0%	\$ 24,581
MH intern (Family Therapy)	\$ 54,080	\$ 6,787	\$ 60,867	20.0%	\$ 12,173
Receptionist	\$ 40,061	\$ 5,028	\$ 45,088	40.0%	\$ 18,035
Billing Clerk	\$ 44,179	\$ 5,544	\$ 49,724	40.0%	\$ 19,889
Driver	\$ 40,061	\$ 5,028	\$ 45,088	20.0%	\$ 9,018
Maintenance	\$ 42,848	\$ 5,377	\$ 48,225	40.0%	\$ 19,290
Security	\$ 40,061	\$ 5,028	\$ 45,088	40.0%	\$ 18,035
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -

TOTAL COST	\$ 311,486
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SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT

Budget Detail  
 BUDGET PERIOD: FY 2024-2025  
 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 Explanation*
<b>TOTAL SALARIES AND BENEFITS</b>	<b>\$ 211,438</b>	
<b>Equipment, Supplies and Services</b>		
Depreciation - Equipment	\$360	Depreciation for equipment @ \$30 per month
Maintenance - Equipment	\$204	Maintenance @ \$27 per month
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$3,540	Copier and Telephone lease @ \$295 per month
Clothing and Personal Supplies		
Food		
Laundry Service and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies		
<b>Operative Expenses</b>		
Communications	\$5,508	Telephone Service and Internet Service @ \$459 per month
Depreciation - Structure and Improvements	\$9,256	Depreciation for building structure @ \$968 per month
Household Expenses		
Insurance	\$8,520	Auto, General Cyber liability Insurance @ \$710 per month
Interest Expense	\$8,056	Interest expense @ \$738 per month
Lease Property, Maintenance, Structure, Improvements and Grounds		
Maintenance - Structure, Improvements, and Grounds	\$960	Maintenance & Janitorial @ \$80 per month
Miscellaneous Expense		
Office Expense	\$1,624	Office supplies, postage @ \$152 per month
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements		
Taxes and Licenses	\$725	Licenses and taxes per year
Drug Screening and Other Testing	\$6,333	Random Toxicology for drug testing
Utilities	\$11,487	Electricity, water and gas services @ \$948 per month
Other	\$6,296	Required transportation (gas, tires, oil change and repairs to the vehicles)
<b>Professional and Special Services</b>		
Pharmaceutical		
Professional and Special Services	\$3,544	Medical Doctors, Insurance, and Independent CPA services
<b>Transportation</b>		
Transportation		
Tolls		
Gas, Oil & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
<b>Other Costs</b>		
Administrative Indirect Costs	\$10,574	Unreimbursed time for audits, report writing, and other administrative duties, executive management oversight
OT/AGP		
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 77,676</b>	
<b>REBUDGETING AGENCY REVENUE</b>		
<b>TOTAL EXPENDITURES</b>	<b>\$ 308,662</b>	

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

BUDGET PERIOD: FY 2024-2025

Contractor Name: Inland Behavioral and Health Services, Inc. (IBHS) Prepared by: for Peter De Mai  
 Facility Address: 1463 North E Street Title: CFO  
San Bernardino, CA 92405-3819 Date Prepared: 01/16/2024  
 Provider Number (860): 30-3000

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
<b>Outpatient Treatment (OUP)</b>							
Cost - Individual Counseling	\$ 75,000	\$ 300	\$ 300	\$ 3,600	\$ 2,000	\$ 0	\$ 81,200
Units of Service (15 minute increment)	2,500	10	10	300	333	0	3,153
Unit Rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
Cost - Group Counseling	\$ 118,334	\$ 720	\$ 720	\$ 7,200	\$ 7,500	\$ 21,000	\$ 155,474
Units of Service (15 minute increment)	3,124	24	24	200	400	700	4,472
Unit Rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
<b>Intensive Outpatient Treatment (IOT)</b>							
Cost - Individual Counseling	\$ 2,160	\$ 120	\$ 120	\$ 480	\$ 720	\$ 600	\$ 4,200
Units of Service (15 minute increment)	72	4	4	16	24	20	140
Unit Rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
Cost - Group Counseling	\$ 6,641	\$ 360	\$ 360	\$ 1,440	\$ 2,160	\$ 1,765	\$ 12,666
Units of Service (15 minute increment)	188	12	12	48	72	50	270
Unit Rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
<b>Early Intervention Treatment (E)</b>							
Cost - Individual Counseling				\$ 3,600		\$ 600	\$ 4,200
Units of Service (15 minute increment)				120		20	140
Unit Rate				\$ 30.00		\$ 30.00	\$ 30.00
Cost - Group Counseling				\$ 7,200		\$ 1,000	\$ 8,200
Units of Service (15 minute increment)				240		33	273
Unit Rate				\$ 30.00		\$ 30.00	\$ 30.00
<b>Recovery Services (RS)</b>							
Cost - Individual Counseling	\$ 4,000			\$ 1,200	\$ 1,000		\$ 6,200
Units of Service (15 minute increment)	133			40	33		206
Unit Rate	\$ 30.00			\$ 30.00	\$ 30.00		\$ 30.00
Cost - Family Therapy	\$ 20,400			\$ 6,000	\$ 3,200		\$ 29,600
Units of Service (15 minute increment)	680			200	107		987
Unit Rate	\$ 30.00			\$ 30.00	\$ 30.00		\$ 30.00
Cost - Recovery Monitoring	\$ 4,000			\$ 1,200	\$ 2,000		\$ 7,200
Units of Service (15 minute increment)	133			40	67		240
Unit Rate	\$ 30.00			\$ 30.00	\$ 30.00		\$ 30.00
<b>Case Management (CM/NOTES)</b>							
Cost - OUP Case Management	\$ 6,720	\$ 36	\$ 36	\$ 4,800	\$ 3,600	\$ 2,000	\$ 18,412
Units of Service (15 minute increment)	224	1	1	160	120	67	573
Unit Rate	\$ 30.00	\$ 36.00	\$ 36.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
Cost - IOT Case Management	\$ 1,920	\$ 48	\$ 48	\$ 720	\$ 1,440	\$ 1,100	\$ 6,216
Units of Service (15 minute increment)	64	1	1	24	48	37	175
Unit Rate	\$ 30.00	\$ 48.00	\$ 48.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
Cost - RS Case Management	\$ 4,000			\$ 1,200	\$ 2,000		\$ 7,200
Units of Service (15 minute increment)	133			40	67		240
Unit Rate	\$ 30.00			\$ 30.00	\$ 30.00		\$ 30.00
<b>Physician Consultation</b>							
Cost							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Medication Assisted Treatment (MAT)</b>							
Cost							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>SUMMARY OF ALL SERVICES</b>							
Total Costs	\$ 252,200	\$ 1,200	\$ 1,200	\$ 17,760	\$ 42,200	\$ 21,375	\$ 336,935
Units of Service (15 minute increment)	8,154	37	37	1,139	1,200	1,377	11,344

**APPROVALS:**

SIGNATURE:  PROVIDER AUTHORIZED SIGNATURE  MEDICAL SERVICES AUTHORIZED SIGNATURE  PROGRAM MANAGER AUTHORIZED SIGNATURE	PRINTED NAME: Dr. Temetry A. Lindsey   Apr 22, 2024 PRINTED NAME: Anthony Altamirano   Apr 23, 2024 PRINTED NAME: Michael Sweitzer   Apr 25, 2024 PRINTED NAME:
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**Related Funds Include:**

FUND ID	FUND NAME	Account Class	Program Activity	Program Object
01-000	01-000	01-000	01-000	01-000
01-178	01-178	01-178	01-178	01-178



## ATTACHMENT V

# Campaign Contribution Disclosure (SB 1439)

### **DEFINITIONS**

**Actively supporting 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: Inland Behavioral and Health Services Inc.
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: \_\_\_\_\_
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):  
 \_\_\_\_\_
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)
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):
<u>N/A</u>		

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 \$250, 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: \_\_\_\_\_

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 \$250 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.