

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



**Contract Number**

22-490 A-2

**SAP Number**

## Children and Family Services

<b>Department Contract Representative</b>	Julie West
<b>Telephone Number</b>	(909) 387-2462
<b>Contractor</b>	Life Skills Awareness, A Psychology Professional Corporation
<b>Contractor Representative</b>	Dr. Terri Tauqir
<b>Telephone Number</b>	(760) 949-1200
<b>Contract Term</b>	July 1, 2022 through September 30, 2026
<b>Original Contract Amount</b>	\$13,546,775 Aggregate
<b>Amendment Amount</b>	N/A
<b>Total Contract Amount</b>	\$13,546,775 Aggregate
<b>Cost Center</b>	
<b>Grant Number (if applicable)</b>	N/A

IT IS HEREBY AGREED AS FOLLOWS:

### AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 22-490, 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. 22-490 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

Life Skills Awareness, A Psychology Professional Corporation

*(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 Dr. Terri Tauqir  
*(Print or type name of person signing contract)*

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

Title President  
*(Print or Type)*

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

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

Address 14075 Hesperia Road, Suite 101  
Victorville, CA 92395

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► _____ Daniella V. Hernandez, Deputy County Counsel	► _____ Lisa Rivas-Ordaz, Contracts Manager	► _____ Jeany Glasgow, Director
Date _____	Date _____	Date _____

**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			
<b>**No Shows will be reimbursed for 50% of scheduled class/therapy</b>												<b>*NOTE: Telehealth services are not eligible for premium for services provided in client's home.</b>