

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



Contract Number

16-410 A-5

SAP Number

4400002840

Department of Behavioral Health

Department Contract Representative	Paul Lindenberg
Telephone Number	(909) 386-8264
Contractor	Inland Behavioral and Health Services, Inc.
Contractor Representative	Temetry Lindsey
Telephone Number	(909) 881-6146
Contract Term	July 1, 2016 – December 31, 2021
Original Contract Amount	\$3,201,125
Amendment Amount	\$320,112
Total Contract Amount	\$3,521,237
Cost Center	1018501000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, 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. 16-410** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Substance Use Disorder Perinatal Services, which Contract first became effective July 1, 2016 the following changes are hereby made and agreed to, effective July 1, 2021:

- I. ARTICLE IV Funding paragraph K is hereby amended and paragraph L is hereby added to read as follows:
 - K. The contract amendment amount of \$320,112 shall increase the total contract amount from \$3,201,125 to \$3,521,237 for the contract term.
 - L. This amendment hereby adds Schedules A and B for fiscal year 2021-22. All previously approved Budget Schedules remain in effect.
- II. ARTICLE XV DURATION AND TERMINATION paragraph A is hereby amended to read as follows:

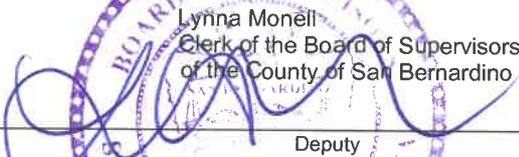
- A. The term of this Agreement shall be from July 1, 2016 through December 31, 2021 inclusive.
- III. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

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.

COUNTY OF SAN BERNARDINO

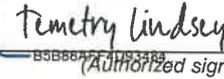

 Curt Hagman, Chairman, Board of Supervisors

Dated: MAY 04 2021
 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 of the County of San Bernardino
 Deputy



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

By 
(Authorized signature - sign in blue ink)

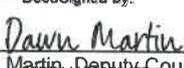
Name Temetry Lindsey
(Print or type name of person signing contract)

Title CEO/President
(Print or Type)

Dated: 4/10/2021

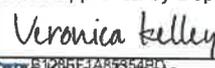
Address 1963 North E Street
San Bernardino, California 92405

FOR COUNTY USE ONLY

Approved as to Legal Form
DocuSigned by:

 Dawn Martin, Deputy County Counsel
 Date 4/9/2021

Reviewed for Contract Compliance
DocuSigned by:

 Natalie Kessie, Contracts Manager
 Date 4/12/2021

Reviewed/Approved by Department
DocuSigned by:

 Veronica Kelley, Director
 Date 4/12/2021

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

BUDGET PERIOD: 7/1/2021-12/31/2021

Contractor Name: Inland Behavioral and Health Services, Inc. (IBHS)
Facility Address: 1963 North E Street
San Bernardino, CA 92405-3919
Provider Number (36xx): 36-3666

Prepared by: Peter De Mel, CFO
Title: RFA#20-121 Perinat
Date Prepared: 3/4/2020

Service Level	FUNDING SOURCE	Drug Medi-Cal	CalWORKs	CFS	Perinatal	TOTAL
	Intensive Outpatient Treatment (IOT)					
2.1	Cost - Individual IOT	\$ 61,600	\$ 1,430	\$ 6,600	\$ 6,600	\$ 76,230
	Units of Service (15 minute increment)	1,400	33	150	150	1,733
	Interim Rate	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44
	Cost - Group IOT	\$ 79,200	\$ 3,960	\$ 26,400	\$ 26,400	\$ 135,960
	Units of Service (15 minute increment)	1,800	90	600	600	3,090
	Interim Rate	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44
	IOT Case Management					
	Cost	\$ 15,180	\$ 220	\$ 6,600	\$ 4,400	\$ 26,400
	Units of Service (15 minute increment)	345	5	150	100	600
	Interim Rate	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44
	Physician Consultation					
	Cost					\$ 0
	Units of Service (15 minute increment)					\$ 0
	Interim Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	Additional Medication Assisted Treatment (MAT)					
	Cost					\$ 0
	Units of Service (15 minute increment)					\$ 0
	Interim Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	SUMMARY OF ALL SERVICES					
	Total Service Costs	\$ 155,980	\$ 5,610	\$ 39,600	\$ 37,400	\$ 238,590
	Units of Service (15 minute increment)	3,545	128	900	850	5,423
	NON-DMC REIMBURSABLE COSTS				\$ 81,522	\$ 81,522
	GRAND TOTALS	\$ 155,980	\$ 5,610	\$ 39,600	\$ 118,922	\$ 320,112

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

BUDGET PERIOD: **7/1/2021-12/31/2021**

PROVIDER NAME:	<u>Inland Behavioral and Health Services</u>	PREPARER:	<u>Peter De Mel, CFO</u>
FACILITY ADDRESS:	<u>1963 North E Street</u>	TITLE:	<u>RF #20-121 Perinatal, 16-410A-5 EXT.</u>
	<u>San Bernardino, CA 92405-3919</u>	DATE PREPARED:	<u>3/4/2020</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
Dir. of Social Services	\$ 46,800	\$ 5,873	\$ 52,673	20.0%	\$ 10,535
Program Manager	\$ 17,368	\$ 2,180	\$ 19,548	100.0%	\$ 19,548
Drug Counselor	\$ 17,368	\$ 2,180	\$ 19,548	100.0%	\$ 19,548
Health Educator	\$ 17,472	\$ 2,193	\$ 19,665	100.0%	\$ 19,665
AOD Counselor	\$ 17,160	\$ 2,154	\$ 19,314	100.0%	\$ 19,314
Perinatal Therapist	\$ 17,160	\$ 2,154	\$ 19,314	100.0%	\$ 19,314
Case Manager	15,652	\$ 1,964	\$ 17,616	100.0%	\$ 17,616
Child Care Coord.			\$ -		\$ -
Child Care			\$ -		\$ -
Child Care			\$ -		\$ -
Driver			\$ -		\$ -
Driver			\$ -		\$ -
Security	\$ 15,402	\$ 1,933	\$ 17,335	60.0%	\$ 10,401
SIMON Data/Chart Clerk	\$ 15,080	\$ 1,893	\$ 16,973	60.0%	\$ 10,184
Receptionist	\$ 14,560	\$ 1,827	\$ 16,387	60.0%	\$ 9,832
TOTAL COST					\$ 155,955

COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
 G M C Budget Detail
 BUDGET PERIOD: 7/1/2024-12/31/2024
 PROVIDER NAME: no Behavioral and Health Services, Inc. (09

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

(D)	(E)	(F)
Schedule of Expenditures for Costs	Costs	Cost Allocation Submittals*
TOTAL SALARIES AND BENEFITS	\$ 19,593	
Equipment, Materials and Supplies		
Depreciation - Equipment	\$ 342	Depreciation for equipment
Maintenance - Equipment	\$ 132	Maintenance
Medical, Dental and Laboratory Supplies		
Membership Dues		
Fuel and Lubrication	\$ 3,029	Fuel and telephone bills
Printing and Personal Supplies		
Food		Food Supplies for PCN Children
Laundry Station and Supplies		
Small Tools and Instruments		
Toiletries		
Miscellaneous Supplies	\$ 150	Child care enhancement materials
Operating Expenses		
Contractuals	\$ 4,831	Telephone Service
Depreciation - Structures and Improvements	\$ 51,161	Depreciation for building structure
Insurance Expense		
Interest	\$ 4,126	Auto, General, Cyber liability Insurance
Interest Expense	\$ 11,294	Interest expense
Luxury Property Maintenance, Structures, Improvements and Casework		
Maintenance - Structures, Improvements, and Casework	\$ 2,176	Maintenance & Jettison
Miscellaneous Expense		
Office Expense	\$ 1,671	Office supplies, postage
Printing and Legal Notices		
Rents & Leases - Rent, Structures, and Improvements		
Taxes and Licenses	\$ 600	Licenses and taxes
Drug Screening and Other Testing	\$ 5,975	Recreational Technology for drug testing
Utilities	\$ 6,930	Electricity, water and gas services
Other		
Professional and Special Services		
Professional		
Professional and Special Services	\$ 6,837	Staff of Director and independent CPA services
Transportation		
Transportation		
Fuel		
Gas, Oil, & Maintenance - Vehicles		Gas for PCN van transportation
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 55,596	
OTHER		
TOTAL OPERATING EXPENSES	\$ 82,833	
FEES OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 232,666	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
Non-DMC Personnel Expense Detail

BUDGET PERIOD: 7/1/2021-12/31/2021

PROVIDER NAME: Inland Behavioral and Health Services PREPARER: Peter De Mel, CFO
 FACILITY ADDRESS: 1963 North E Street TITLE: RFA#20-121 Perinatal, 16-410A-5 EXT.
San Bernardino, CA 92405-3919 DATE PREPARED: 3/4/2020
 PROVIDER NUMBER : (36XX) 36-3666

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
Dir. of Social Services			\$ -		\$ -
Program Manager			\$ -		\$ -
Drug Counselor			\$ -		\$ -
Health Educator			\$ -		\$ -
AOD Counselor			\$ -		\$ -
Perinatal Therapist			\$ -		\$ -
Case Manager			\$ -		\$ -
Child Care Coord.	\$ 16,775	\$ 2,105	\$ 18,880	100.0%	\$ 18,880
Child Care	\$ 12,657	\$ 1,588	\$ 14,245	50.0%	\$ 7,123
Child Care	\$ 12,480	\$ 1,566	\$ 14,046	50.0%	\$ 7,023
Driver	\$ 18,606	\$ 2,335	\$ 20,941	100.0%	\$ 20,941
Driver	\$ 15,080	\$ 1,893	\$ 16,973	100.0%	\$ 16,973
Security			\$ -		\$ -
SIMON Data/Chart Clerk			\$ -		\$ -
Receptionist					
TOTAL COST					\$ 70,939

DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
 Non-DMC Budget Detail
 BUDGET PERIOD: 7/1/2021-12/31/2021
 PROVIDER NAME: yo Behavioral and Health Services, Inc. (B)

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

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Allocation Explanation
EQUAL SALARIES AND BENEFITS	\$ 78,939	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Miscellaneous Drugs		
Rent and Lease Equipment		
Clothing and Personal Supplies		
Food	\$ 156	Food Supplies for NCA Patients
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies		
Operating Expenses		
Communications		
Depreciation - Structures and Improvements		
Household Expenses		
Insurance		
Interest Expenses		
Lease (Property Maintenance, Structural, Improvements and Grounds)		
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expenses		
Office Expenses		
Printing and Copying		
Rent & Utilities - Lease, Structure, and Improvements		
Travel and Lodging		
Drug Screening and Other Testing		
Utilities		
Other		
Professional and Special Services		
Professional		
Professional and Special Services		
Transportation		
Tolls and Parking		
Travel		
Gas, Oil, & Maintenance - Vehicle	\$ 2,353	Cost for 2' Car and Interpretation
Rent & Utilities - Vehicle		
Depreciation - Vehicle	\$ 940	Depreciation for Van
Other Costs		
Administrative Indirect Costs	\$ 7,064	
OTHER		
TOTAL OPERATING EXPENSES	\$ 10,383	
FEE/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 81,622	