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



Contract Number

22-472 A-3

SAP Number 4400019558 – Total Contract 4400025546 – CFS Aggregate

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
	Inland Behavioral and Health
Contractor	Services, Inc.
Contractor Representative	Dr. Christine Bierdrager-Salley
Telephone Number	(909) 881-0111
Contract Term	July 1, 2022, through June 30, 2027
Original Contract Amount	\$1,685,950
Amendment Amount	\$0.00
Total Contract Amount	\$1,685,950
Total Aggregate Contract Term	July 1, 2022 through June 30, 2026
Total Aggregate Amount – For Clients	\$3,200,000
Referred by CFS	
Cost Center	1018501000
Grant Number (If applicable)	N/A

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, 2025:

I. ARTICLE V <u>FUNDING</u>, 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 \$2,400,000 to \$3,200,000 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 and 2025-26.

- L. This amendment hereby adds Schedules A and B for FY 2025-26 as set forth in Exhibit I. All previously approved schedules remain in effect.
- II. ARTICLE XX PERSONNEL, paragraph N is hereby replaced in its entirety and revised as follows:
 - N. Levine Act Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

Contractor has disclosed to the County using Attachment III – Levine Act Campaign Contribution Disclosure Senate Bill (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 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 \$500 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 replaced with Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached.
- IV. Exhibit I Schedules A and B for FY 2025-26 are hereby added.

V.	All other terms,	conditions a	and covenants in	n the basic agre	eement remain in	full force and effect.
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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.

		(Print or type na	me of corporation, company, contractor, etc.)
>		Ву	
Dawn Rowe, Chair, Board of Superviso	ors		Authorized signature - sign in blue ink)
Dated:			Геmetry A. Lindsey
SIGNED AND CERTIFIED THAT A CO DOCUMENT HAS BEEN DELIVERED CHAIRMAN OF THE BOARD			Print or type name of person signing contract)
Lynna Monell Clerk of the Board o of San Bernarding			(Print or Type)
By		Dated:	
Deputy		Address 19	963 North E Street, San Bernardino,
		C	A 92405
FOR COUNTY USE ONLY			
Approved as to Legal Form	Reviewed for Cor	ntract Compliance	Reviewed/Approved by Department
•	•		•
Dawn Martin, Deputy County Counsel	Michael Shin, Co	ntracts Administrative Manager	Georgina Yoshioka, Director
Date	Date		Date

Inland Behavioral and Health Services, Inc.

SAN BERNARDINO COUNTY

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

BUDGET PERIOD: FY 2025-2026

PROVIDER NAME: Inland Behavioral and Health Services, In FACILITY ADDRESS: 1963 North E Street

TITLE: CFO

San Bernardino, CA 92405-3919

36-3666

DATE PREPARED: 9/23/2024

PREPARER: for Peter De Mel

Full

PROVIDER NUMBER: (36XX)

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	\$ 124,800	\$ 15,662	s	140,462	30.0%	\$ 42,139
WCC Program Manager VD	\$ 58,240	\$ 7,309	\$	65,549	100.0%	\$ 65,549
AOD counselor I (El/Youth focus)	\$ 54,080	\$ 6,787	s	60,867	100.0%	\$ 60,867
AOD counselor II	\$ 52,000	\$ 6,526	\$	58,526	100.0%	\$ 58,526
AOD counselor I (Case Mgmt/RS focus)	\$ 47,840	\$ 6,004	\$	53,844	50.0%	\$ 26,922
MH intern (Family Therapy)		\$ -	\$	-	20.0%	\$ -
Receptionist	\$ 43,680	\$ 5,482	\$	49,162	33.0%	\$ 16,223
Billing Clerk	\$ 45,760	\$ 5,743	s	51,503	33.0%	\$ 16,996
Driver		\$ -	\$	-	20.0%	\$ -
Maintenance	\$ 43,680	\$ 5,482	\$	49,162	33.0%	\$ 16,223
Security	\$ 43,680	\$ 5,482	\$	49,162	33.0%	\$ 16,223
			\$	-		\$ -
			\$	-		\$ -
			\$	-		\$ -

TOTAL		319 669
COST	•	313,663

SAN BERNARDING COUNTY

DEPARTMENT OF BEHAVIORAL HEALTH SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT Budget Detail

BUDGET PERIOD: FY 2025-2026
PROVIDER NAME: Inland Behavioral and Health Services, Inc. (IBHS)

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

(1) Schedule of Expenditures for Costs	(2)	(3
TOTAL SALARIES AND BENEFITS	Costs \$ 319,669	Cost Assignment Explanations*
Equipment, Materials and Supplies		
Depreciation - Equipment	\$720	Depreciation for equipment @ \$60 per month
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies	\$324	Meintenance db \$27 per month
Membership Dues		
-		
Rent and Lease Equipment	\$4.416	Copier and Telephone lease @ \$166 per month
Ciothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies		
Operating Expenses		
Communications	\$6,424	Telephane Services and Internet Services @ \$459 per month
Depreciation - Structures and Improvements		
Household Expenses	\$8,829	Depreciation for Building structure @ 9888 per month
Insurance		
	\$8,510	Auto, General Cyber Lability Insurance @ \$710 per month
Interest Expense Lease Property Maintenance, Structures,	\$7,326	Interest expens as @ \$738 per month
Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$960	Maintenance & Janitorial ∰ \$80 per month
Mis cellaneous Expense		
Office Expense	\$1,560	Office supplies, postage @ \$152 per month
Publications and Legal Notices		
Rents & Leas as - Land, Structure, and Improvements		
Taxes and Licenses	\$755	Licenses and taxes per year
Drug Screening and Other Testing	\$6,053	Redwood Toolcology for drug testing
Utilities		
Other	\$11,457	Electricity, water and gas services @ \$948 per month
Professional and Special Services	\$4,000	Required transportation (gas, tires, oil changes and repairs to the vehicles)
Pharmaceutical		
Professional and Special Services	64.000	Medical Doctors, Insurance, and Independent CPA services
Transportation	\$4,252	Medical Eccrots, mad ance, and independent CPA services
Transportation		
Travel		
Gas, OIL & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$12,448	Unnimbursed time for audits, report writing, and other administrative duties; executive management oversight
OTHER:	5.5,114	and the state of t
TOTAL OPERATING EXPENSES	\$ 78,043	
FEES/OTHER AGENCY REVENUE		

TOTAL EXPENDITURES	١.	207 742
TOTAL EXPENDITURES	•	397,712

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

BUDGET PERIOD: FY 2025-2026

 Contractor Name:
 Inland Behavioral and Health Services, Inc. (IBHS)
 Prepared by:
 for Peter De Mel

 Facility Address:
 1963 North E Street
 Title:
 CFO

 San Bemardino, CA 92405-3919
 Date Prepared:
 9/23/2024

 Provider Number (36xg):
 3-3666
 4/23/2024

Total Content Treatment (OOF) Cont - Individual Courseling \$ 92,340 \$.	FUNDING SOURCE	D	rug Medi-Cal	CalWORKs		AB109		Youth	В	Block Grant		CFS		TOTAL
Units of Service (15m Insule increment)														
Value Valu		\$	92,340	\$ -	\$	-	\$	7,440	\$	1,860	\$	17,040	\$	118,680
Cost - 6 of sup Courseling			3,078					248		62		568		3,956
Custo of Service (15m Intelle increment)	Interim Rate	\$	30.00	\$ 0.00	\$	0.00	\$	30.00	\$	30.00	\$	30.00	\$	30
Internative OutputSent Treatment (OTT)		\$	204,734	\$.	\$		\$	1,740	\$	2,520	\$	38,160	\$	247,154
Internative Outgastion1 Treatment (IOT)	Units of Service (15 m inute increment)		6,824					58	П	84		1,272		8,238
Cost - Individual Courseling	Interim Rate	\$	30.00	\$ 0.00	\$	0.00	5	30.00	\$	30.00	\$	30.00	\$	30
Cost - Individual Courseling	Intensive Outperfent Treatment (IOT)						=							
Units of Sanction (15 minute increment)														
Interim Rate				• •		-	•		•		•		•	-
Cost - Group Courseling			0.00			0.00		0.00		0.00		0.00		-
Units of Sanction (15 m Instellancement)		_					_		_	0.00	_		-	-
Interim Rate			-	• .	•		•	-	*		۰		•	-
Early Intervention Treatment (ES			000			0.00		0.00		0.00		0.00		
Cost - Individual Counseling		•	0.00	9 0.00	•	0.00	•	0.00	•	0.00	•	0.00	•	
Units of Service (15m instellar ement) Interim Rate \$ 0,00 \$														
Interim Rate							\$				\$	-	\$	(
Cost - Group Counterling														(
India of Service (15m Bude increment)							_	0.00			_	0.00	\$	(
Interim Ratio							\$	-			\$	-	\$	(
Recovery Services (RS)														(
Cost - Individual Courseling \$ 4,800 \$ 2,40 \$ 1,800 \$ 1,	Interim Rate						*	0.00			\$	0.00		(
Cost - Individual Courselling	Recovery Services (RS)													
Links of Service (15m inute increment)		2	4.800						\$	240	\$	1.800	•	6,840
Interim Rate		-							Ť		Ť		_	22
Cost - Group Countelling							=		4		5		5	3
Links of Service (15m inute increment)														17,40
Interim Rate		-			_				Ť		Ť		-	580
Cost - Family Therapy					=		_							3/
Units of Service (15 minute increment)		_							_		_		_	
Interim Rate		-							Ť		Ť		•	
Cost - Recovery Monitoring			0.00						•	0.00	•	0.00		
Units of Service (15 m inute increment)					=				_	0.00		0.00		
Interim Rate		-							۰		Ť		-	
Case Management (ODFIOT/ENRS)			000							0.00		0.00		
Cost - ODF Case Management		•	0.00						Ť	0.00	Ť	0.00	•	
Units of Service (15 m inute increment)				_			_		_		_			
Interim Rate		\$		\$.	\$		\$		\$		\$		\$	6,72
Cost - ROT Case Management S		_					_		_		_		_	280
Units of Service (15 minute increment)			24.00			0.00		24.00		24.00	_	24.00		2
Interim Rate		\$		\$.	\$	-	\$		\$	-	\$	-	\$	
Cost - El Case Management S - S - S S - S							_		_		_		_	
Units of Service (15 minute increment) Interim Rate		\$	0.00	\$ 0.00	\$	0.00	_	0.00	\$	0.00	_	0.00	\$	
Interim Rate							\$				\$		\$	
Cost - RS Case Management \$ 450 \$ 192 \$ 240 \$							_						_	
Units of Service (15 minute increment) 20 8 10 Interim Rate \$ 24.00 \$ 24.00 \$ 24.00 \$ Physician Consultation Cost \$ 5 Units of Service (15 minute increment) \$ 5 Interim Rate \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ Medication Assisted Treatment (MAT) Cost \$ 5 Units of Service (15 minute increment) \$ 5 Units							\$	0.00		400	-			
Interim Rate		\$	480						\$	192	\$		\$	913
Physician Consultation			20							8			_	34
Cost		\$	24.00						\$	24.00	\$	24.00	\$	24
Cost	Physician Consultation													
Interim Rate													\$	
Medication Assisted Treatment (MAT)	Units of Service (15 m inute increment)												\$	
Medication Assisted Treatment (MAT)	Interim Rate	\$	0.00	\$ 0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	
Cost	Medication Assisted Treatment (MAT)		200											
Units of Service (15 minute increment)		_			_									
Interim Rate														
SUMMARY OF ALL SERVICES Total Costs \$ 322,022 \$ 0 \$ 0 \$ 9,468 \$ 5,700 \$ 60,522 \$			000			0.00		0.00		0.00				
Total Costs \$ 322,022 \$ 0 \$ 0 \$ 9,468 \$ 5,700 \$ 60,522 \$		ě	0.00	• 0.00	ş	0.00	9	0.00	ě	0.00	ş	0.00	ě	
		\$							\$		\$		\$	397,71
Units of Service (15 minute increment) 10,782 0 0 318 194 2,027	Units of Service (15 minute increment)	I	10,782	0		0		318		194		2,027		13,32

APPROVED:		
SIGNATURE:	PRINTED NAME:	
Dr. Temetry A. Lindsey	Dr. Temetry A. Lindsey	Jan 15, 2025
PROMDER AUTHORIZED SIGNATURE	PRINTED NAME	DATE
Thelma Rodriguez	Thelma Rodriguez	Jan 16, 2025
DBH RISCAL SERVICES AUTHORIZED SIGNATURE	PRINTED NAME	DATE
Michael Sweitzer Michael Sweitzer(Jan 16, 202511 56 PST)	Michael Sweitzer	Jan 16, 2025
DEH FROGRAM MANAGER or DESIGNEE SIGNATURE	PRINTED NAME	DATE

Federal funds include	fe:			
CFDA IIII e	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention &	93,959	8A93	SAMHSA	State DHCS
MediCal Asst	93.778	DMC	DHHS	State DHCS



Levine Act – Campaign Contribution Disclosure

(formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under \$50,000
- Contracts where no party receives financial compensation
- Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or \$50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

DEFINITIONS

Actively supporting or opposing 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-subsidiary relationship but meets one of the following criteria:

- 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.

<u>Parent-Subsidiary Relationship</u>: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

	ontractors must respond to the q A or Not Applicable.	uestions on the followir	ig page. I	f a question does not apply respond						
1.	Name of Contractor: Inland Behavioral and Health Services, Inc. (IBHS)									
2.	Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?									
	Yes X If yes, skip Question Nos. 3-4 and go to Question No. 5 No □									
3.	Name of Principal (i.e., CEO/Presimatter and has a financial interest		estion No.	1, <u>if</u> the individual actively supports the						
4.	If the entity identified in Question I traded ("closed corporation"), iden			ess shareholders, and not publicly						
5.	Name of any parent, subsidiary, o definitions above):	r otherwise related entity f	or the enti	ty listed in Question No. 1 (see						
	Company Name			Relationship						
	Name of agent(s) of Contractor:									
	Company Name	Agent(s)		Date Agent Retained (if less than 12 months prior)						
N	I/A									
	awarded contract if the subcontra	actor (1) actively supports	the matte	Il be providing services/work under the er and (2) has a financial interest in the nty or board governed special district. Principal and//or Agent(s):						
-	NAME OF THE PARTY									

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 \$500, made to any member of the San Bernardino County Board

ATTACHMENT V

	listed in Question Nos. 1-8?
	No X 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: N/A
	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.
un co	signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor derstands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign intributions of more than \$500 to any member of the Board of Supervisors or other County elected officer while ward of this Contract is being considered and for 12 months after a final decision by the County.
Dr	The Jenetra Amage 2/7/2/25 Temetry A. Lindsey CEO/President Date Date