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



## **Contract Number**

22-472 A-1

**SAP Number** 4400019558

## **Department of Behavioral Health**

**Department Contract Representative** Diana Barajas **Telephone Number** (909) 388-0862 Contractor Inland Behavioral and Health Services, Inc. **Contractor Representative** Dr. Temetry Lindsey Telephone Number (909) 881-0111 **Contract Term** July 1, 2022 through June 30, 2027 **Original Contract Amount** \$1,685,950 **Amendment Amount** \$0 **Total Contract Amount** \$1,685,950 July 1, 2022 through June 30, 2024 **Total Aggregate Contract Term Total Aggregate Amount – For Clients** \$1,600,000 referred by CFS 1018511000 **Cost Center** 

## 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 Inland Behavioral and Health Services, Inc. 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:

- I. ARTICLE V <u>FUNDING</u>, paragraphs K and L, are hereby amended to read as follows:
  - K. The contract amendment amount of \$1,600,000 is additional aggregate funding 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 and 2023-24.
  - L. The revised Schedules A and B for fiscal years 2022-23 and 2023-24 will be submitted to, and approved by, the Director or designee at a later date. All previously approved schedules remain in effect.

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All other terms, conditions and covenants in the basic agreement remain in full force and effect. 11.

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.
1X a	(Print or type name of corporation, company, contractor, etc.) Docusioned by:
· Oaunm Rowe	By Dr. TEMETRY UNDSEY
Dawn Rowe, Chair, Board of Supervisors	B5មុ%blinoppeed signature - sign in blue ink)
Dated: MAY 2.3 7023	Name DR. TEMETRY LINDSEY
SIGNED AND CERTIFIED THAT A COPY OF THIS	(Print or type name of person signing contract)
Dated: MAY 23 2023  SIGNED AND CERTIFIED THAT A COPY OF THIS  DOCUMENT HAS BEEN DELIVERED TO THE  CHAIRMAN OF THE BOARD	Title CEO/President
Topa Monell	(Print or Type)
By Cultural Property of the Control	Dated: 5/10/2023
Deputy	Addres 1963 North E Street
RANARDINO COUNTY	San Bernardino, CA 92405
ARDINO CO	
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FOR COUNTY USE ONLY  APPROVED THE ONLY  Reviewed for Co	ntract Compliance Bayawad/Approved by Department
Dawn Martin Watalie Ken	
Dawn Martin, County Counsel  Natalia (Assessed	Gontracts Manager Georgina Poshioka, Director
Date5/10/2023 Date5/10/20	Date 5/10/2023

Inland Behavioral and Health Services, Inc.

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