

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



Contract Number
22-502 A-1

SAP Number
4400019749

Children and Family Services

Department Contract Representative
Telephone Number

Amanda Figueroa
(909) 386-8146

Contractor

Youths Hope License Clinical
Social Worker, Inc.

Contractor Representative
Telephone Number

Dr. Geoffrey Ibeabuchi
(909) 567-2808

Contract Term

July 1, 2022 through June 30, 2026

Original Contract Amount

\$10,262,840 Aggregate

Amendment Amount

\$3,283,935

Total Contract Amount

\$13,546,775 Aggregate

Cost Center

Grant Number (if applicable)

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 22-502, as follows:

SECTION V. FISCAL PROVISIONS

Amend Paragraph A to read as follows:

- A. The aggregate amount of payment under this Contract is a combined total for all CAPTS Contractors identified in the corresponding Board Agenda item and together shall not exceed \$13,546,775, of which \$8,263,533 may be federally funded, and shall be subject to the availability of funds to the County. The consideration to be paid to Contractor, as provided herein, per Maximum Fee Schedule (Attachment C) shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Amend Paragraph E to read as follows:

- E. Contractor shall provide:
1. An itemized invoice to the County by the tenth (10th) day of each month for clients served during the previous month.
 2. The invoice submission shall include:
 - a. Client's name;

- b. Child Welfare Services/Case Management System (CWS/CMS) case number;
- c. Efforts-to-Outcomes (ETO) number;
- d. Date(s) of service(s);
- e. Description of service;
- f. City service provided in;
- g. Staff License Type;
- h. Therapist/Facilitator Name;
- i. Cost of service(s);
- j. Supplemental Service, if provided;
- k. Client sign-in sheet(s), or verification that telehealth sessions took place, on County provided template (Attachments D and E);
- l. Associated referrals, including but not limited to, Referral Form CFS 13.5E CWS; and,

Add Paragraph O to read as follows:

- O. Contractor shall not be paid for services being invoiced without the accompanying documentation referenced in Section V. Fiscal Provisions, Paragraph E.

SECTION VIII. TERM

Amend section to read as follows:

This Contract is effective as of July 1, 2022 and expires June 30, 2026, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for one (1) additional one (1) year period by mutual agreement of the parties.

SECTION X. GENERAL PROVISIONS

Amend section to add Paragraph R as follows:

- R. **Executive Order N-6-22 Russian 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.

ATTACHMENTS

Add Attachment D – CAPTS Sign-In Sheet

Add Attachment E – CAPTS Class Sign-In Sheet

All other terms and conditions of Contracts No. 22-502 remain in full force and effect.

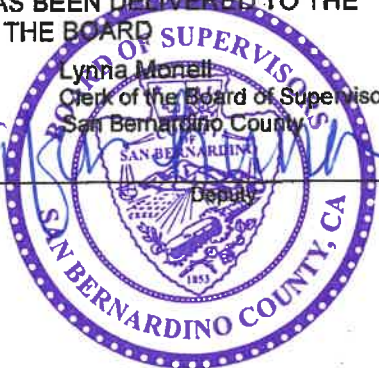
This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether 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

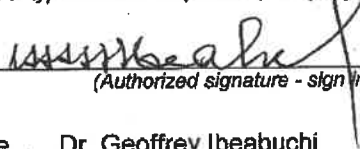
By 
Dawn Rowe, Chair, Board of Supervisors

Dated: JUN 18 2025
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
San Bernardino County



Youths Hope Licensed Clinical Social Worker, Inc.
(Print or type name of corporation, company, contractor, etc.)

By 
(Authorized signature - sign in blue ink)

Name Dr. Geoffrey Ibeabuchi
(Print or type name of person signing contract)

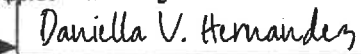
Title Chief Executive Officer
(Print or Type)

Dated: June 3, 2025

Address PO Box 264
Patton, CA 92369

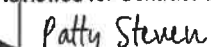
FOR COUNTY USE ONLY

Approved by Legal Form

By 
Daniella V. Hernandez, Deputy County Counsel

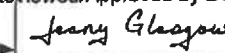
Date 6/5/2025

Reviewed for Contract Compliance

By 
Patty Steven, Contracts Manager

Date 6/5/2025

Reviewed and Approved by Department

By 
Jeany Glasgow, Director

Date 6/5/2025



CAPTS Sign-In Sheet

Name of Therapist: _____

Name of Client: _____

Therapy type:

☐ *Family/Couples

☐ *Group

☐ Individual

☐ *PCIT

	Date	Time In	Time Out	Client's Signature (Guardians may sign on behalf of children)	Telehealth Sessions Only Two Client ID Authentication Methods	Therapist Signature
1						
2						
3						
4						
5						
6						
7						



Class Sign-In Sheet

Name of Client: _____

Class type:

- ☐ Anger Management ☐ Domestic Violence ☐ Life Skills Classes
☐ Parent Education ☐ Support Groups

Date	Session Topic	Start Time	Client's Signature	Telehealth Sessions Only Two Client ID Authentication Methods	Facilitator Printed Name & Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					