

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

**Contract Number****20-1240 A-3****SAP Number****4400016176****Department of Behavioral Health**

<b>Department Contract Representative</b>	Diana Barajas
<b>Telephone Number</b>	(909) 388-0862
<b>Contractor</b>	Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital
<b>Contractor Representative</b>	Stephanie Berner
<b>Telephone Number</b>	909-590-4030
<b>Contract Term</b>	December 15, 2020 – June 30, 2025
<b>Original Contract Amount</b>	\$27,613,575
<b>Amendment Amount</b>	\$9,464,346
<b>Total Contract Amount</b>	\$37,077,921
<b>Cost Center</b>	9209191000
<b>Grant Number (if applicable)</b>	

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:****WITNESSETH:**

IN THAT CERTAIN Contract No. 20-1240 by and between San Bernardino County, a political subdivision of the State of California, and Contractor for fee-for-service acute psychiatric inpatient services, which Contract first became effective December 15, 2020, the following changes are hereby made and agreed to, effective upon date of execution:

- I. REFERENCED CONTRACT PROVISIONS are hereby amended to read as follows:

## REFERENCED CONTRACT PROVISIONS

**Term:** December 15, 2020 through June 30, 2025, inclusive

**Aggregate Maximum Obligation:**

TOTAL AGGREGATE MAXIMUM OBLIGATION:

\$37,077,921

**Hospital Name:**

Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital

**Hospital Classification:**

<input type="checkbox"/> In-County General Acute Care	<input checked="" type="checkbox"/> In-County Acute Psychiatric Hospital (IMD)
<input type="checkbox"/> Out-of-County General Acute Care	<input type="checkbox"/> Out-of-County Acute Psychiatric Hospital (IMD)

**Population Served:**

<input checked="" type="checkbox"/> Adults (18-64)	<input checked="" type="checkbox"/> Adolescents (13-17)
<input checked="" type="checkbox"/> Older Adults/Geriatrics (65 and older)	<input type="checkbox"/> Children (12 and under)

**Payment/Reimbursement Rate:**

In-County Acute Psychiatric Hospital (IMD)			
<i>Payor</i>	<i>Age Group</i>	<i>Day Type</i>	<i>Daily Rate</i>
DBH	Indigent (All ages)	Acute	County negotiated rate per 9 CCR 1820.110
	Medi-Cal Adult (21-64)	Administrative	County negotiated rate
Medi-Cal	Medi-Cal Adult (21-64) <i>only</i>	Acute	County negotiated rate per 9 CCR 1820.110
	Medi-Cal Child or Adolescent (0-17)	Administrative	Per DHCS
	Medi-Cal Adult (18-20 and 65+)		

**Notices to County and Contractor:**

COUNTY: County of San Bernardino  
 Department of Behavioral Health  
 Contracts Unit  
 303 East Vanderbilt Way  
 San Bernardino, CA 92415-0026

CONTRACTOR: Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital  
 5353 G Street  
 Chino, CA 91710

II. 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.

SAN BERNARDINO COUNTY

*Dawn Rowe*

Dawn Rowe, Chair, Board of Supervisors

Dated: DEC 17 2024

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

By *[Signature]* Deputy



Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital

(Print or type name of corporation, company, contractor, etc.)

By

*Stephanie Bernier*

(Authorized signature - sign in blue ink)

Name Stephanie Berner

(Print or type name of person signing contract)

Title CEO

(Print or Type)

Dated: 12/9/2024

Address 5353 G Street

Chino, CA 91710

FOR COUNTY USE ONLY

Approved as to Legal Form

*Dawn Martin*

Dawn Martin, Deputy County Counsel

Date 12/10/2024

Reviewed for Contract Compliance

*Lisa Rivas-Ordaz for Ellayna Hoatson*

Ellayna Hoatson, Contracts Supervisor

Date 12/10/2024

Reviewed/Approved by Department

*Georgina Yoshioka*

Georgina Yoshioka, Director

Date 12/9/2024

Lisa Rivas-Ordaz for Ellayna Hoatson