



**Contract Number**

**22-472 A-1**

**SAP Number**

**4400019558**

**Department of Behavioral Health**

<b>Department Contract Representative</b>	<u>Diana Barajas</u>
<b>Telephone Number</b>	<u>(909) 388-0862</u>
<b>Contractor</b>	<u>Inland Behavioral and Health Services, Inc.</u>
<b>Contractor Representative</b>	<u>Dr. Temetry Lindsey</u>
<b>Telephone Number</b>	<u>(909) 881-0111</u>
<b>Contract Term</b>	<u>July 1, 2022 through June 30, 2027</u>
<b>Original Contract Amount</b>	<u>\$2,290,745</u>
<b>Amendment Amount</b>	<u>\$0</u>
<b>Total Contract Amount</b>	<u>\$2,290,745</u>
<b>Total Aggregate Contract Term</b>	<u>July 1, 2022 through June 30, 2024</u>
<b>Total Aggregate Amount – For Clients referred by CFS</b>	<u>\$1,600,000</u>
<b>Cost Center</b>	<u>1018511000</u>

**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 FUNDING, 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.

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

Inland Behavioral and Health Services, Inc.

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

►  
\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

By ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

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

Name \_\_\_\_\_  
*(Print or type name of person signing contract)*

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

Title \_\_\_\_\_  
*(Print or Type)*

By \_\_\_\_\_  
Deputy

Dated: \_\_\_\_\_

Address \_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
► \_\_\_\_\_  
Dawn Martin, County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Natalie Kessee, Contracts Manager  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► \_\_\_\_\_  
Georgina Yoshioka, Director  
Date \_\_\_\_\_