



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	\$2,290,745
Amendment Amount	\$0
Total Contract Amount	\$2,290,745
Total Aggregate Contract Term	July 1, 2022 through June 30, 2024
Total Aggregate Amount – For Clients referred by CFS	\$1,600,000
Cost Center	1018511000

**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

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____
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 _____
Deputy

Inland Behavioral and Health Services, Inc.

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

By ► _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

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 _____