



**Contract Number**

16-410 A-5

**SAP Number**

4400002840

## Department of Behavioral Health

<b>Department Contract Representative</b>	Paul Lindenberg
<b>Telephone Number</b>	(909) 386-8264
<b>Contractor</b>	Inland Behavioral and Health Services, Inc.
<b>Contractor Representative</b>	Temetry Lindsey
<b>Telephone Number</b>	(909) 881-6146
<b>Contract Term</b>	July 1, 2016 – December 31, 2021
<b>Original Contract Amount</b>	\$3,201,125
<b>Amendment Amount</b>	\$320,112
<b>Total Contract Amount</b>	\$3,521,237
<b>Cost Center</b>	1018501000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Inland Behavioral and Health Services, Inc. referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 16-410** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Substance Use Disorder Perinatal Services, which Contract first became effective July 1, 2016 the following changes are hereby made and agreed to, effective July 1, 2021:

- I. ARTICLE IV Funding paragraph K is hereby amended and paragraph L is hereby added to read as follows:
  - K. The contract amendment amount of \$320,112 shall increase the total contract amount from \$3,201,125 to \$3,521,237 for the contract term.
  - L. This amendment hereby adds Schedules A and B for fiscal year 2021-22. All previously approved Budget Schedules remain in effect.
- II. ARTICLE XV DURATION AND TERMINATION paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2016 through December 31, 2021 inclusive.

III. 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.

COUNTY OF SAN BERNARDINO

Inland Behavioral and Health Services, Inc.

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

►  
Curt Hagman, Chairman, 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  
of the County of San Bernardino

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►  
Dawn Martin, Deputy County Counsel

►  
Natalie Kessee, Contracts Manager

►  
Veronica Kelley, Director

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT**  
**SCHEDULE A - Proposed Budget**

BUDGET PERIOD: 7/1/2021-12/31/2021

Contractor Name: Inland Behavioral and Health Services, Inc. (IBHS)  
Facility Address: 1963 North E Street  
San Bernardino, CA 92405-3919  
Provider Number (36xx): 36-3666

Prepared by: Peter De Mel, CFO  
Title: RFA#20-121 Perinat  
Date Prepared: 3/4/2020

Service Level	FUNDING SOURCE	Drug Medi-Cal	CalWORKs	CFS	Perinatal	TOTAL
2.1	<b>Intensive Outpatient Treatment (IOT)</b>					
	Cost - Individual IOT	\$ 61,600	\$ 1,430	\$ 6,600	\$ 6,600	\$ 76,230
	Units of Service (15 minute increment)	1,400	33	150	150	1,733
	Interim Rate	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44
	Cost - Group IOT	\$ 79,200	\$ 3,960	\$ 26,400	\$ 26,400	\$ 135,960
	Units of Service (15 minute increment)	1,800	90	600	600	3,090
	Interim Rate	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44
	<b>IOT Case Management</b>					
	Cost	\$ 15,180	\$ 220	\$ 6,600	\$ 4,400	\$ 26,400
	Units of Service (15 minute increment)	345	5	150	100	600
	Interim Rate	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44
	<b>Physician Consultation</b>					
	Cost					\$ 0
	Units of Service (15 minute increment)					\$ 0
	Interim Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	<b>Additional Medication Assisted Treatment (MAT)</b>					
	Cost					\$ 0
	Units of Service (15 minute increment)					\$ 0
	Interim Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	<b>SUMMARY OF ALL SERVICES</b>					
	Total Service Costs	\$ 155,980	\$ 5,610	\$ 39,600	\$ 37,400	\$ 238,590
	Units of Service (15 minute increment)	3,545	128	900	850	5,423
<b>NON-DMC REIMBURSABLE COSTS</b>					\$ 81,522	\$ 81,522
<b>GRAND TOTALS</b>		\$ 155,980	\$ 5,610	\$ 39,600	\$ 118,922	\$ 320,112

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT  
DMC Personnel Expense Detail

BUDGET PERIOD: 7/1/2021-12/31/2021

PROMIDER NAME: Inland Behavioral and Health Services,  
FACILITY ADDRESS: 1963 North E Street  
San Bernardino, CA 92405-3919  
PROMIDER NUMBER : (36XX) 36-3666

PREPARER: Peter De Mel, CFO  
TITLE: RFA#20-121 Perinatal, 16-410A-5 EXT.  
DATE PREPARED: 3/4/2020

Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% / FTE of Total Salary & Benefits	Total Salaries and Benefits Charged to Contract Services
Dir. of Social Services	\$ 48,800	\$ 5,873	\$ 52,673	20.0%	\$ 10,535
Program Manager	\$ 17,368	\$ 2,180	\$ 19,548	100.0%	\$ 19,548
Drug Counselor	\$ 17,368	\$ 2,180	\$ 19,548	100.0%	\$ 19,548
Health Educator	\$ 17,472	\$ 2,193	\$ 19,665	100.0%	\$ 19,665
AOD Counselor	\$ 17,160	\$ 2,154	\$ 19,314	100.0%	\$ 19,314
Perinatal Therapist	\$ 17,160	\$ 2,154	\$ 19,314	100.0%	\$ 19,314
Case Manager	15,652	\$ 1,964	\$ 17,616	100.0%	\$ 17,616
Child Care Coord.			\$ -		\$ -
Child Care			\$ -		\$ -
Child Care			\$ -		\$ -
Driver			\$ -		\$ -
Driver			\$ -		\$ -
Security	\$ 15,402	\$ 1,933	\$ 17,335	60.0%	\$ 10,401
SIMON Data/Chart Clerk	\$ 15,080	\$ 1,893	\$ 16,973	60.0%	\$ 10,184
Receptionist	\$ 14,560	\$ 1,827	\$ 16,387	60.0%	\$ 9,832
				TOTAL COST	\$ 155,955

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT

DM C Budget Detail  
BUDGET PERIOD: 7/1/2021-12/31/2021  
PROVIDER NAME: nd Behavioral and Health Services, Inc. (IB)

\* Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE, etc.). For example, show how indirect costs or overhead were calculated.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment Explanations*
TOTAL SALARIES AND BENEFITS	\$ 151,955	
<b>Equipment, Materials and Supplies</b>		
Depreciation - Equipment	\$ 342	Depreciation for equipment
Maintenance - Equipment	\$ 132	Maintenance
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$ 3,029	Copier and telephone lease
Clothing and Personal Supplies		
Food		Food Supplies for PCN Children
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies	\$ 155	Child care enhancement material
<b>Operating Expenses</b>		
Communications	\$ 4,631	Telephone Services
Depreciation - Structures and Improvements	\$ 13,161	Depreciation for Building structure
Household Expenses		
Insurance	\$ 4,128	Auto, General Cyber liability Insurance
Internet Expense	\$ 11,294	Internet expenses
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 2,198	Maintenance & Janitorial
Miscellaneous Expense		
Office Expense	\$ 1,871	Office supplies, postage
Publications and Legal Notices		
Rents & Leases - Land, Structures, and Improvements		
Taxes and Licenses	\$ 690	Licenses and taxes
Drug Screening and Other Testing	\$ 5,979	Redwood Toxicology for drug testing
Utilities	\$ 9,210	Electricity, water and gas services
Other		
<b>Professional and Special Services</b>		
Pharmaceutical		
Professional and Special Services	\$ 8,637	Medical Doctors and Independent C/A services
<b>Transportation</b>		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		Gas for PCN van transportation
Rents & Leases - Vehicles		
Depreciation - Vehicles		
<b>Other Costs</b>		
Administrative Indirect Costs	\$ 15,598	
OTHER		
TOTAL OPERATING EXPENSES	\$ 82,635	
FEE/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 238,690	

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT**  
**Non-DMC Personnel Expense Detail**

BUDGET PERIOD: 7/1/2021-12/31/2021

PROVIDER NAME: Inland Behavioral and Health Services, I  
FACILITY ADDRESS: 1963 North E Street  
San Bernardino, CA 92405-3919  
PROVIDER NUMBER : (36XX) 36-3666

PREPARER: Peter De Mel, CFO  
TITLE: RFA#20-121 Perinatal, 16-410A-5 EXT.  
DATE PREPARED: 3/4/2020

Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% / FTE of Total Salary & Benefits	Total Salaries and Benefits Charged to Contract Services
Dir. of Social Services			\$ -		\$ -
Program Manager			\$ -		\$ -
Drug Counselor			\$ -		\$ -
Health Educator			\$ -		\$ -
AOD Counselor			\$ -		\$ -
Perinatal Therapist			\$ -		\$ -
Case Manager			\$ -		\$ -
Child Care Coord.	\$ 16,775	\$ 2,105	\$ 18,880	100.0%	\$ 18,880
Child Care	\$ 12,657	\$ 1,588	\$ 14,245	50.0%	\$ 7,123
Child Care	\$ 12,480	\$ 1,568	\$ 14,048	50.0%	\$ 7,023
Driver	\$ 18,606	\$ 2,335	\$ 20,941	100.0%	\$ 20,941
Driver	\$ 15,080	\$ 1,893	\$ 16,973	100.0%	\$ 16,973
Security			\$ -		\$ -
SIMON Data/Chart Clerk			\$ -		\$ -
Receptionist					
				TOTAL COST	\$ 70,939

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT  
Non-DM C Budget Detail  
BUDGET PERIOD: 7/1/2021-12/31/2021  
PROVIDER NAME: Ind Behavioral and Health Services, Inc. (IBI)

\*Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE, etc.). For example, show how indirect costs or overhead were calculated.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment/Explanations*
<b>TOTAL SALARIES AND BENEFITS</b>	\$ 70,939	
<b>Equipment, Materials and Supplies</b>		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment		
Clothing and Personal Supplies		
Food	\$ 158	Food Supplies for PCN Children
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies		
<b>Operating Expenses</b>		
Communications		
Depreciation - Structures and Improvements		
Household Expenses		
Insurance		
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense		
Office Expense		
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements		
Taxes and Licenses		
Drug Screening and Other Testing		
Utilities		
Other		
<b>Professional and Special Services</b>		
Pharmaceutical		
Professional and Special Services		
<b>Transportation</b>		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles	\$ 2,393	Gas for PCN van transportation
Rents & Leases - Vehicles		
Depreciation - Vehicles	\$ 940	Depreciation for Vans
<b>Other Costs</b>		
Administrative Indirect Costs	\$ 7,094	
OTHER		
<b>TOTAL OPERATING EXPENSES</b>	\$ 10,583	
<b>FEES/OTHER AGENCY REVENUE</b>		
<b>TOTAL EXPENDITURES</b>	\$ 81,522	