



Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative	<u>Nathaniel Rodriguez</u>
Telephone Number	<u>(909) 388-0861</u>
Contractor	<u>MOU Template for Specialty Mental Health Services</u>
Contractor Representative	<u></u>
Telephone Number	<u></u>
Contract Term	<u>Date of Execution through June 30, 2030</u>
Original Contract Amount	<u>\$14,500,000 Aggregate</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>\$14,500,000 Aggregate</u>
Cost Center	<u></u>
Grant Number (if applicable)	<u>N/A</u>

Briefly describe the general nature of the contract:

This Memorandum of Understanding (MOU) Template is to be used with other counties, through its Health Care Agency, and San Bernardino County to ensure the provision of Specialty Mental Health Services (SMHS) for foster children when placed by either county into the other county. The two-way MOU establishes the responsibilities, processes, and reimbursement for SMHS for any County of Jurisdiction (COJ) foster youth who are placed outside of the COJ into a Community Treatment Facility, Group Home, and/or Short-Term Residential Treatment Program located in, and contracted with, the other county.

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____
Michael Shin, Administrative Manager

Date _____

Reviewed/Approved by Department

► _____
Joshua Dugas, Acting Director

Date _____