



**Contract Number**

18-389 A-4

**SAP Number**

4400008466

**Department of Behavioral Health**

<b>Department Contract Representative</b>	<u>Paul Lindenberg</u>
<b>Telephone Number</b>	<u>(909) 386-8264</u>
<b>Contractor</b>	<u>Mental Health Systems, Inc.</u>
<b>Contractor Representative</b>	<u>James C. Callaghan, Jr.</u>
<b>Telephone Number</b>	<u>(858) 766-3901</u>
<b>Contract Term</b>	<u>July 1, 2018 – June 30, 2023</u>
<b>Original Contract Amount</b>	<u>\$10,204,357</u>
<b>Amendment Amount</b>	<u>\$3,712,500</u>
<b>Total Contract Amount</b>	<u>\$13,916,857</u>
<b>Cost Center</b>	<u>9206402200</u>

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

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 18-389** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Full Services Partnership services, which Contract first became effective July 1, 2018, the following changes are hereby made and agreed to, effective March 15, 2022:

- I. ARTICLE IV FUNDING AND BUDGETARY RESTRICTIONS, paragraph J is hereby amended to read as follows:
  - J. The contract amendment amount of \$3,712,500 shall increase the total contract amount from \$10,204,357 to \$13,916,857 for the contract term.
- II. The Schedules A and B will be submitted to, and approved by, the Director or designee at a later date.

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.

SAN BERNARDINO COUNTY

Mental Health Systems, 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  
San Bernardino County

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

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

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

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

**FOR COUNTY USE ONLY**

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

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

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