

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



**Contract Number**

18-389 A-2

**SAP Number**

4400008466

**Department of Behavioral Health**

<b>Department Contract Representative</b>	Tammi Phillips
<b>Telephone Number</b>	909-386-0860
<b>Contractor</b>	Mental Health Systems, Inc.
<b>Contractor Representative</b>	Wendy Broughton, COO
<b>Telephone Number</b>	858-573-2600
<b>Contract Term</b>	July 1, 2018 – June 30, 2023
<b>Original Contract Amount</b>	\$9,815,603
<b>Amendment Amount</b>	\$ 176,707
<b>Total Contract Amount</b>	\$ 9,992,310
<b>Cost Center</b>	9206402200

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, 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 the County of San Bernardino, 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 October 1, 2020:

- I. ARTICLE IV Funding and Budgetary Restrictions, paragraph J is hereby amended to read as follows:
  - J. Initial Contract amount of \$9,815,603 has been amended to reflect an increase in the amount of \$176,707 for September 1, 2020 through June 30, 2021 as a one-time funding allocation from Coronavirus Aid, Relief and Economic Security (CARES) Act funding and CalHFA Annual Distribution of MHSA Funds during this specific time frame, resulting in the revised total contract amount of \$9,992,310 for the contract term.

1. The Schedules A and B will be submitted to, and approved by, the Director or designee at a later date.
- II. Addendum I – Terms and Definitions, Article I. DEFINITION OF RECOVERY, WELLNESS, AND RESILIENCE AND REHABILITATIVE MENTAL HEALTH SERVICES, paragraphs D.40 and D.41 are hereby added to read as follows:
  - D. 40. Moving Forward teams – consists of clinicians of various capacities who provide assessments, interventions, outreach, mental health and/or substance use disorder treatment, as well as case management to clients participating in the Project Roomkey program.
  - D. 41. Project Room Key - is a collaborative effort by the State of California and the County of San Bernardino to secure emergency housing in hotels/motels/and trailers for sick and medically vulnerable individuals experiencing homelessness as a result of COVID19.
- IV. Addendum I - Description of Program Services, Article VI. STAFFING, paragraph A.1.j) is hereby added to read as follows:
  1. j) Two (2) Master’s Level Clinical Case Managers: These positions will be a part of the Moving Forward teams for Project Roomkey. They will provide assessment, interventions and treatment with the goal of successfully housing guests in Project Roomkey. These positions have been funded by a one-time funding opportunity from CARES and CalHFA for the period of September 1, 2020 through June 30, 2021.

III.V. 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

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  
of the County of San Bernardino

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

By \_\_\_\_\_

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 \_\_\_\_\_