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

SAN BERNARDINO COUNTY

Contract Number

25-470 A-1

SAP Number

Department of Behavioral Health

Department Contract Representative	Nancy McPheeters
Telephone Number	(909) 388-0859
Contractor	Housing Authority of the County of San Bernardino
Contractor Representative	Mayra Small
Telephone Number	(909) 890-5306
Contract Term	March 1, 2025 through February 28, 2026
Original Contract Amount	$85,922 In-Kind Service Value
Amendment Amount	N/A
Total Contract Amount	$85,922 In-Kind Service Value
Cost Center	N/A
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS*:*

AMENDMENT NO. 1:

IN THAT CERTAIN Contract No. 25-470 by and between San Bernardino County, a political subdivision of the State of California, (hereinafter referred to as County) and the Housing Authority of the County of San Bernardino (hereinafter referred to as Contractor) for the Continuum of Care In-Kind Service value match, which contract first became effective March 1, 2025, the following changes are hereby made and agreed to:

I. ARTICLE VII. FISCAL PROVISIONS, section is hereby amended to read as follows:

This is a coordination of services agreement, there is no payment of costs or fiscal obligations between the agencies. HACSB and DBH are individually responsible for any costs incurred by their respective organizations due to commitments described in this MOU. Staffing will be maintained by each agency per the department budgets and the Exhibit A-Provider Rates attachment. Staffing is required to operate the services required under this MOU.

As part of the Cornerstone Program CoC grant CA1138L9D092308, HACSB is required to document at least 25% in-kind match for the amount of funding received. The value of the services provided by DBH will meet the required annual match. As required by HUD regulations, rates for services must be consistent with those ordinarily paid by other employers for similar work. This value is based on the County Interim Rates established by the State of California Department of Health Care Services for each Medi-Cal mode and service function that DBH is certified to provide based on the most recently filed cost report, trended forward using a cost of living index, and DBH's negotiated rates with contracted provider(s)/community based organization(s) based on their usual and customary charge for the specialty mental health services. This best represents how services are delivered and can be quantified to an applicable cost that includes both the salaries and benefits for staff as well as the applicable operating services those staff would incur, which collectively represents the cost of service to support the in-kind match requirement.

II. This amendment hereby adds EXHIBIT A – "Provider Rates".

III. All other terms and conditions of Contract No. 25-470 remain in full force and effect**.**

This Amendment 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 MOU. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (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 Amendment upon request.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this MOU Amendment to be subscribed by its respective duly authorized officers, on its behalf.

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

HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO

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

By ► Maria Razo

(Authorized signature - sign in blue ink)

Name

(*Print or type name of person signing contract)*

Title Executive Director

(Print or Type)

Dated:

Address 715 S. E. Brier Drive,

San Bernardino, CA 92408

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Dawn Martin, Deputy County Counsel	Michael Shin, Administrative Manager	Georgina Yoshioka, Director
Date	Date	Date

EXHIBIT A—Provider Rates

Step Up on Second			
Cost per Unit (1 minute = unit) Per Hour (60 min)	**Profession**	**Per Minute**	**Per Hour**
Case Management Services	Service Coordinator I	$1.87	$112.20
Mental Health/Therapy Servies	Service Coordinator II	$2.41	$144.60
Medication Support/ Nursing Services	Lead Nurse or Nurse Service Coordinator	$4.45	$ 267.00
Crisis related Services	Servicer Coordinator II Licensed Management	$3.58	$214.80

Valley Star			
Cost per Unit (1 minute = unit) Per Hour (60 min)	**Profession**	**Per Minute**	**Per Hour**
Crisis Intervention	Peer Support Staff, Mental Health Specialist I & II, Drug & Alcohol Counselor	$4.32	$259.20
Case Management/Referral	Peer Support Staff, Mental Health Specialist I & II, Drug & Alcohol Counselor	$2.31	$138.60
Mental Health Services	Mental Health Specialist I & II	$2.80	$168.00
Medication Support/ Nursing Ser-	Psych Nurse Practitioner	$5.29	$317.40