

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



Contract Number
24-306 A-1

SAP Number

Department of Behavioral Health

Department Contract Representative	Nancy McPheeters
Telephone Number	(909) 388-0859
Contractor	California Mental Health Services Authority
Contractor Representative	Holly Petrosyan
Telephone Number	(279) 234-0718
Contract Term	July 1, 2023 through June 30, 2026
Original Contract Amount	\$112,160
Amendment Amount	\$40,658
Total Contract Amount	\$152,818
Cost Center	N/A
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract:

Amendment No. 1 to Participation Agreement 24-306 with the California Mental Health Services Authority (Agreement No. 4634-SHB-2023-SBR), for the State Hospital Program, increasing the contract amount by \$40,658, from \$112,160 to \$152,818, and extending the term for an additional year, for the total contract period of July 1, 2023 through June 30, 2026.

FOR COUNTY USE ONLY

Signed by
Approved as to Legal Form

Dawn Martin

Dawn Martin, County Counsel

Date **5/29/2025**

Signed by
Reviewed for Contract Compliance

Michael Shin

Michael Shin, Contracts Manager

Date **5/29/2025**

Signed by
Reviewed/Approved by Department

Georgina Yoshioka

Georgina Yoshioka, Director

Date **5/29/2025**

4634-SHB-2023-SBR-AM1
State Hospital Beds Program
San Bernardino County
May 5, 2025

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT NO. 1
State Hospital Beds Program ("Program")

This Agreement Amendment No. 1 ("Amendment No. 1") amends Agreement No. 4634-SHB-2023-SBR ("Agreement"), a contract by and between the California Mental Health Service Authority ("CalMHSA") and San Bernardino County ("Participant"). This Amendment shall be effective upon execution by both parties.

Modified Program Term: This Amendment No. 1 modifies the Program Term end date from June 30, 2025 to June 30, 2026.

Modified Program Funding: This Amendment No. 1 removes eleven (11) beds in the amount of \$15,422, in alignment with the FY 2025-26 LPS Bed Allocation plan, for a total of twenty-nine (29) beds and a new funding amount of \$40,658 for the Modified Program Term, which will be invoiced by CalMHSA on July 1, 2025 and due within 30 days of receipt of the invoice.

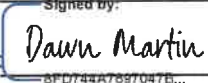
All other terms or provisions in the Agreement not amended by this Amendment No. 1 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereby confirm acceptance of the terms of this Amendment No. 1 by causing their duly authorized officers or representatives to execute this Amendment No. 1 as set out below.

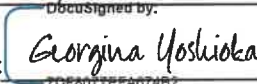
PARTICIPANT: SAN BERNARDINO COUNTY

Signed: _____ Name (Printed): _____

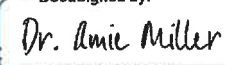
Title: _____ Date: _____

Signed:  _____ Name (Printed): Dawn Martin

Title: County Counsel Date: 6/12/2025

Signed:  _____ Name (Printed): Dr. Georgina Yoshioka, DSW, MBA, LCSv

Title: Director of Behavioral Health Date: 6/12/2025

CalMHSA DocuSigned by:
Signed:  _____ Name (Printed): Dr. Amie Miller, Psy.D., LMFT

Title: Executive Director Date: 6/13/2025



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Department of Behavioral Health

Contact Name: Nancy McPheeters Telephone: 909-388-0859

Agreement No.: 24-306 Amendment No.: 1 Date of Board Item 6/10/25 Board Item No.: 47

Name of Contract Entity/Project Name: CalMHSA Participation Agreement Amendment and MOU

Explanation of request/Special Instructions:

This request directs the Director of the Department of Behavioral Health to sign and submit the Amendment to the Participation Agreement and Memorandum of Understanding as authorized and approved by the Board of Supervisors, on behalf of the County, subject to County Counsel review on June 10, 2025, Item No. X 47

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Dawn Martin	Date Sent: 6/2/25
Reviewing County Counsel Use Only	Review Date <u>6/2/25</u> <u>Nancy McPheeters</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>6/11/25</u> <u>D. Martin</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ____ Chair ____ CEO <input checked="" type="checkbox"/> Department ____ Return to Department for preparation of agenda item