



Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative Diana Barajas
Telephone Number 909-388-0862

Contractor

Contractor Representative _____
Telephone Number _____
Contract Term July 1, 2023 through June 30, 2028
Original Contract Amount \$38,971,830 Total Aggregate
Amendment Amount \$2,006,400 for Enhanced Shelter Services Clients Only
Total Contract Amount \$40,978,230
Cost Center _____
Grant Number (if applicable) _____

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and (insert contractor's name here) referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

WITNESSETH:

IN THAT CERTAIN **Contract ##** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Emergency Shelter Services, which Contract first became effective July 1, 2023, the following changes are hereby made and agreed to, effective upon execution:

- I. **ARTICLE I DEFINITIONS**, letter L is hereby added as follows:
 - L. Enhanced Shelter Services – Emergency Shelter Services for individuals diagnosed with serious mental health conditions who are exiting either County detention center(s) and/or the Arrowhead Regional Medical Center outside of regular business hours (after 5:00 p.m. on week days, on weekends, and on holidays), with prior notification and agreement.

- II. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONS, paragraph C is hereby amended to read as follows:
- C. The contract amendment amount of \$2,006,400 shall increase the total contract amount from \$38,971,830 to \$40,978,230 for the contract term.
- III. ARTICLE VI PROVISIONAL PAYMENT, paragraph E is hereby amended to read as follows:
- E. The reimbursement rate for this agreement for consumers of Emergency Shelter Services is \$65 per filled bed, per day. The reimbursement rate for this agreement for consumers of Enhanced Shelter Services is \$150 per filled bed, per day.
- IV. ADDENDUM I, Paragraph A, number 6 is hereby added to read as follows:
6. Enhanced Shelter Services – Emergency Shelter Services for individuals diagnosed with serious mental health conditions who are exiting either County detention center(s) and/or the Arrowhead Regional Medical Center outside of regular business hours (after 5:00 p.m. on week days, on weekends, and on holidays), with prior notification and agreement.
- V. ADDENDUM I, Paragraph B, number 3, paragraph a is hereby amended to read as follows:
- a. Emergency Shelter Placements will typically be between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday. However, the contractor **must** be willing to accept placements after 5:00 p.m. on week days, on weekends, and holidays, with prior notification and agreement. Enhanced Shelter Placements made by County detention center(s) and/or the Arrowhead Regional Medical Center must be willing to accept referrals 24 hours a day, 7 days a week for immediate emergency shelter services consistent with the provision of services and program requirements.

VI. All other terms and conditions 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 Contract. 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 Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH


Georgina Yoshioka, Director

Dated: _____

**APPROVED AS TO LEGAL FORM
COUNTY COUNSEL**

By _____
Dawn Martin, Deputy County Counsel

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

By  _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)


Title _____
(Print or Type)

Dated _____

Address _____


FOR COUNTY USE ONLY

Approved as to Legal Form

 _____
Dawn Martin, County Counsel


Date _____

Reviewed for Contract Compliance

 _____
Michael Shin, Administrative Manager

Date _____

Reviewed/Approved by Department

 _____
Georgina Yoshioka, Director

Date _____