



Contract Number

19-589 A-1

SAP Number

4400012326

Department of Behavioral Health

Department Contract Representative	Deborah Forthun
Telephone Number	909-388-0862
Contractor	Crestwood Behavioral Health, Inc.
Contractor Representative	Gary Zeyen
Telephone Number	916-471-2242
Contract Term	August 20, 2019 thru August 19, 2024
Original Contract Amount	\$11,001,100
Amendment Amount	\$11,853,375
Total Contract Amount	\$22,854,475
Cost Center	9209181000

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 19-589** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Mental Health Rehabilitation Center (MHRC) services, which Contract first became effective August 20, 2019, the following changes are hereby made and agreed to, effective November 5, 2019.

- I. **REFERENCED CONTRACT PROVISIONS, Annual Maximum Obligation** is hereby amended to read as follows:

Maximum Obligation

TOTAL MAXIMUM OBLIGATION PER 5 YEAR CONTRACT: \$22,854,475

- II. ARTICLE IV. **Funding and Budgetary Restrictions**, paragraph D, is hereby amended to read as follows:

- D. The Contract amendment is increasing the total contract amount by \$11,853,375, from \$11,001,100 to \$22,854,475, with no change to the contract period of August 20, 2019 through August 19, 2024. This amendment hereby revises all Schedules A and B for all fiscal years. The revised schedules, A and B, will be submitted to, and approved by, the Director or designee at a later date.

III. ARTICLE V. Provisional Payment, paragraph A, is hereby amended to read as follows:

- A. County agrees to pay Contractor daily bed rates, based on care level of the consumer, for care levels 1, 2, and 3. Levels of care details are further defined in Addendum I, and specific pay levels are listed in the "Referenced Contract Provisions" page 3:

1. Level 1 (Fallbrook): \$433.00 per bed day
Level 1 (Bakersfield): \$649.00 per bed day for up to 1 bed, for a total of 365 client days annually.
2. Level 2 (Fallbrook): \$371.00 per day
3. Level 3 (Fallbrook): \$309.00 per day

The Deputy Director of Administrative Services and/or the Deputy Director with oversight of these contracted services is delegated the authority to approve changes to the rates as set forth above provided that the total contract amount is not exceeded during the contract term.

V. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

COUNTY OF SAN BERNARDINO

►
Curt Hagman, Chairman, 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
of the County of San Bernardino

By _____
Deputy

Crestwood Behavioral Health, Inc.

(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, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►
Natalie Kessee, Contracts Manager
Date _____

Reviewed/Approved by Department
►
Veronica Kelley, Director
Date _____