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**Contract Number**

**21-61 A-1**

**SAP Number**

**4400016090**

## Department of Behavioral Health

<b>Department Contract Representative</b>	<u>Eric Williams</u>
<b>Telephone Number</b>	<u>(909) 388-0951</u>
<b>Contractor</b>	<u>Amethyst Behavioral Health, LLC</u>
<b>Contractor Representative</b>	<u>Sandra Richardson</u>
<b>Telephone Number</b>	<u>(909) 809-9293</u>
<b>Contract Term</b>	<u>February 1, 2021 – June 30, 2024</u>
<b>Original Contract Amount</b>	<u>\$4,855,500</u>
<b>Amendment Amount</b>	<u>\$169,680</u>
<b>Total Contract Amount</b>	<u>\$5,025,180</u>
<b>Cost Center</b>	<u>9209242200</u>

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

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 21-61** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Adult Residential Facilities with Social Rehabilitation Program Services, which Contract first became effective February 1, 2021, the following changes are hereby made and agreed to, effective upon date of execution:

- I. "Referenced Contract Provisions" is hereby amended to read as follows:

**REFERENCED CONTRACT PROVISIONS 2020-2024**

**Term:** February 1, 2021, through June 30, 2024, inclusive.

**Maximum Obligation:**

FY 2020-21	\$585,000
FY 2021-22	\$1,423,500
FY 2022-23	\$1,439,880
FY 2023-24	\$1,576,800

**Basis for Reimbursement:**

Fee for Service

**Payment Method:**

Fee for Service

**Payment/Reimbursement Rate:**

County Authorized Basic Service Day

Max Per Diem, Per Bed, Occupied \$360.00

Max Per Diem, DBH \*bed holds/vacant hold: \*\$100.00

\*Valid only when authorized by DBH Administration

**Notices to County and Contractor:**

COUNTY:

County of San Bernardino  
Department of Behavioral Health  
Contracts Unit  
303 E. Vanderbilt Way  
San Bernardino, CA 92415-0026

CONTRACTOR:

Amethyst Behavioral Health, LLC.  
320 E. Union Avenue  
Redlands, CA 92374

LOCATION OF SERVICES:

921 Tribune St Redlands, CA 92374 (909) 809-9348 / (909) 809-9293	923 Tribune St Redlands, CA 92374 (909) 809-9348 / (909) 809-9293
925 Tribune St Redlands, CA 92374 (909) 809-9348 / (909) 809-9293	

Additional program sites may be added upon DBH approval per contract guidelines. See Article V, paragraph D in contract and Article V, paragraphs C and D in the attached addendum.

- II. ARTICLE IV FUNDING AND BUDGETARY RESTRICTIONS, paragraph L is hereby amended to read as follows:
  - L. The contract amendment amount of \$169,680 shall increase the total contract amount from \$4,855,500 to \$5,025,180 for the contract term.
- III. This amendment hereby amends Schedules A and B for FY 2022/23 and 2023/24. The Schedules A and B will be submitted to, and approved by, the Director or designee at a later. All previously approved schedules remain in effect.

IV. All other terms, conditions and covenants in the basic agreement 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 Amendment. 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.

SAN BERNARDINO COUNTY

Amethyst Behavioral Health, LLC

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

►  
\_\_\_\_\_  
Dawn Rowe, Chair, 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 Cole Fry  
*(Print or type name of person signing contract)*

Lynna Monell  
Clerk of the Board of Supervisors  
of San Bernardino County

Title President  
*(Print or Type)*

By \_\_\_\_\_  
Deputy

Dated: \_\_\_\_\_

Address 320 E. Union Avenue  
Redlands, CA 92373

**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  
►  
Georgina Yoshioka, Director  
Date \_\_\_\_\_