



**Contract Number**

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**SAP Number**  
N/A

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## Department of Behavioral Health

<p><b>Department Contract Representative</b></p> <p><b>Telephone Number</b></p> <p><b>Contractor</b></p> <p><b>Contractor Representative</b></p> <p><b>Telephone Number</b></p> <p><b>Contract Term</b></p> <p><b>Original Contract Amount</b></p> <p><b>Amendment Amount</b></p> <p><b>Total Contract Amount</b></p> <p><b>Cost Center</b></p>	<p><u>Ellayna Hoatson</u></p> <hr/> <p><b>(909) 388-0858</b></p> <hr/> <p><b>State of California Department of Health Care Services – Mental Health Services Division</b></p> <hr/> <p>Nancy Shinn</p> <hr/> <p><b>(916) 713-8554</b></p> <hr/> <p>July 1, 2021 – June 30, 2024</p> <hr/> <p>N/A</p> <hr/> <p>N/A</p> <hr/> <p>N/A</p> <hr/>
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**Briefly describe the general nature of the contract:** This is a non-financial Agreement, No. 21-10106, with the State of California Department of Health Care Services for a County mandated Performance Contract, for the period July 1, 2021 through June 30, 2024. Pursuant to Sections 5650(a), 5847, of the Welfare and Institutions Code and Title 9, California Code of Regulations (CCR), section 3310, the California Department of Health Care Services and the County Department of Behavioral Health must enter into a mandated Performance Contract. The Contract requires that DBH comply with the requirements for quality assurance, the scope of work and program standards, budget requirements, and accountability measures for local mental health programs. DBH must meet certain conditions and requirements detailed in the Contract to receive funding for these programs.

**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 _____
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