



**Contract Number**

---

**SAP Number**

---

## Department of Behavioral Health

<b>Department Contract Representative</b>	Misty Steffen
<b>Telephone Number</b>	(909) 383-3978
<b>Contractor</b>	<b>California Department of Health Care Services</b>
<b>Contractor Representative</b>	Dee Taylor
<b>Telephone Number</b>	(916) 713-8509
<b>Contract Term</b>	July 1, 2025 through December 31, 2026
<b>Original Contract Amount</b>	N/A
<b>Amendment Amount</b>	N/A
<b>Total Contract Amount</b>	N/A
<b>Cost Center</b>	
<b>Grant Number (if applicable)</b>	

**Briefly describe the general nature of the contract:**

State Agreement No. 25-50146 for Specialty Mental Health Services between the County and the Department of Health Care Services for a total contract period of July 1, 2025 to December 31, 2026.

**FOR COUNTY USE ONLY**

Approved as to Legal Form  ▶ _____ Dawn Martin, Deputy County Counsel  Date _____	Reviewed for Contract Compliance  ▶ _____ Michael Shin, Contracts Manager  Date _____	Reviewed/Approved by Department  ▶ _____ Georgina Yoshioka, Director  Date _____
--	--	---