

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



**Contract Number**

24-306 A-2

**SAP Number**

## Department of Behavioral Health




**Department Contract Representative Telephone Number** Vanessa Esparza  
(909) 388-0858

**Contractor** California Mental Health Services Authority  
**Contractor Representative Telephone Number** Holly Petrosyan  
(279) 234-0718  
**Contract Term** July 1, 2023 through June 30, 2027  
**Original Contract Amount** \$152,818  
**Amendment Amount** \$ 44,864  
**Total Contract Amount** \$197,682  
**Cost Center** N/A  
**Grant Number (if applicable)** N/A

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

Amendment No. 2 to Participation Agreement No. 24-306 with the California Mental Health Services Authority (Agreement No. 4634-SHB-2023-SBR) for the State Hospital Program, increasing the total contract amount by \$44,864, from \$152,818 to \$197,682, and extending the term an additional year, for the total contract period of July 1, 2023, through June 30, 2027.

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
 <u>Kristina Robb, Deputy County Counsel</u>	 <u>Michael Shin, Administrative Manager</u>	 <u>Joshua Dugas, Acting Director</u>
Date _____	Date _____	Date _____