



**Contract Number**

\_\_\_\_\_

**SAP Number**

**N/A**

\_\_\_\_\_

## Department of Behavioral Health

<b>Department Contract Representative</b>	Diana Barajas
<b>Telephone Number</b>	909-388-0862
<b>Contractor</b>	California Department of Health Care Services
<b>Contractor Representative</b>	Erika Cristo
<b>Telephone Number</b>	(916) 713-8509
<b>Contract Term</b>	July 1, 2022 through June 30, 2027
<b>Original Contract Amount</b>	N/A
<b>Amendment Amount</b>	
<b>Total Contract Amount</b>	N/A
<b>Cost Center</b>	

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

Mental Health Plan contract (State Agreement No. 22-20127) with the California Department of Health Care Services for the Provision of Specialty Mental Health Services, for the period of July 1, 2022 through June 30, 2027.

### 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, Interim Director

Date \_\_\_\_\_