

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ PAGES

AGREEMENT NUMBER

24MHSOAC038

AMENDMENT NUMBER

01

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Behavioral Health Services Oversight and Accountability Commission

CONTRACTOR NAME

Tehama County Health Services Agency

2. The term of this Agreement is:

START DATE

12/12/2024

THROUGH END DATE

3/31/2028

3. The maximum amount of this Agreement after this Amendment is:

\$500,000.00 (Five Hundred Thousand and zero cents)

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Amendment does the following:

- Extends the contract end date from December 31, 2027 to March 31, 2028.

The parties recognize that the Mental Health Services Oversight and Accountability Commission (MHSOAC) has been renamed the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and Mental Health Student Services Act (MHSSA) has been renamed to Behavioral Health Student Services Act (BHSSA) effective January 1, 2025. All references to MHSOAC and MHSSA used in this agreement shall be read to mean BHSOAC and BHSSA.

The parties also recognize that Marginalized & Vulnerable Youth has been renamed to At Promise Youth.

All language that has been added is shown in bold and underlined. All language that has been deleted is shown in strike through.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

Tehama County Health Services Agency

CONTRACTOR BUSINESS ADDRESS

P.O. Box 400

CITY

Red Bluff

STATE

CA

ZIP

96080

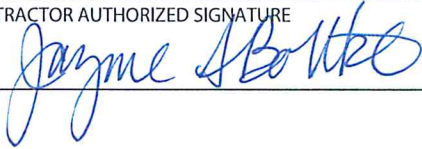
PRINTED NAME OF PERSON SIGNING

Jayme S. Bottke

TITLE

Executive Director

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

10-1-25

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Purchasing Authority Number

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Behavioral Health Services Oversight and Accountability Commission

CONTRACTING AGENCY ADDRESS

1812 9th Street

CITY

Sacramento

STATE

CA

ZIP

95811

PRINTED NAME OF PERSON SIGNING

Norma Pate

TITLE

Deputy Director

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

WIC 5897 (f)