

**STANDARD AGREEMENT - AMENDMENT**

Napa County Agreement No. 220360B A2

STD 213A (Rev. 4/2020)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED \_\_\_\_\_ PAGES

AGREEMENT NUMBER

21MHSOAC055

AMENDMENT NUMBER

A.2

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

Napa County Health and Human Services, Mental Health Division

2. The term of this Agreement is:

START DATE

7/19/2022

THROUGH END DATE

12/31/2027

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

\$2,954,476.00 (Two million, nine hundred fifty four thousand, four hundred seventy six dollars 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 2 does the following:

-Extends the end date from 12/31/26 to 12/31/27

-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), the Mental Health Services Act (MHSA) has been revised and renamed to the Behavioral Health Services Act (BHSA), and the Mental Health Student Services Act (MHSSA) has been renamed to Behavioral Health Student Services Act (BHSSA), all effective as of January 1, 2025. All references to MHSOAC, MHSA, and MHSSA used in this agreement shall be read to mean BHSOAC, BHSA, and BHSSA.

*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.)

Napa County Health and Human Services, Mental Health Division

CONTRACTOR BUSINESS ADDRESS

2751 Napa Valley Corporate Drive, Building A

CITY

Napa

STATE

CA

ZIP

94558

PRINTED NAME OF PERSON SIGNING

Belia Ramos

TITLE

Chair of the Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

Approved as to form:

Napa County Counsel



By: Jo Ann Iwasaki Parker, Deputy C.C.

Dated: May 11, 2026

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AMENDMENT NUMBER

A.2

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

Brenda Grealish

TITLE

Executive Director

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

WIC 5897 (f)