

**BOARD OF SUPERVISORS**  
LASSEN COUNTY CALIFORNIA

**AGENDA REQUEST FORM**

**TODAY'S DATE: 06/29/2018**

Board Date: 07/10/2018	Agenda Item:
Dept.: Health and Social Services	Division or Title: Behavioral Health
Contact Person: Barbara Longo	Phone: 530-251-8128
<input type="checkbox"/> Regular Agenda	<input checked="" type="checkbox"/> Consent Agenda
<input type="checkbox"/> Time Certain:	Estimate Time (minutes):
<input type="checkbox"/> Public Hearing/Time:	<input type="checkbox"/> Publication/Posting Requirements
<input checked="" type="checkbox"/> Special Directions to Clerk (Below)	

SUBJECT: Amendment A01 to Mental Health Plan (MHP) Agreement No. 12-89370 with Department of Health Care Services (DHCS) for May 1, 2013 through June 30, 2017.

FISCAL IMPACT: There is no impact to County General Funds. This is a revenue agreement.

ACTION REQUESTED: 1) Approve MHP Agreement #12-89370, Amendment A01; and 2) authorize the County Administrative Officer to sign the contract.

COMMENTS:

SPECIAL INSTRUCTIONS TO CLERK: Please return Two (2) Original Form STD 213A, Two (2) Original Contractor Certification Clauses 307, Two (2) Original California Civil Rights and Two (2) Minute Orders to Danielle Sanchez in the Health and Social Services Administrative Office.