

1. **Identification of Contract to be Amended.**
Number: 74-700
Effective Date: March 1, 2024
Department: Health Services – Behavioral Health Services Division/Mental Health
Subject: Interagency Agreement between Contra Costa County and City of San Pablo for its Police Department for Mental Health Evaluation Team (MHET) Services
2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Agency mutually agree and promise as follows:
Agency: CITY OF SAN PABLO FOR ITS POLICE DEPARTMENT
Capacity: Government Agency
Legal Address: 1000 Gateway Avenue, San Pablo, California 94806
3. **Amendment Date.** The effective date of this Amendment is July 1, 2026.
4. **Amendment Specifications.** The Contract identified above is hereby amended as set forth in the “Amendment Specifications” attached hereto which are incorporated herein by reference.
5. **Signatures.** These signatures attest the parties’ agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS	ATTEST: Clerk of the Board of Supervisors
By _____ Chair/Designee	By _____ Deputy

AGENCY

Signature A Name of business entity: City of San Pablo By _____ (Signature of individual or officer) _____ (Print name and title A, if applicable)	Signature B Name of business entity: City of San Pablo By _____ (Signature of individual or officer) _____ (Print name and title B, if applicable)
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Note to Contractor: For corporations (profit or nonprofit) and limited liability companies, the contract must be signed by two officers. Signature A must be that of the chairman of the board, president, or vice-president; and Signature B must be that of the secretary, any assistant secretary, chief financial officer or any assistant treasurer (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on form L-2.

Contra Costa County
Standard Form L-2
Revised 2014.2

ACKNOWLEDGMENTS/APPROVALS
(Purchase of Services – Long Form)

Number 74-700-1

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

On _____ (Date), before me, _____ (Name and Title of the Officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL

Signature of Notary Public

Place Seal Above

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

FORM APPROVED COUNTY COUNSEL

By: DocuSigned by:
Suzanne Tavano, Ph.D.
FF833B9D4EC34B7...
Designee

By: County Counsel approval not required
per September 12, 2006 Board Order
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee

Initial
SC

AMENDMENT SPECIFICATIONS

Number: 74-700-1

In consideration of County's agreement to provide additional Mental Health Evaluation Team (MHET) services under the Interagency Agreement identified herein, County and City agree to increase the Payment Limit with no change in the original term of the Agreement. County and Contractor agree therefore to amend said Agreement as set forth below while all other parts of the Agreement remain unchanged and in full force and effect.

1. **Increase in Interagency Agreement Payment Limit.** The payment limit specified in Paragraph 4. (Payment Limit), is hereby increased by **\$77,714**, from **\$571,552** to a new total Payment Limit of **\$649,266**.
2. **Modification of Service Plan.** The Service Plan Paragraph V. (Payment Provisions) is hereby modified to read as follows:

“V. PAYMENT PROVISIONS

In full consideration for the City's performance of all the obligations described in this Service Plan throughout the term of this Agreement, the County will reimburse City for costs it actually incurs to perform those obligations up to **\$649,266** (“Payment Limit”) subject to the Payment Provisions of this Agreement. Any costs that exceed the Payment Limit that the City incurs to perform the obligations described in this Agreement, including, but not limited to, excess salary and benefits, equipment, and training costs, shall be paid by the city in the form of an in-kind funding match. The County will not reimburse the City for any costs in excess of the Payment Limit, but the City shall continue to be required to provide all of its obligations described in this agreement for the duration of the Agreement. The County will not reimburse the City for any costs of duplicate services provided under any other agreement between the City and County, and the City shall not demand payment under this Agreement for any services the City provides under any other agreement with the County.”

Initials: _____
Contractor

DS


County Dept.