

**AMENDMENT NO. 1 TO FORM OF CONTRACT**

Service

Provider: Health Connect America (HCA) d/b/a Georgia Hope

Contract No. 22RFP038A-CJC(E), Fulton County Behavioral Health Network

Address: 508 Autumn Springs Ct Unit A  
City, State Franklin, TN 37067

Telephone: (215) 479-4489

E-mail: nraymond@gahope.org

Contact: Nikki Raymond  
Chief Executive Officer

**W I T N E S S E T H**

WHEREAS, Fulton County (“County”) entered into a Contract with Health Connect America (HCA) d/b/a Georgia Hope to provide to strengthen the experience of clients seeking behavioral health services for Core Child & Adolescent Outpatient Services at the Oak Hill Child, Adolescent and Family Center, dated January 1, 2023, on behalf of the Department of Behavioral Health and Developmental Disabilities (“BHDD”); and

WHEREAS, the County wishes to amend the existing contract to extend the renewal contract previously approved on December 3, 2025 (Agenda Item # 25-0926), through June 30, 2026, for an additional six-month period, effective July 1, 2026, through December 31, 2026, based on the corrective action plan; and

WHEREAS, the Service Provider has committed to adhere to a corrective action plan to ensure service delivery consistency and alignment with contract expectations; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on June 17, 2026, BOC Item #26- .

**NOW, THEREFORE,** the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 1<sup>st</sup> day of July 2026, between the County and Health Connect America (HCA) d/b/a Georgia Hope, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To continue to provide behavioral health services for Core Child & Adolescent Outpatient Services at the Oak Hill Child, Adolescent and Family Center through December 31, 2026.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Service Provider for a total amount not to exceed \$400,000.00 (Four Hundred Thousand Dollars and No Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No.1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**IN WITNESS THEREOF**, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

**FULTON COUNTY, GEORGIA**

SERVICE PROVIDER:

**HEALTH CONNECT AMERICA  
(HCA) D/B/A/ GEORGIA HOPE**

\_\_\_\_\_  
Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

\_\_\_\_\_  
Nikki Raymond  
Chief Executive Officer

ATTEST:

\_\_\_\_\_  
Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

\_\_\_\_\_  
Office of the County Attorney

APPROVED AS TO CONTENT:

\_\_\_\_\_  
LaTrina Foster, LPC, Director  
Department of Behavioral Health &  
Developmental Disabilities

ITEM#: _____ RM: _____	ITEM#: _____ 2 <sup>ND</sup> RM: _____
<b>REGULAR MEETING</b>	<b>SECOND REGULAR MEETING</b>