

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT AMENDMENT  
COVER SHEET**

This Participation Agreement Amendment is contracted between the California Mental Health Services Authority ("CalMHSA") and Santa Barbara County acknowledging their continued desire to participate in the Inter-Member Transfer Program.

This Participation Agreement Amendment No. 511-2018-PT-SBC-A3 amends the initial Agreement No. 414-2018-PT-SBC, the First Amendment No. 511-2018-PT-SBC-A1, and Second Amendment No. 511-2018-PT-SBC-A2 by adding the changes described below:

1. **Term of Service:** Extends the terms of service from July 1, 2021 to June 30, 2024;
2. **Deposit:** Increase the deposit amount of this Agreement for FYs 21-24, in a total amount not to exceed \$200,000, with the annual deposit amount to vary based on actual transactions performed for a total maximum funding amount of \$262,673.46, inclusive of the \$59,689.75 initial funding amount and the initial 5% administrative fee of \$2,984.46.
3. **Administrative Fee:** Pay a 5% Administration Fee of \$2,984.45 for FY 21-22, payable upon execution of this amendment, and thereafter pay a 5% administration fee annually based on the County's current deposit into the banking pool, for the administration and operation of the program, which may range from \$2,984.45 to \$12,984.46 annually.
4. All other terms and provisions of the initial Agreement, the First Amendment and the Second Amendment not cited in this Agreement shall remain in full force and effect.

10/14/21

**AUTHORIZED SIGNATURES:**

**COUNTY OF SANTA BARBARA:**

Signed: *Bob Nelson* Name: Bob Nelson

Title: Chair, Board of Supervisors Date: 9.14.2021

Signed: DocuSigned by: *Pam Fisher* Name: Pamela Fisher  
938974A72A024BB...

Title: Acting Director, Behavioral Wellness Date: 9/2/2021

**ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD**

Signed: *Sheila de la Guerra* Name: Sheila de la Guerra

Title: Deputy Clerk Date: 9-14-21

**APPROVE AS TO FORM: COUNTY COUNSEL**

Signed: DocuSigned by: *Teresa M. Martinez* Name: Teresa M. Martinez  
232F4F3F173540D...

Title: Deputy County Counsel Date: 9/2/2021

**APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER**

Signed: DocuSigned by: *Robert Geis* Name: Robert Geis  
D25019E2AF094BE...

Title: Deputy Date: 9/2/2021

**APPROVE AS TO INSURANCE FORM: RISK MANAGEMENT**

Signed: DocuSigned by: *Ray Aromatorio* Name: Ray Aromatorio  
D3DB8526E16F47F...

Title: Risk Manager Date: 9/2/2021

**CONTRACTOR: CalMHSA**

Signed: DocuSigned by: *Amie Miller* Name: Dr. Amie Miller  
51893FC8972F49C...

Title: Executive Director Date: 9/2/2021