

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT AMENDMENT  
COVER SHEET

1. Santa Barbara County ("Participant") desires to participate in the Program identified below.  
  
Name of Program: State Hospitals Program
2. This Participation Agreement Amendment No. 278-2017-SHP-A3 extends the current term for one additional fiscal year, from 7/1/2021 through 6/30/2022, for a funding amount not to exceed \$1,402 per bed, per fiscal year, unless the Participant does not procure any beds.
3. All other terms of the initial Participation Agreement No. 278-2017-SHP, the First Amendment No. 278-2017-SHP-A1, and the Second Amendment No. 278-2017-SHP-A2 not cited in this Agreement shall remain in full force and effect. This Participation Agreement No. 278-2017-SHP-A3 may be executed in counterparts.
4. Authorized Signatures:

**COUNTY OF SANTA BARBARA:**

Signed: \_\_\_\_\_ Name: Antonette Navarro, LMFT

Title: Director, Behavioral Wellness Date: \_\_\_\_\_

APPROVE AS TO FORM: COUNTY COUNSEL

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Title: Deputy County Counsel Date: \_\_\_\_\_

APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Title: Deputy Date: \_\_\_\_\_

APPROVE AS TO INSURANCE FORM: RISK MANAGEMENT

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Title: Risk Manager Date: \_\_\_\_\_

**CONTRACTOR:** California Mental Health Services Authority

Signed: \_\_\_\_\_ Name: Dr. Amie Miller, PsyD., LMFT

Title: Executive Director Date: \_\_\_\_\_