

**Attachment A –
CaIMHSA FY 2023-27 SHB
Program Participation Agreement
No. 4640-SHB-2023-SB
Second Amendment**

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT NO. 2
STATE HOSPITAL PROGRAM

This Second Amendment to the Participation Agreement (No. 4640-SHB-2023-SB) (“Amendment No. 2”) is entered into by and between the County of Santa Barbara (“Participant”), a political subdivision of the State of California, and California Mental Health Services Authority (“CalMHSA”), a Joint Powers Authority, for the continued provision of services specified herein. This Amendment No. 2 shall be effective upon execution by both parties.

RECITALS

With reference to the following:

WHEREAS, through the CalMHSA State Hospital Program (“Program”), CalMHSA administers and negotiates terms and rates for psychiatric bed utilization at the Department of State Hospitals (“DSH”) with DSH for CalMHSA’s members;

WHEREAS, on May 7, 2024, Participant entered into a Participation Agreement (“Agreement”) with CalMHSA (collectively, the “parties”) for participation in CalMHSA’s State Hospital Program for a total maximum contract amount not to exceed \$25,236 (inclusive of \$12,618 per fiscal year) for the period of July 1, 2023, to June 30, 2025;

WHEREAS, on June 10, 2025, the parties entered into a First Amendment of the Agreement (“Amendment No. 1”) with CalMHSA to extend the term of the contract from June 30, 2025, through June 30, 2026, for a revised contract term of July 1, 2023, through June 30, 2026, and increase the contract amount by \$11,216 for a revised total contract maximum not to exceed \$36,452 (inclusive of \$12,618 per fiscal year (“FY”) for FY 2023-2025 and \$11,216 for FY 2025-2026); and

WHEREAS, the parties wish to make certain changes to the Agreement through this Amendment No. 2 to extend the term of the contract from June 30, 2026, through June 30, 2027, for a revised contract term of July 1, 2023, through June 30, 2027, and increase the contract amount by \$11,216, for a revised total contract maximum not to exceed \$47,668 (inclusive of \$12,618 per FY for FY 2023-2025 and \$11,216 per FY for FY 2025-2027).

NOW THEREFORE, in consideration of the mutual covenants, terms, and conditions contained herein, the parties agree as follows:

- I.** Delete Item 3 of the Cover Sheet of the Agreement, and replace it with the following:
 3. The maximum amount payable under this Agreement is \$47,668.
- II.** Delete Item 6 of the Cover Sheet of the Agreement, and replace it with the following:
 6. The term of the Program is July 1, 2023, through June 30, 2027.
- III.** Delete Section II, Term of Program, of Exhibit A, Program Description and Funding, of the Agreement, and replace it with the following:
 - II. Term of Program: July 1, 2023, through June 30, 2027.**
- IV.** Delete Section IV, Fees, of Exhibit A, Program Description and Funding, of the Agreement, and

replace it with the following:

IV. Fees:

The program fee for the State Hospital Program is \$1,402 per bed allocation per county (bed allocation determined by the Department of State Hospitals (“DSH”). Each county must pay a minimum fee of \$1,402 per bed per fiscal year even if the annual bed allocation is zero. Based on June 2023, data provided by DSH, Santa Barbara County is allocated an annual bed number of 9 beds. Therefore, the fee is \$12,618 for fiscal year (“FY”) 2023-2024 and \$12,618 for FY 2024-2025, for a total of \$25,236. As of July 2025, Santa Barbara County is currently allocated an annual bed number of 8 beds. Therefore, the fee is \$11,216 for FY 2025-2026 and \$11,216 for FY 2026-2027, for a total of \$22,432. The first installment of \$12,618 for FY 2023-2024 is to be invoiced by CalMHSA upon execution of this Agreement. The second installment of \$12,618 for FY 2024-2025 is to be invoiced by July 1, 2024. The third installment of \$11,216 for FY 2025-2026 is to be invoiced by July 1, 2025. The fourth installment of \$11,216 for FY 2026-2027 is to be invoiced by July 1, 2026. Installments are payable within thirty (30) days of receipt of the invoice.

V. Delete Section III, Duration, Term, and Amendment, Subsection A of Exhibit B, General Terms and Conditions, of the Agreement, and replace it with the following:

A. The term of the Program is for 48 months.

VI. Delete Section V, Fiscal Provisions, Subsection B, Payment Terms, of Exhibit B, General Terms and Conditions, of the Agreement, and replace it with the following:

B. Payment Terms – Program fees are invoiced by CalMHSA by the first day of each fiscal year; on July 1 for FY 2026-2027, and payable within thirty (30) days of receipt of the invoice by Participant.

VII. Delete Section I, Funding Allocation, of Exhibit C, County Specific Funding, of the Agreement, and replace it with the following:

RATE	Beds Per Year	FY 2023-2027	TOTAL
Yr 1 \$1,402	9	\$12,618	\$12,618
Yr 2 \$1,402	9	\$12,618	\$12,618
Yr 3 \$1,402	8	\$11,216	\$11,216
Yr 4 \$1,402	8	\$11,216	\$11,216
			\$47,668

Agreement No. 4640-SHB-2023-SB-AM2

State Hospital Program

Santa Barbara County

Page 3 of 5

April 8, 2026

- VIII.** Effectiveness. The terms and provisions set forth in this Amendment No. 2 shall modify and supersede all inconsistent terms and provisions set forth in the original Agreement and Amendment No. 1. The terms and provisions of the original Agreement and Amendment No. 1, except as expressly modified and superseded by this Amendment No. 2, is ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.
- IX.** Execution of Counterparts. This Amendment No. 2 may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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SIGNATURE PAGE FOLLOWS.

SIGNATURE PAGE

Amendment No. 2 to the Participation Agreement between the **County of Santa Barbara** and the **California Mental Health Services Authority**.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 2 to be effective as of the date executed by both parties

PARTICIPANT: COUNTY OF SANTA BARBARA

COUNTY OF SANTA BARBARA:

By: _____
BOB NELSON, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk
Date: _____

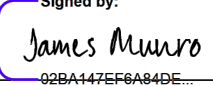
APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By:  _____
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Deputy County Counsel

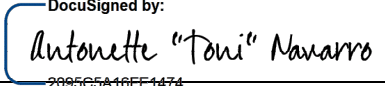
APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:  _____
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Deputy

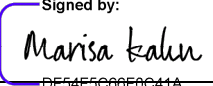
RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT DIRECTOR,
DEPARTMENT OF BEHAVIORAL WELLNESS

By:  _____
2095C5A10FE1474...
Director

APPROVED AS TO FORM:

MARISA KAHN, INTERIM RISK MANAGER
DEPARTMENT OF RISK MANAGEMENT

By:  _____
DF54F5C60F0C41A...
Interim Risk Manager

California Mental Health Services Authority:

Signed:  _____
82E9EFBAB7CC446...

Name (printed): Dr. Amie Miller, Psy.D., LMFT

Title: Executive Director

Date: 4/9/2026