

**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-A2 amends the initial Agreement No. 414-2018-PT-SBC and First Amendment No. 511-2018-PT-SBC-A1, by extending the term as defined below and adds the annual Administrative Fee of 5% for the extended term. All other terms and provisions of the initial Agreement and the First Amendment not cited in this Amendment remain in full force and effect.

New Term of Services: July 1, 2020 through June 30, 2021.

Administrative Fee for New Term: \$2,984.45 payable upon execution of this agreement.

COUNTY OF SANTA BARBARA:

Signed:  Name: Gregg Hart

Title: Chair, Board of Supervisors Date: 9-22-20

Signed:  Name: Alice Gleghorn

Title: Director, Behavioral Wellness Date: 9/9/2020

ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD

Signed:  Name: Sheila de la Guerra

Title: Deputy Clerk Date: 9-22-20

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: _____

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Title: Director, Behavioral Wellness Date: _____

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Signed: _____ Name: _____


Title: Deputy Clerk Date: _____

APPROVE AS TO FORM: COUNTY COUNSEL

Signed:  Name: Teresa M. Martinez
Teresa M. Martinez (Sep 10, 2020 15:22 PDT)

Title: Deputy County Counsel Date: Sep 10, 2020

APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER

Signed:  Name: Robert Geis
Robert Geis (Sep 10, 2020 15:29 PDT)

Title: Deputy Date: Sep 10, 2020

APPROVE AS TO INSURANCE FORM: RISK MANAGEMENT

Signed: Ray Aromatorio Name: Ray Aromatorio

Title: Risk Manager Date: Sep 10, 2020

CONTRACTOR: CALMHSA

Signed: _____ Name: Dr. Amie Miller

Title: Executive Director Date: _____