

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: Inter-Member Transfer(s)

2. This Participation Agreement Amendment extends the current term for one additional year, commencing July 1, 2019 through and including June 30, 2020.

3. Funding - An administration fee of \$2,984.45, is payable on or before July 1, 2019 for the administration and operation of the program.

NOTE: Upon the initial funding amount being reduced to 20%, CalMHSA will send a request for replenishment funding based actual transactions performed

4. All other terms of the initial Participation Agreement shall remain in full force and effect.

Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): John E. Chaquica, CPA, MBA, ARM

Title: Interim Executive Director Date: _____

Participant: SANTA BARBARA COUNTY

Signed: _____ Name (Printed): _____

Title: Behavioral Health Director Date: _____