

**Attachment A:**  
**CalMSHA State Hospital**  
**Beds MOU & PA**  
**Second Amendment**  
**FY 2014-15 to 19/20**

**Purchase Agreement Amendment of State Hospital Beds**

**Fiscal Year 2018-19 through Fiscal Year 2019-20**

**California Department of State Hospitals**

By signing this Memorandum of Understanding (MOU) Purchase Agreement Amendment, the Department of State Hospitals, County, and CaiMHSA agree to amend the original FY 2014-15/FY 2015-16 MOU for the purchase of state hospital beds, that was extended through FY 2018-19 for one additional fiscal year through 2019-20.

Once this Amendment is signed by all parties contained in the original FY 2014-15/FY 2015-16 MOU, it shall become effective on July 1, 2019, and shall terminate on June 30, 2020.

County of Santa Barbara

\_\_\_\_\_  
Name of County

\_\_\_\_\_  
Name:  
County Mental Health Director or Director designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dawan Utecht  
CaiMHSA President or CaiMHSA designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dawn DiBartolo  
Department of State Hospitals,  
Chief of Acquisitions and Business Services Office

\_\_\_\_\_  
Date

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 extends the current term for one additional fiscal year, from 7/1/2019 to 6/30/2020, for a funding amount not to exceed \$1,402.00.
3. All other terms of Participation Agreement 278-2017-SHP shall remain in full force and effect.
4. Authorized Signatures:

**CaIMHSA**

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

Title: Chief Operating Officer Date: \_\_\_\_\_

**Participant: SANTA BARBARA COUNTY**

Signed: \_\_\_\_\_ Name (Printed): Alice Gleghorn

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