

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 7/1/2020 to 6/30/2021, for a funding amount not to exceed \$1,402 per bed, per fiscal year, for a total of \$1,402 , per Participation Agreement 278-2017-SHP, Exhibit D, unless the county does not procure any beds, commencing FY 2020-21.
3. All other terms of Participation Agreement 278-2017-SHP, and Agreement Amendment 278-2017-SHP-A1 shall remain in full force and effect.
4. Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): Amie Miller, PsyD., LMFT
Title: Executive Director Date: _____

Participant: SANTA BARBARA COUNTY

Signed: _____ Name (Printed): _____
Title: _____ Date: _____