

Attachment A:

CalMHSA Agreement
No.4640-SHB-2023-SB AM1

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT NO. 1
State Hospital Program

This Amendment No. 1 (“Amendment No. 1”) to the Participation Agreement (No. 4640-SHB-2023-SB) is entered into by and between the California Mental Health Services Authority (“CalMHSA”), a Joint Powers Authority, and the County of Santa Barbara (“Participant”), a political subdivision of the State of California, for the continued provision of services specified herein. This Amendment No. 1 shall be effective as of execution by both parties.

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

WHEREAS, this Amendment No. 1 extends 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 increases the total maximum amount payable under the contract by \$11,216 for a revised contract maximum not to exceed \$36,452 (inclusive of \$12,618 per fiscal year [FY] for FY 23-25 and \$11,216 for FY 25-26).

WHEREAS, all other terms or provisions in the Agreement not amended by this Amendment No. 1 shall remain in full force and effect.

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

- I. The existing Paragraph 6 of the Cover Sheet, Section II of Exhibit A (Program Description and Funding), Subsection A of Section III (Duration, Term, and Amendment) and Subsection B of Section V (Fiscal Provisions) of Exhibit B (General Terms and Conditions) of the original agreement are deleted and replaced with the below, respectively.

(COVER SHEET)

6. The term of the Program is July 1, 2023, through June 30, 2026.

(EXHIBIT A – PROGRAM DESCRIPTION AND FUNDING)

II. Term of Program: July 1, 2023, through June 30, 2026

(EXHIBIT B – GENERAL TERMS AND CONDITIONS, III. Duration, Term, and Amendment)

- A. The term of the Program is for 36 months.

(EXHIBIT B – GENERAL TERMS AND CONDITIONS, V. Fiscal Provisions)

- B. Payment Terms – Participant shall issue payment to CalMHSA by the first day of each fiscal year; on July 1 for fiscal years 2025-2026 within thirty (30) days upon execution of this

agreement.

- II. The existing Section I (Funding Allocation) of Exhibit C (County Specific Funding) is deleted and replaced with the below.

RATE	Beds Per Year	FY 2023-26	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
			\$36,452

- III. Effectiveness. The terms and provisions set forth in this Amendment No. 1 shall modify and supersede all inconsistent terms and provisions set forth in the original agreement. The terms and provisions of the original agreement, except as expressly modified and superseded by this Amendment No. 1, are 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.

- IV. Execution of Counterparts. This Amendment No. 1 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.

Amendment No. 1 to the Participation Agreement (No. 4640-SHB-2023-SB) between the California Mental Health Services Authority and the County of Santa Barbara.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 1 to be effective as of execution by both parties.

PARTICIPANT: COUNTY OF SANTA BARBARA

COUNTY OF SANTA BARBARA:

By: _____
LAURA CAPPS, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

:

By: _____
Deputy Clerk

:

Date: _____

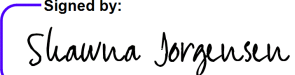
APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By:  _____
48A252DEFFD3406...
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:  _____
DF0DB0D7D0344E0...
Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT, DIRECTOR
DEPARTMENT OF BEHAVIORAL WELLNESS


By:  _____ for
F0BB4DE8FCB14E7...
Director

APPROVED AS TO FORM:

GREG MILLIGAN, ARM
RISK MANAGER

By:  _____
05F555F00209406...
Risk Manager

California Mental Health Services Authority

Signed:  _____ Name (Printed): Dr. Amie Miller, Psy.D., LMFT

Title: Executive Director Date: 5/28/2025