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:
Signed:	Name: Alice Gleghorn
Title: Director, Behavioral Wellness	Date:
ATTEST: COUNTY EXECUTIVE OFFICER CLI	ERK OF THE BOARD
Signed:	Name:
Title: Deputy Clerk	Date:
APPROVE AS TO FORM: COUNTY COUNSEL	-
Signed:	Name: Teresa M. Martinez
Title: Deputy County Counsel	Date: Sep 10, 2020
APPROVE AS TO ACCOUNTING FORM: AUD	ITOR-CONTROLLER
Signed: Hu Robert Geis (Sep 10, 2020 15:29 PDT)	Name: Robert Geis
Title: Deputy	Data: Care 10, 2020
Title: Deputy	Date: Sep 10, 2020

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.

COUNTY OF SANTA BADBADA.

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

Signed: Name: Gregg Hart Title: Chair, Board of Supervisors Date: Signed: Mame: Alice Gleghorn Title: Director, Behavioral Wellness Date: ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD Signed: Name: Title: Deputy Clerk 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: Name:	COUNTY OF SANTA DANDANA.	
Signed: Made Name: Alice Gleghorn Title: Director, Behavioral Wellness Date: 9/9 /2020 ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD Signed: Name: Title: Deputy Clerk Date: APPROVE AS TO FORM: COUNTY COUNSEL Signed: Name: Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name:	Signed:	Name: Gregg Hart
Signed: Made Name: Alice Gleghorn Title: Director, Behavioral Wellness Date: 9/9 /2020 ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD Signed: Name: Title: Deputy Clerk Date: APPROVE AS TO FORM: COUNTY COUNSEL Signed: Name: Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name:		
Title: Director, Behavioral Wellness Date: <u>9/9 /2020</u> ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD Signed: Name: Title: Deputy Clerk Date: APPROVE AS TO FORM: COUNTY COUNSEL Signed: Name: Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name: Name:	Title: Chair, Board of Supervisors	Date:
ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD Signed: Name: Title: Deputy Clerk Date: APPROVE AS TO FORM: COUNTY COUNSEL Signed: Name: Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name:	Signed:	Name: Alice Gleghorn
Signed: Name: Title: Deputy Clerk Date: APPROVE AS TO FORM: COUNTY COUNSEL Date: Signed: Name: Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Signed: Name:	Title: Director, Behavioral Wellness	Date: 9/9/2020
Title: Deputy Clerk Date: APPROVE AS TO FORM: COUNTY COUNSEL Signed: Signed: Name: Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Signed: Name:	ATTEST: COUNTY EXECUTIVE OFFICER CL	ERK OF THE BOARD
APPROVE AS TO FORM: COUNTY COUNSEL Signed: Name: Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name:	Signed:	Name:
APPROVE AS TO FORM: COUNTY COUNSEL Signed: Name: Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name:	Title: Deputy Clerk	Date:
Title: Deputy County Counsel Date: APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name:	APPROVE AS TO FORM: COUNTY COUNSE	
APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name:	Signed:	Name:
APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER Signed: Name:		
Signed: Name:	Title: Deputy County Counsel	Date:
	APPROVE AS TO ACCOUNTING FORM: AUD	ITOR-CONTROLLER
Title: Deputy Date:	Signed:	Name:
	Title: Deputy	Date:

Santa Barbara County Participation Agreement Amendment Page 1 of 2

APPROVE AS TO INSURANCE FORM: RISK MANAGEMENT

Signed: Pry Somford

Name: Ray Aromatorio

Title: Risk Manager	Date: Sep 10, 2020
CONTRACTOR: CALMHSA	
Signed:	Name: Dr. Amie Miller
Title: Executive Director	Date: