

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT AMENDMENT  
COVER SHEET

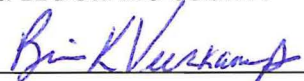
1. El Dorado County ("Participant") desires to participate in the Program identified below.  
Name of Program: State Hospitals Program
2. This Participation Agreement Amendment extends the current term for one additional fiscal year, from 7/1/2020 to 6/30/2021, for a funding amount not to exceed \$1,402 per bed, per fiscal year, unless the county does not procure any beds, commencing FY 2020-21.
3. All other terms of Participation Agreement 498-2019-SHP shall remain in full force and effect.
4. Authorized Signatures:

**CalMHSA**

Signed:   
Title: Interim Executive Director

Name (Printed): John E. Chaquica, CPA, MBA, ARM  
Date: 6/20/2020

**Participant: EL DORADO COUNTY**

Signed:   
Title: Chair, Board of Supervisors

Name (Printed): Brian K Veerkamp  
Date: 6/30/2020