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CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY PARTICIPATION AGREEMENT AMENDMENT COVER SHEET

1.	El Dorado County ("Participant") desire:	s to participate in the Program identified below.
	Name of Program: State Hospitals Progr	ram
2.	This Participation Agreement Amendment extends the current term for one additional fiscal year, from 7/1/2021 to 6/30/2022, 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 Agreem	ent 498-2019-SHP and 498-2019-SHP-A1 shall remain
	full force and effect.	
4.	Authorized Signatures:	
CalMHSA		
Signed:	Amie Miller (Apr 12, 2021 10:39 PDT)	Name (Printed): Amie Miller, PsyD., LMFT
Title: Ex	xecutive Director	Date:
Participant: EL DORADO COUNTY		
Signed:	John Holall	Name (Printed): <u>John Hidahl</u>
Title: <u>C</u>	Chair, Board of Supervisors	Date: 5/11/2021