

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 7/1/2021 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 Agreement 498-2019-SHP and 498-2019-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: EL DORADO COUNTY

Signed: _____ Name (Printed): John Hidahl

Title: Chair, Board of Supervisors Date: _____