

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. The new term of the Program is 07/01/2019 to 6/30/2021.
3. All other terms of Participation Agreement 498-2019-SHP shall remain in full force and effect.
4. Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): John E. Chaquica, CPA, MBA, ARM
 Title: Interim Executive Director Date: _____

Participant: EL DORADO COUNTY

Signed: _____ Name (Printed): _____
 Title: _____ Date: _____