

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT
COVER SHEET

1. Napa 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 \$4,206.00.
3. All other terms of Participation Agreement 550-2020-SHP shall remain in full force and effect.
4. Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): Amie Miller, PsyD., LMFT
Title: Executive Director Date: _____

Participant: NAPA COUNTY

Signed: _____ Name (Printed): Sarah O'Malley
Title: Deputy Director/Mental Health Director Date: _____

APPROVED AS TO FORM Office of County Counsel By: <u>Rachel L. Ross (e-sign)</u> Deputy County Counsel Date: <u>July 29, 2021</u>
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