

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
"CalMHSA"
PARTICIPATION AGREEMENT AMENDMENT**

This First Amendment ("First Amendment") to the Agreement (CalMHSA No. 960-WET-2021-YC), approved by the Yolo County Board of Supervisors with Agreement No. 22-31, is entered into effective as of the date of execution (the "Effective Date"), by and between the California Mental Health Services Authority ("CalMHSA") and Yolo County ("Participant").

This Amendment (CalMHSA No. 960-WET-2021-YC-A1) modifies the terms of the Agreement by modifying the program funding, as defined below.

1. Section 3. of the Agreement is hereby amended to read as follows:
 3. The Maximum Participant match fund payable under this Participation Agreement is: \$89,340.80.

2. Paragraph V.B.a. of Exhibit B to the Agreement is hereby amended to read as follows:
 - a. County Match: The total match amount of \$89,340.80 is due by Participant to CalMHSA upon execution of this Agreement.

3. Paragraph V.B.b. of Exhibit B to the Agreement is hereby amended to read as follows:
 - b. NOTE: The following funds are to be paid to CalMHSA by the Central Region Lead, Fresno County, on behalf of Participant as outlined under Section C (County Responsibilities) of Agreement No. 790-WET-2021-Central OSHPD WET Grant – Central Region.
 - i. Participant’s share of OSHPD Grant Award in the amount of \$213,159.18, will be paid to CalMHSA by the Central Region Lead, Fresno County, as specified in the Central Region WET RP MOU.
 - ii. Upon receipt from HCAI, Participant’s remaining 15% share of OSHPD Grant Award in the amount of \$37,616.32, shall be paid to CalMHSA by the Central Region Lead, Fresno County as specified in the Central Region WET RP MOU.
 - iii. Total funding of \$357,191.16 is inclusive of a CalMHSA Administrative Fee of 13.04% or \$43,504.09.

4. Exhibit C to the Agreement is hereby amended to read as attached and is incorporated herein by this reference.

5. Except as specifically amended by this Amendment, the Agreement shall remain in full force and effect according to its terms.

[Signatures Follow]

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Participant

Signed: _____ Name (printed): Oscar E. Villegas

Title: Chair, Board of Supervisors Date: _____

Attest:

Signed: _____ Name (printed): Julie Dachtler

Title: Senior Deputy Clerk, Board of Supervisors

DocuSigned by:
Signed: *Nolan Sullivan* Name (printed): Nolan Sullivan
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Title: Director, Health and Human Services Agency Date: 10/3/2023

Approved as to Form:
Philip J. Pogledich, County Counsel

Signed: *Hope P. Welton* Name (printed): Hope P. Welton

Title: Senior Deputy

CalMHSA

DocuSigned by:
Signed: *Amie Miller* Name (printed): Dr. Amie Miller, Psy.D., MFT
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Title: Executive Director Date: 10/3/2023

Modified Exhibit C – COUNTY SPECIFIC FUNDING**Modified Yolo County Program Budget Allocation:**

Initial Program Funds Allocation for County	\$290,027.32
Initial Administrative Fee	\$43,504.09
Additional Program Funds Allocation for County	\$20,110.79
Additional Administrative Fee	\$3,548.96
Total County Funding	\$357,191.16

Modified Central Region WET Regional Partnership Yolo County Grant Match:

Initial County Share of OSPHD Regional Grant Award	\$250,775.50
Initial County Match Funds Collected under this Agreement	\$82,755.91
Additional County Share of OSPHD Regional Grant Award	\$17,074.86
Additional County Match Funds Collected under this Agreement	\$6,584.89
Total County Grant Funds	\$357,191.16