

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT NO. 2
State Hospital Program (“Program”)

This Participation Agreement Amendment No. 2 (“Amendment No. 2”) amends Agreement No. 4634-SHB-2023-SBR (“Agreement”), and all subsequent Amendments (“Amendment”) a contract by and between the California Mental Health Service Authority (“CalMHSA”) and San Bernardino County (“Participant”). This Amendment No. 2 shall be effective upon execution by both parties.

Modified Program Term: This Amendment No. 2 modifies the Program Term from June 30, 2026 to June 30, 2027.

Modified Program Funding: This Amendment No. 2 adds three (3) additional beds in the amount of \$4,206 in alignment with the FY 2026-27 LPS Bed Allocation plan, for a total of thirty-two (32) beds and a new funding amount of \$44,864 for the Modified Program Term, which will be invoiced by CalMHSA on July 1, 2026 and due within thirty (30) days of receipt of the invoice.

All other terms or provisions in the Agreement and subsequent Amendments not amended by this Amendment No. 2 shall remain in full force and effect.

This Amendment No. 2 may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment No. 2 (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, the parties hereby confirm acceptance of the terms of this Amendment No. 2 by causing their duly authorized officers or representatives to execute this Amendment No. 2 as set out below.

PARTICIPANT: SAN BERNARDINO COUNTY

Signed: _____ Name (Printed): Dawn Rowe

Title: Chair, Board of Supervisors Date: _____

Signed: _____ Name (Printed): Kristina Robb

Title: Deputy County Counsel Date: _____

Signed: _____ Name (Printed): Joshua Dugas

Title: Acting Director of Behavioral Health Date: _____

CalMHSA

Signed: _____ Name (Printed): Dr. Amie Miller, Psy.D., LMFT

Title: Executive Director Date: _____