AMENDMENT NO. 1 TO AGREEMENT A-13816 BY AND BETWEEN CLINICA DE SALUD DEL VALLE DE SALINAS AND

THE COUNTY OF MONTEREY, ON BEHALF OF THE MONTEREY COUNTY HEALTH DEPARTMENT, BEHAVIORAL HEALTH BUREAU

This Amendment No. 1 to the AGREEMENT A-13816 is made and entered into between Clinica de Salud del Valle de Salinas, Inc. (CSVS) and the County of Monterey, on behalf of the Monterey County Health Department, Behavioral Health Bureau ("MCHD-BH").

WHEREAS, CSVS and MCHD-BH entered into AGREEMENT A-13816 for the term of November 1, 2017 through October 31, 2018 for the referral of CSVS patients to the MCHD-BH; and,

WHEREAS, CSVS requests Amendment No. 1 to the AGREEMENT A-13816 to extend the term of the AGREEMENT for two (2) additional years.

NOW THEREFORE, County and CSVS hereby agree to amend AGREEMENT A-13816 as follows:

- 1. ARTICLE 1 TERM AND TERMINATION, Section 1. Term, shall be amended by removing "This Agreement shall become effective on November 1, 2017 (the "Effective Date") and shall continue until October 31, 2018 (the "Expiration date") subject to the termination provisions of this Agreement", and replacing it with "This Agreement shall become effective on November 1, 2017 (the "Effective Date") and shall continue until October 31, 2020 (the "Expiration date") subject to the termination provisions of this Agreement.
- 2. Except as provided herein, all remaining terms, conditions and provisions of AGREEMENT A-13816 are unchanged and unaffected by this Amendment No. 1, and shall remain in full force and effect as set forth in the AGREEMENT.
- 3. A copy of this Amendment No. 1 shall be attached to the original AGREEMENT A-13816 executed by the County on December 22, 2017.

IN WITNESS WHEREOF, County and CSVS have executed this Amendment No. 1 to AGREEMENT A-13816 as of the day and year written below.

COUNTY OF MONTEREY	CLINICA DE SALUD DEL VALLE DE SALINAS
By: Director of Health Date: By: Board of Supervisors (if applicable) Date:	(Signature of Chair, President, or Vice-President) MANHUM CUBINS, HD, COO Name and Title Date: 04 30 2019
Approved as to Form	
By: County Counsel	By: (Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)
Date:	HAROLD Mª COV CFC
Approved as to Fiscal Provisions	Name and Title
By: Auditor/Controller	Date: 7/30/18
Date:	

^{*}INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.