

4625-SHB-2023-MONT-AM2
State Hospital Program
Monterey County
February 4, 2026

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. 4625-SHB-2023-MONT (“Agreement”), and all subsequent Amendments (“Amendment”) a contract by and between the California Mental Health Service Authority (“CalMHSA”) and Monterey County (“Participant”). This Amendment No. 2 shall be effective upon execution by both parties.

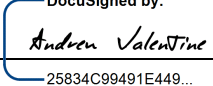
Modified Program Term: This Amendment No. 2 modifies the Program Term from June 30, 2026 to June 30, 2027.

Modified Program Funding: This Amendment No. 2 adds six (6) additional beds in the amount of \$8,412 adds in alignment with the FY 2026-27 LPS Bed Allocation plan, for a total of twelve (12) beds with a new funding amount of \$16,824 for the Modified Program Term, which will be invoiced by CalMHSA on July 1, 2026. Participant will certify the invoice, either in the requested amount or in such other amount as the Participant approves in conformity with this Agreement and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice. Participant will pay in arrears for services utilized.

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.

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.

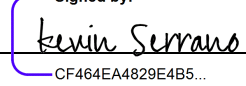
PARTICIPANT: MONTEREY COUNTY

Signed: 
DocuSigned by:
25834C99491E449...

Name (Printed): Andrew Valentine

Title: Auditor Controller

Date: 5/28/2026 | 10:59 AM PDT

Signed: 
Signed by:
CF464EA4829E4B5...

Name (Printed): Kevin Serrano

Title: County Counsel

Date: 5/26/2026 | 11:11 AM PDT

Signed: _____

Name (Printed): _____

Title: Director of Health Services

Date: _____

CalMHSA

Signed: _____

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

Title: Executive Director

Date: _____