



Tehama County Minutes Certification

File Number: 25-0874

Enactment Number: MISC. AGR 2025-152

8. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-0874

a) AGREEMENT- Request approval and authorization for the Executive Director and Chairperson to sign the Amendment No. 1 to the Participation Agreement (Misc. Agreement #2023-333) with the California Mental Health Services Authority (CalMHSA) for the purpose of utilizing psychiatric hospital beds at the Department of State Hospitals (DSH), thereby amending the maximum compensation not to exceed \$4,206, effective 7/1/23 and shall be extended through 6/30/26

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RESULT: APPROVED THE CONSENT AGENDA
MOVER: Greg Jones
SECONDER: Pati Nolen
AYES: Supervisor Jones, Vice Chair Nolen, and Chairperson Hansen
NAYS: Supervisor Burroughs
ABSENT: Supervisor Walker

RESULT: APPROVE

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on 6/10/2025.

A handwritten signature in black ink, appearing to read "Sean Houghtby".

Attest:

June 13, 2025

Date Certified

4650-SHB-2023-TC-AM1
State Hospital Beds Program
Tehama County
February 14, 2025

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT NO. 1
State Hospital Beds Program ("Program")

This Agreement Amendment No. 1 ("Amendment No. 1") amends Agreement No. 4650-SHB-2023-TC ("Agreement"), a contract by and between the California Mental Health Service Authority ("CalMHSA") and Tehama County ("Participant"). This Amendment shall be effective upon execution by both parties.

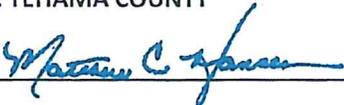
Modified Program Term: This Amendment No. 1 modifies the Program Term end date from June 30, 2025 to June 30, 2026.

Modified Program Funding: This Amendment No. 1 adds \$1,402 in funding for the Modified Program Term, which will be invoiced by CalMHSA on July 1, 2025 and due within 30 days of receipt of the invoice.

All other terms or provisions in the Agreement not amended by this Amendment No. 1 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereby confirm acceptance of the terms of this Amendment No. 1 by causing their duly authorized officers or representatives to execute this Amendment No. 1 as set out below.

PARTICIPANT: TEHAMA COUNTY

Signed:  Name (Printed): MATTHEW HANSEN

Title: Chair, Board of Supervisors Date: 06/10/2025

Signed: _____ Name (Printed): _____

Title: County Counsel Date: _____

Signed:  Name (Printed): Jayme S. Bottke

Title: Executive Director Date: 6-10-25

CalMHSA

DocuSigned by:
Signed:  Name (Printed): Dr. Amie Miller, Psy.D., LMFT
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Title: Executive Director Date: 6/17/2025

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: CalMHSA

Contract Description: For the purpose of participation of the State Hospital Bed
Program

APPROVED AS TO FORM:



Date: 05/20/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel