



Contract Number

SAP Number
N/A

Department of Behavioral Health

Department Contract Representative	<u>Diana Barajas</u>
Telephone Number	<u>(909) 388-0862</u>
Contractor	<u>California Mental Health Services Authority</u>
Contractor Representative	<u>Dr. Amie Miller, Psy.D., MFT</u>
Telephone Number	<u>(831) 869-7020</u>
Contract Term	<u>Date of execution by both parties for a one-year term</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u>N/A</u>
Grant Number	<u>N/A</u>

Briefly describe the general nature of the contract:

Non-financial Participation Agreement (California Mental Health Services Authority Agreement No. 5357-MEDICALPEERSCERTIFICATION-2024-SANBERNARDINO-PA) with California Mental Health Services Authority, including non-standard terms, for the Medi-Cal Peer Support Specialist Certification Program, from the date of execution by both parties for a one-year term.

FOR COUNTY USE ONLY

Approved as to Legal Form ▶ _____ Dawn Martin, County Counsel Date _____	Reviewed for Contract Compliance ▶ _____ Ellayna Hoatson, Contracts Supervisor Date _____	Reviewed/Approved by Department ▶ _____ Georgina Yoshioka, Director Date _____
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