

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

24-1126 A-1

SAP Number

N/A

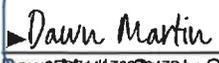
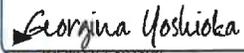
Department of Behavioral Health

Department Contract Representative	Shane Hibbard-Miller
Telephone Number	(909) 386-8264
Contractor	California Mental Health Services Authority
Contractor Representative	Dr. Amie Miller, Psy.D., MFT
Telephone Number	(831) 869-7020
Contract Term	November 19, 2024 through November 18, 2026
Original Contract Amount	N/A
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	N/A
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract:

Amendment No. 1 to non-financial Participation Agreement (California Mental Health Services Authority Agreement No. 5357-MEDICALPEERSCERTIFICATION-2024-SANBERNARDINO-PA) with California Mental Health Services Authority, for the Medi-Cal Peer Support Specialist Certification Program, extending the term an additional year, for the total contract period of November 19, 2024, through November 18, 2026.

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Approved by Legal Form  Dawn Martin, County Counsel Date <u>9/11/2025</u>	Reviewed by Contract Compliance  Michael Shin, Administrative Manager Date <u>9/11/2025</u>	Reviewed/Approved by Department  Georgina Yoshioka, Director Date <u>9/11/2025</u>
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5357-MEDICALPEERSCERTIFICATION-2024-SANBERNARDINO-PA-AM1
Medi-Cal Peer Support Specialist Program
San Bernardino County
January 15, 2025

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT #1
MEDI-CAL PEER SUPPORT SPECIALIST CERTIFICATION PROGRAM ("Program")

This Agreement Amendment ("Amendment") amends Agreement No. 5357-MEDICALPEERSCERTIFICATION-2024-SANBERNARDINO-PA ("Agreement"), a contract by and between the California Mental Health Services Authority ("CalMHSA") and San Bernardino County ("Participant"). This Amendment shall be effective on November 19, 2025.

The Agreement is hereby amended to extend the Agreement term end date from November 18, 2025, to November 18, 2026, at no additional cost.

All other terms or provisions in the initial Agreement No. 5357-MEDICALPEERSCERTIFICATION-2024-SANBERNARDINO-PA not amended by this Amendment shall remain in full force and effect.

This Amendment 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 (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 by causing their duly authorized officers or representatives to execute this Amendment as set out below.

PARTICIPANT: SAN BERNARDINO COUNTY

Signed:  Name (Printed): Dawn Rowe

Title: Chair, Board of Supervisors Date: SEP 23 2025



CalMHSA

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

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Title: Executive Director Date: 9/11/2025