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

SAN BERNARDINO COUNTY

Contract Number
23-855 A-1

SAP Number

Behavioral Health

Department Contract Representative	Diana Barajas
Telephone Number	(909) 388-0862
Contractor	California Mental Health Services Authority
Contractor Representative	Amie Miller
Telephone Number	(279) 234-1728
Contract Term	January 1, 2023 through December 31, 2024
Original Contract Amount	$0
Amendment Amount	$44,375
Total Contract Amount	$44,375
Cost Center	9206112200

Briefly describe the general nature of the contract:
Amendment No. 1 to California Mental Health Services Authority Participation Agreement No. 3866-PEERS-2023-SBR, for the Medi-Cal Peer Support Specialist Certification Program, effective upon execution, with no change to the not to exceed amount of $44,375, or the total contract period of January 1, 2023 through December 31, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	► Natalie Kessee	► Georgina Yoshioka
Dawn Martin, County Counsel	Natalie Kessee, Contracts Manager	Georgina Yoshioka, Director
Date 2/9/24	Date 2/13/2024	Date 2/14/2024

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT 1ST AMENDMENT
Medi-Cal Peer Support Specialist Certification Program ("Program)

This Agreement Amendment ("Amendment") amends Agreement No. 3866-PEERS-2023-SBR ("Agreement"), a contract by and between the California Mental Health Services Authority ("CalMHSA") and San Bernardino County ("Participant"). This Amendment shall be effective upon the date of execution by both parties, through December 31, 2024.

The Agreement is hereby amended to amend the terms of EXHIBIT B, General Terms and Conditions, Section V. Fiscal Provisions to modify the billing requirements to only bill for services in arrears.

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

All other terms or provisions in the initial Agreement No. 3866-PEERS-2023-SBR not amended by this Amendment shall remain in full force and effect.

MODIFICATIONS TO THE AGREEMENT

A) The existing Agreement Exhibit B is replaced with the below Exhibit B to modify the billing requirements to only bill for services in arrears.

Exhibit B -General Terms and Conditions

V. Fiscal Provisions

A. Funding required from Participant will not exceed the amount stated in Exhibit C, County Specific Scope of Work and/or Funding minus any potential administrative fee incurred during the project period.

B. **Invoices**: – CalMHSA will invoice Contractor on a quarterly basis. Participant will pay invoice within 30 days of receipt. Participant will pay in arrears for services utilized.

Administrative Fee – Participant is subject to a 15% administrative fee upon submission of a work order form for the following qualifying items as detailed in Exhibit C: the 80-

hour Core Competency Training for Medi-Cal Peer Support Specialists, either as a bundle or standalone, and all specialized training courses.

Additional Items - It is understood the County will assess service needs over the course of time and will have the flexibility to allocate funding between services via a work order. These changes can only be made by the authorized staff per Section II. Responsibilities, A. Responsibilities of the Participant, item 2, of this Agreement.

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.

CalMHSA

DocuSigned by:
Signed: Dr. Amie Miller
82E9EFBAB7CC446...

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

Title: Executive Director

Date: 1/31/2024

Participant: SAN BERNARDINO COUNTY

DocuSigned by:
Signed: Georgina Yoshioka
7DF8077EFA674B2...

Name (Printed): Georgina Yoshioka

Title: Director of Behavioral Health

Date: 2/1/2024

County of San Bernardino
DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: **Department of Behavioral Health**

Contact Name: **Diana Barajas** Telephone: **(909) 388-0862**

Agreement No.: **23-855** Amendment No.: **1** Date of Board Item **8/8/23** Board Item No.: **16**

Name of Contract Entity/Project Name: **Participation Agreement for the Medi-Cal Peer Support Specialist Certification**

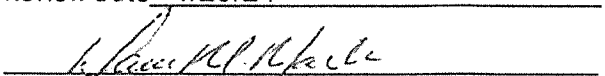
Explanation of request/Special Instructions:

Item No. 16 on the August 8, 2023 Consent Calendar, as approved by the Board of Supervisors, authorizes the Director of the Department of Behavioral Health, to execute and submit any non-substantive amendments on behalf of the County, subject to County Counsel reivew. This request is non-substantive and solely amend Exhibit B-Section V. to modify billing requirements to only bill for services in arrears. We are requesting the Director of Department of Behavioral Health sign the Amendment No. 1 to Participation Agreement No. 23-855 with the California Mental Health Services Authority for the Medi-Cal Peer Support Specialist Certification Program, effective upon execution, with no change to the not to exceed amount of $44,375 or term through December 31, 2024.

Insert check mark that the following required documents are attached to this request:

☒ **Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).**

☒ **Board Agenda item that delegated the authority**

Department Routed to County Counsel	County Counsel Name: Dawn Martin	Date Sent: 1/29/24
Reviewing County Counsel Use Only	Review Date 1/29/24  Signature	**Determination:** X Within Scope of Delegated Authority ___Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date 1/31/24  Signature	**Disposition:** ✓ Route for signature to: ___Chair ___CEO ✓ Department ___Return to Department for preparation of agenda item