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



Contract Number	
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 \$0 **Original Contract Amount Amendment Amount** \$44,375 **Total Contract Amount** \$44,375 **Cost Center** 9206112200

Briefly describe the general nature of the contract:

Approve California Mental Health Services Authority Participation Agreement No. 3866-PEERS-2023-SBR, for the Medi-Cal Peer Support Specialist Certification Program in an amount not to exceed \$44,375, for a 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, Contracts Manager Date Date Date Date