

**Attachment A –  
Santa Barbara PEERS  
DATA PA 10.1.24-AM2**

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**  
**PARTICIPATION AGREEMENT AMENDMENT NO. 2**  
**MEDI-CAL PEER SUPPORT SPECIALIST CERTIFICATION PROGRAM**

This Second Amendment to the Participation Agreement (No. SANTA BARBARA PEERS DATA PA 10.1.24) (“Amendment No. 2”) is entered into by and between the County of Santa Barbara (“Participant”), a political subdivision of the State of California, and California Mental Health Services Authority (“CalMHSA”), a Joint Powers Authority, for the continued provision of services specified herein. This Amendment No. 2 shall be effective upon execution by Participant.

**RECITALS**

With reference to the following:

**WHEREAS**, CalMHSA’s Medi-Cal Peer Support Specialist Certification Program (“Program”) supports counties in implementing the optional Medi-Cal Peer Support benefit in accordance with California Department of Health Care Services (“DHCS”) Behavioral Health Information Notice (“BHIN”) 21-041 and updated BHIN guidance;

**WHEREAS**, on October 15, 2024, Participant executed a Participation Agreement (“Agreement”) with CalMHSA for the provision of Medi-Cal Peer Support Specialist Certification Program administrative services (No. SANTA BARBARA PEERS DATA PA 10.01.24) for the contract amount of \$0 for the period of September 1, 2024, through August 31, 2025;

**WHEREAS**, on April 1, 2025, the parties executed a First Amendment to the Agreement (“Amendment No. 1”) which extended the term of the agreement from August 31, 2025, to August 31, 2026; and

**WHEREAS**, the parties wish to extend the term of the Agreement from August 31, 2026, through August 31, 2027, for a revised contract term of September 1, 2024, through August 31, 2027, with no change to the contract amount of \$0.

**NOW THEREFORE**, in consideration of the mutual covenants, terms, and conditions contained herein, the parties agree as follows:

- I. Delete Item 3. Term of the Cover Sheet of the Agreement and replace with the following:
  3. **Term:** The term of the Agreement is September 1, 2024, through August 31, 2027.
- II. Effectiveness. The terms and provisions set forth in this Amendment No. 2 shall modify and supersede all inconsistent terms and provisions set forth in the original

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Medi-Cal Peer Support Specialist Certification Program  
Santa Barbara County

Agreement and Amendment No. 1. The terms and provisions of the original Agreement and Amendment No. 1, except as expressly modified and superseded by this Amendment No. 2, are ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.

- III.** Execution of Counterparts. This Amendment No. 2 may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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SIGNATURE PAGE FOLLOWS.

**SIGNATURE PAGE**

Second Amendment to the Participation Agreement between the **County of Santa Barbara** and the **California Mental Health Services Authority**.

**IN WITNESS WHEREOF**, the parties have executed this Amendment No. 2 to be effective as of the date executed by Participant.

**PARTICIPANT: COUNTY OF SANTA BARBARA**

**ATTEST:**

MONA MIYASATO  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

By: \_\_\_\_\_  
Deputy Clerk

Date: \_\_\_\_\_

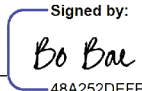
**COUNTY OF SANTA BARBARA**

By: \_\_\_\_\_  
BOB NELSON, CHAIR  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

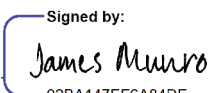
**APPROVED AS TO FORM:**

RACHEL VAN MULLEM  
COUNTY COUNSEL

By:  \_\_\_\_\_  
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Deputy County Counsel

**APPROVED AS TO ACCOUNTING FORM**

BETSY M. SCHAFFER, CPA  
AUDITOR-CONTROLLER

By:  \_\_\_\_\_  
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Deputy

**RECOMMENDED FOR APPROVAL:**

ANTONETTE NAVARRO, LMFT, DIRECTOR,  
DEPARTMENT OF BEHAVIORAL WELLNESS

By:  \_\_\_\_\_  
2095C5A16FE1474...  
DIRECTOR


**APPROVED AS TO FORM:**

MARISA KAHN, RISK MANAGER,  
RISK MANAGEMENT

By:  \_\_\_\_\_  
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RISK MANAGER

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**CALMHSA**

Signed:  \_\_\_\_\_ Name (Printed): Dr. Amie Miller, Psy.D., LMFT  
82E9EFBAB7CC446...  
Title: Executive Director Date: 6/22/2026

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