

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
MASTER PARTICIPATION AGREEMENT
COVER SHEET

1. Yolo County (“Participant”) desires to participate in the Program identified below.

Name of Program: Behavioral Health Workforce Program

2. California Mental Health Services Authority (“CalMHSA”) and Participant acknowledge that the Program will be governed by CalMHSA’s Joint Powers Agreement and its Bylaws, and by this participation agreement. The following exhibits are intended to clarify how the provisions of those documents will be applied to this particular Program.

- Exhibit A Program Description and Funding
- Exhibit B General Terms and Conditions
- Exhibit C Remote Supervision
 - Attachment A – Order Form Template
- Exhibit D Training and Certification Courses
 - Attachment B – Order Form Template
- Exhibit E Medi-Cal Peer Support Specialist Offerings
 - Attachment C – Order Form Template

3. The maximum amount payable under this Agreement is not to exceed \$226,000.

4. Funds payable under this Agreement are subject to reversion:

- No.

5. The term of the Program is April 1, 2023 through December 31, 2027

6. Authorized Signatures:

[Signatures Follow]

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CalMHSA

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

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

Title: Executive Director

Date: 6/5/2023

Participant: YOLO COUNTY

Signed: _____

Name (Printed): Oscar E. Villegas, Chair

Title: Board of Supervisors

Date: _____

DocuSigned by:
Signed: Nolan Sullivan
D196B33D5DA346C...

Name (Printed): Nolan Sullivan, Director

Title: Yolo County Health and Human Services

Date: 6/6/2023

Signed: _____

Name (Printed): Julie Dachtler, Senior Deputy Clerk

Title: Board of Supervisors

Date: _____

Approved as to Form:
Philip J. Pogledich, County Counsel

By: Hope P. Welton
Hope P. Welton, Senior Deputy

Participation Agreement
EXHIBIT A – PROGRAM DESCRIPTION

- A. Name of Program: Behavioral Health Workforce Program**
- B. Term of Program: April 1, 2023, through December 31, 2027**
- C. Program Objective and Overview:**

Objective:

In an effort to combat the labor workforce shortages and lack of adequate training across California County Behavioral Health Agencies, CalMHSA has created a new Behavioral Health Workforce Program that will act as the umbrella program for a variety of workforce, staffing, and training programs.

Overview:

The Behavioral Health Workforce Program Master Participation Agreement includes separate programs Participants may choose to join. Each program has a designated Exhibit describing the program goals, and an accompanying, distinct Order Form that reflects the costs and administrative fees associated with that specific program. This Agreement's not-to-exceed total listed on the Agreement Cover Page is an estimated amount determined based on your County size.

Participation Agreement
EXHIBIT B – General Terms and Conditions

I. Definitions

The following words, as used throughout this Participation Agreement, shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used:

- I. CalMHSA – California Mental Health Services Authority, a Joint Powers Authority (JPA) created by counties in 2009 at the instigation of the California Mental Health Directors Association to jointly develop and fund mental health services and education programs.
- II. Member – A County (or JPA of two or more Counties) that has joined CalMHSA and executed the CalMHSA Joint Powers Agreement.
- III. Mental Health Services Act (MHSA) – A law initially known as Proposition 63 in the November 2004 election that added sections to the Welfare and Institutions Code providing for, among other things, PEI Programs.
- IV. Mental Health Services Division (MHSD) – The Division of the California Department of Health Care Services responsible for mental health functions.
- V. Participant – Any County participating in the Program either as Member of CalMHSA or under a Memorandum of Understanding with CalMHSA.
- VI. Program – The program identified in the Cover Sheet.

II. Responsibilities

- A. Responsibilities of CalMHSA:
 - a. Act as the Fiscal and Administrative agent for the Program.
 - b. Manage funds received consistent with the requirements of any applicable laws, regulations, guidelines and/or contractual obligations.
 - c. Provide regular fiscal reports to Participant and/or other public agencies with a right to such reports.
 - d. Comply with CalMHSA's Joint Powers Agreement and Bylaws.
- B. Responsibilities of Participant:
 - a. Participant will pay for individual program services as defined in the fiscal terms in each individual Exhibits C, D, and E.
 - b. Provide CalMHSA and any other parties deemed necessary with requested information and assistance in order to fulfill the purpose of the Program.
 - c. Responsible for any and all assessments, creation of individual case plans, and providing or arranging for services.
 - d. Cooperate by providing CalMHSA with requested information and assistance in order to fulfill the purpose of the Program.
 - e. Provide feedback on Program performance.

- f. Comply with applicable laws, regulations, guidelines, contractual agreements, JPAs, and bylaws.

III. Duration, Term, and Amendment

- A. The term of the Program is 56 months.
- B. This Agreement may be supplemented, amended, or modified only by the mutual agreement of CalMHSA and the Participant, expressed in writing and signed by authorized representatives of both parties.

IV. Withdrawal, Cancellation, and Termination

- A. Participant may withdraw from the Program and terminate the Participation Agreement upon six (6) months' written notice. Notice shall be deemed served on the date of mailing.
- B. The withdraw of a Participant from the Program shall not automatically terminate its responsibility for its share of the expense and liabilities of the Program. The contributions of current and past Participants are chargeable for their respective share of unavoidable expenses and liabilities arising during the period of their participation.
- C. Upon cancellation, termination, or other conclusion of the Program, any funds remaining undisbursed after CalMHSA satisfies all obligations arising from the administration of the Program shall be returned to Participant. Unused funds paid for a joint effort will be returned pro rata to Participant in proportion to payments made. Adjustments may be made if disproportionate benefit was conveyed on particular Participant. Excess funds at the conclusion of county-specific efforts will be returned to the particular County that paid them.

V. Fiscal Provisions

- A. Funding required from Participant will not exceed **\$226,000** during the project period.

VI. Limitation of Liability and Indemnification

- A. CalMHSA is responsible only for funds as instructed and authorized by participants. CalMHSA is not liable for damages beyond the amount of any funds which are identified on the cover page of this Agreement, without authorization or contrary to Participant's instructions.
- B. CalMHSA is not undertaking responsibility for assessments, creation of case or treatment plans, providing or arranging services, and/or selecting, contracting with, or supervising providers (collectively, "mental health services"). Participant will defend and indemnify CalMHSA for any claim, demand, disallowance, suit, or damages arising from Participant's acts or omissions in connection with the provision of mental health services.

Participation Agreement
Exhibit C - Remote Supervision Program

I. Program Overview:

- A. CalMHSA has entered into a contract with a remote supervision company that matches behavioral health practitioners licensed in CA with pre-licensed clinical staff needing supervised clinical hours to quality for licensure (LCSW, LMFT, LPCC, Licensed Psychologist). Clinical supervision will be provided remotely, via a HIPAA-compliant platform, and can be provided individually or in triads/groups. Supervisors can be matched to pre-licensed staff practice area, and CalMHSA has developed a training to orient all supervisors to the CA public behavioral health context. CalMHSA is partnering with the California Healthcare Foundation (CHCF) to evaluate this remote supervision program, and participation in data collection will be requested of participating counties/pre-licensed staff. Data collection will focus on effectiveness of supervisor/supervisee relationship and county/supervisee satisfaction.

II. Budget and Fiscal Provisions:**A. Rates for Services –**

Use of Platform with a Remote Supervisor	Rate per hour:
Individual Supervision 1 associate; 1 supervisor	\$86.25
Triad Supervision 2 associates; 1 supervisor	\$149.50
Group Supervision 3-8 associates; 1 supervisor	\$230.00
Administrative support provided outside of the supervision session by a Motivo designated Supervisor (minimum 5 hrs/month applies)	\$86.25

B. Payment Method –

Participant will submit an Order Form to CalMHSA on a monthly basis at accountsreceivable@calmhsa.org using the template listed in Exhibit C – Attachment A –Order Form Template. CalMHSA will then invoice for services requested. Participant will pay invoice within 45 days of receipt. Participant will pay in arrears for services utilized.

C. Administrative Fee –

Participant will be charged a 15% administrative fee inclusive in the total cost of each service.

Participation Agreement
 Attachment A - Remote Supervision Program Order Form Template

[ORDER FORM #]

[DATE]

PARTICIPANT:

PAYMENT MADE TO:

California Mental Health Services Authority
 1610 Arden Way, STE 175
 Sacramento, CA 95815

Remote Supervision Services*					
County	Date of Service Provided:	Use of Platform with Remote Supervisor(s):	Hours	Rate	Total
<i>Example County</i>	<i>7/1/23</i>	<i>Individual Supervision 1 associate; 1 supervisor</i>	<i>5</i>	<i>\$86.25</i>	<i>\$431.25</i>
Total Cost of Remote Supervision Services					<i>\$431.25</i>
Total					<i>\$431.25</i>

Authorized Signatory:

Name: _____

Date: _____

Participation Agreement
Exhibit D – Training and Certification Courses

I. Program Overview:

A. This program was created to provide Training and Certification courses to Participant’s staff as needed. Depending on the type of course- training and certifications will be made available via a virtual meeting platform or recorded online at CalMHSA’s Learning Management System. Examples of potential trainings and certifications include substance use, mental health, law and ethics, 5150, and care coordination.

II. Budget and Fiscal Provisions:**A. Rates for Services –**

Training Type	Rate
Training and Certification	Not to Exceed \$100,000 over the project period

B. Payment Method –

Participant will submit an Order Form to CalMHSA on a monthly basis at accountsreceivable@calmhsa.org using the template listed in Exhibit D – Attachment B –Order Form Template. CalMHSA will then invoice for services requested. Participant will pay invoice within 45 days of receipt. Participant will pay in arrears for services utilized.

C. Administrative Fee –

Participant will be charged a 15% administrative fee inclusive in the total cost of each service.

III. Registration and Alerts

A. Participant will be alerted of potential courses either via an email to a designated County liaison, publicly posted on our website, and/or be made available through the CalMHSA Virtual Learning Management System. Participant will register for the courses via a registration link provided by CalMHSA either directly via email, publicly posted on our website, and/or be made available through the CalMHSA Virtual Learning Management System.

Participation Agreement
 Attachment B – Training Program Order Form

[ORDER FORM #]
[DATE]

PARTICIPANT:

PAYMENT MADE TO:
 California Mental Health Services Authority
 1610 Arden Way, STE 175
 Sacramento, CA 95815

Training Program Order Form				
Registrant Name	Date of Course	Training Course	Rate	Total
<i>Jane Doe</i>	<i>7/1/23</i>	<i>3-Hour 5150 Training</i>	<i>\$130</i>	<i>\$130</i>
Total Cost of Courses				<i>\$130.00</i>
Total				<i>\$130</i>

Authorized Signatory:
 Name: _____
 Date: _____

Participation Agreement
Exhibit E – Medi-Cal Peer Support Specialist Program Offerings

I. Program Overview:

A. CalMHSA established a Medi-Cal Peer Support Specialist Certification program as required in [BHIN 21-041](#) for interested counties. This program allows the Participant to purchase Medi-Cal Peer Support Specialist Certification related items as needed.

II. Budget and Fiscal Provisions:**A. Rates for Services –**

Item	Cost
Peer Support Specialist Certification Bundle* (covers costs of application, core competency training, and one-time exam)	\$1,850
Application for Medi-Cal Peer Support Certification	\$100
80-hour Core Competency Training for Medi-Cal Peer Support Specialist	Not to Exceed \$1600*
Parent Family Caregiver Specialization Training Course	Not to Exceed \$1600*
Crisis Specialization Training Course	Not to Exceed \$1600*
Unhoused Specialization Training Course	Not to Exceed \$1600*
Justice-Involved Specialization Training Course	Not to Exceed \$1600*
Medi-Cal Peer Support Specialist Certification Exam	\$150/per attempt
Exam Retake	\$150/per attempt
Biennial Renewal for– re-certification for Medi-Cal Peer Support Specialist	\$80
Reinstatement of Certification for Medi-Cal Peer Support Specialist	\$80

Training Provider Application - Medi-Cal Peer Support Specialist Training (valid for 2 years from date of approval)	\$300
Training Provider Application – Specialization Training Course(s) (valid for 2 years from date of approval)	\$300/per specialization
Training Provider Application - Continuing Education Training (valid for 2 years from date of approval)	\$300
Training Provider Application – 40-Hour Refresher Training Course for Medi-Cal Peer Support Specialist (valid for 2 years from date of approval)	\$300
Training Provider Application – Renewal of Approval (valid for 2 years from date of re-approval)	\$300
Supervisor Training	\$0

***Training Course Fees will be dependent on the Training Vendor Selected.**

B. Payment Method –

Participant will submit an Order Form to CalMHSA on a monthly basis at accountsreceivable@calmhsa.org using the template listed in Exhibit E – Attachment C –Order Form Template. CalMHSA will then invoice Participant for services requested. Participant will pay invoice within 45 days of receipt. Participant will pay in arrears for services utilized.

C. Administrative Fee –

Participant is subject to a 15% administrative fee to be charged only to the following items:

- Peer Support Specialist Certification Bundle* (covers costs of application, core competency training, and one-time exam)
- 80-hour Core Competency Training for Medi-Cal Peer Support Specialist
- Parent Family Caregiver Specialization Training Course
- Crisis Specialization Training Course
- Unhoused Specialization Training Course
- Justice-Involved Specialization Training Course

Participation Agreement
Attachment C – Medi-Cal Peer Support Specialist Program Offerings

[ORDER FORM #]
[DATE]

PARTICIPANT:

PAYMENT MADE TO:

California Mental Health Services Authority
1610 Arden Way, STE 175
Sacramento, CA 95815

Medi-Cal Peer Support Specialist Program Order Form			
Item	Cost **	Number of Items	Total
Peer Support Specialist Certification Bundle* (covers costs of application, core competency training, and one-time exam)	\$1,850*		
Application for Medi-Cal Peer Support Certification	\$100		
80-hour Core Competency Training for Medi-Cal Peer Support Specialist	Not to Exceed \$1600*		
Parent Family Caregiver Specialization Training Course	Not to Exceed \$1600*		
Crisis Specialization Training Course	Not to Exceed \$1600*		
Unhoused Specialization Training Course	Not to Exceed \$1600*		
Justice-Involved Specialization Training Course	Not to Exceed \$1600*		
Medi-Cal Peer Support Specialist Certification Exam	\$150/per attempt		
Exam Retake	\$150/per attempt		
Biennial Renewal for– re-certification for Medi-Cal Peer Support Specialist	\$80		
Reinstatement of Certification for Medi-Cal Peer Support Specialist	\$80		
Training Provider Application - Medi-Cal Peer Support Specialist Training (valid for 2 years from date of approval)	\$300		
Training Provider Application – Specialization Training Course(s) (valid for 2 years from date of approval)	\$300/per specialization		
Training Provider Application - Continuing Education Training (valid for 2 years from date of approval)	\$300		

Training Provider Application – 40-Hour Refresher Training Course for Medi-Cal Peer Support Specialist (valid for 2 years from date of approval)	\$300		
Training Provider Application – Renewal of Approval (valid for 2 years from date of re-approval)	\$300		
Supervisor Training	\$0		
Total Cost for Items			
Administrative Fee 15% for Cost of Items*			
Total Cost			

***Administrative Fee only applies to specific items as identified in Exhibit E of ____ Agreement.**

**** Training Course Fees will be dependent on the Training Vendor Selected. Participant will confirm with CalMHSa which fees to input based on their staff training selection.**

Authorized Signatory:

Name: _____

Date: _____