

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
MASTER PARTICIPATION AGREEMENT**

Cover Page

1. The County of El Dorado, Health and Human Services Agency (HHS) Behavioral Health Division (hereinafter referred to as “Participant”) desires to participate in the Program identified below:

Name of Program: Behavioral Health Workforce Program

2. California Mental Health Services Authority (hereinafter referred to as “CalMHSA”) and Participant acknowledge that the Program will be governed by CalMHSA’s Joint Powers Agreement (JPA) and its Bylaws, and by this Master Participation Agreement (also referred to as “Agreement” herein). The following Exhibits are intended to clarify how the provisions of those documents will be applied to this Program:

- o Exhibit A Program Description and Funding
- o Exhibit B General Terms and Conditions
- o Exhibit C Remote Supervision Program
  - Exhibit C-1: Remote Supervision Program Order Form Template
- o Exhibit D 5150 Training and Certification Courses
- o Exhibit E Medi-Cal Peer Support Specialist Program Offerings
  - Exhibit E-1: Medi-Cal Peer Support Specialist Program Offerings – Order Form

3. **Maximum Obligation:** The maximum amount payable under this Agreement is not to exceed \$305,000

4. **Term:** This Agreement shall become effective upon final execution by both parties hereto and shall cover the period upon execution through December 31, 2027.

- Upon execution, this Agreement shall replace Agreement #7410, 3467-PSSC-2023-EDC for Medi-Cal Peer Support Specialist Certification.

5. Authorized Signatures:

**CalMHSA**

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

Title: Executive Director Date: \_\_\_\_\_

**Participant: COUNTY OF EL DORADO**

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Title: Chair, Board of Supervisors Date: \_\_\_\_\_

**Attest:**

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Title: Clerk of the Board Date: \_\_\_\_\_

Signed: *Nicole Ebrahimi-Nuyken* Name (Printed): Nicole Ebrahimi-Nuyken  
Nicole Ebrahimi-Nuyken (Mar 7, 2024 15:22 PST)

Title: Director of Behavioral Health Date: 03/07/2024

The County Officer or employee with responsibility for administering this Agreement is Nicole Ebrahimi-Nuyken, Director, Behavioral Health Division, Health and Human Services Agency, or successor. In the instance where the named Contract Administrator no longer holds this title with County and a successor is pending, or HHSA has to temporarily delegate this authority, HHSA Director shall designate a representative to temporarily act as the primary Contract Administrator of this agreement and shall provide the Contractor with the name, address, email, and telephone number for this designee via notification in accordance with the article titled "Notice to Parties" herein.

**Exhibit A**  
**Program Description and Funding**

Program Description:

- A. Name of Program: Behavioral Health Workforce Program
- B. Term of Program: Upon execution, 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.

Funding:

This Agreement's not-to-exceed total listed on the Agreement's Cover Page (\$305,000) is an estimated amount determined based on the County of El Dorado's size.

**Exhibit B**  
**General Terms and Conditions**

**I. Definitions**

The following words, as used throughout this 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, Workforce Education and Training (WET) 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 a Member of CalMHSA or under a Memorandum of Understanding or Agreement 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 applicable laws and regulations and CalMHSA's Joint Powers Agreement (JPA) 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. Provide feedback on Program performance.
- e. Comply with applicable laws and regulations and the CalMHSA JPA and its bylaws.

**III. Duration, Term, and Amendment**

- A. The term of this Agreement is through December 31, 2027.
- 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 this Agreement upon six (6) months' written notice. Notice, made in accordance with the article titled "Notice to Parties" herein, 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 **\$305,000** 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.

**VII. Notice to Parties**

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to County shall be in duplicate and addressed as follows:

**If to CalMHSAs:**

Name: Dr. Amie Miller Position: Executive Director  
Address: 1610 Arden Way, Suite 175, Sacramento, CA 95815  
Email: amie.miller@calmhsa.org Telephone: (831)869-7020  
CC Email to Name: Peggy Quarenghi Email: peggy.quarenghi@calmhsa.org

**If to Participant: El Dorado County**

Name: County of El Dorado - HHSAs Position: Contracts Unit  
Address: 3057 Briw Road, Suite B, Placerville, CA 95667  
Email: hhsa-contracts@edcgov.us Telephone: \_\_\_\_\_  
CC Email to Name: \_\_\_\_\_ Email: \_\_\_\_\_

**With a copy to:**

Name: County of El Dorado - CAO Position: Procurement and Contracts  
Address: 330 Fair Lane, Placerville, CA 95667

or to such other location as County directs.

**Exhibit C  
 Remote Supervision Program**

**I. Program Overview:**

A. CalMHSA has entered into a contract with a remote supervision company, Motivo Consulting Inc., that matches behavioral health practitioners licensed in California (CA) (“Supervisors”) with pre-licensed clinical staff needing supervised clinical hours to qualify for licensure (Licensed Clinical Social Worker [LCSW], Licensed Marriage and Family Therapist [LMFT], Licensed Professional Clinical Counselor [LPCC], Licensed Psychologist). Clinical supervision will be provided remotely, via a Health Insurance Portability and Accountability Act (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:**

**1. Rates for Services –**

<b>Use of Platform with a Remote Supervisor</b>	<b>Rate per hour:</b>
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 Consulting Inc. designated Supervisor (minimum 5 hours per month applies)	\$86.25

**2. Payment Method –**

Participant will submit an Order Form to CalMHSA on an as needed basis at [accountsreceivable@calmhsa.org](mailto:accountsreceivable@calmhsa.org) using the template in Exhibit C-1, labeled “Remote Supervision Program Order Form Template.” CalMHSA will then invoice for services rendered on a quarterly basis. Participant will pay invoice within 45 days of receipt. Participant will pay in arrears for services utilized.

**3. Administrative Fee –**

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

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



**Exhibit C-1  
 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

<b>Remote Supervision Services*</b>					
<b>County</b>	<b>Date of Service Provided:</b>	<b>Use of Platform with Remote Supervisor(s):</b>	<b>Hours</b>	<b>Rate</b>	<b>Total</b>
<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>
<b>Total Cost of Remote Supervision Services</b>					<i>\$431.25</i>
<b>Total</b>					<i>\$431.25</i>

**Authorized Signatory:**  
  
**Name:** \_\_\_\_\_  
  
**Date:** \_\_\_\_\_

**Exhibit D**  
**5150 Training and Certification Courses**

**I. Program Overview:**

This Agreement provides 5150 courses on a monthly basis via a registration link or recorded training distributed by CalMHSA.

**II. Budget and Fiscal Provisions:**

**A. Rates for Services –**

Training Type	Rate
5150 Courses	\$130/Per County Per Month

**B. Payment Method –**

CalMHSA will invoice for services rendered on a monthly basis. 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.

**Exhibit E  
 Medi-Cal Peer Support Specialist Program Offerings**

**I. Program Overview:**

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
Late fee for Certification Renewal – This fee is imposed when certification has expired for renewals.	\$50
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 an as needed basis at [accountsreceivable@calmhsa.org](mailto:accountsreceivable@calmhsa.org) using the template listed in Exhibit F-1 - Medi-Cal Peer Support Specialist Program Offerings – Order Form Template. CalMHSA will then invoice Participant for services rendered on a quarterly basis. 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:

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

**Exhibit E-1**  
**Medi-Cal Peer Support Specialist Program Offerings – Order Form**

**[ORDER FORM #]**

**[DATE]**

**PARTICIPANT:**

**PAYMENT MADE TO:**

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

<b>Medi-Cal Peer Support Specialist Program Order Form</b>			
<b>Item</b>	<b>Cost **</b>	<b>Number of Items</b>	<b>Total</b>
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		
Late fee for Certification Renewal	\$50		
Supervisor Training	\$0		
<b>Total Cost for Items</b>			
<b>Administrative Fee 15% for Cost of Items*</b>			
<b>Total Cost</b>			

\*Administrative Fee only applies to specific items as identified in Exhibits I- Item C.

\*\* 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:** \_\_\_\_\_