

3630-WORK-2023-SK-AM1
 Behavioral Health Workforce Program
 Siskiyou County
 January 30, 2025

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
MASTER PARTICIPATION AGREEMENT AMENDMENT #1
Behavioral Health Workforce Program

This Agreement Amendment (“Amendment”) amends Agreement No. 3630-WORK-2023-SK (“Agreement”), a contract by and between the California Mental Health Service Authority (“CalMHSA”) and Siskiyou County (“Participant”) to update the rates listed under the Remote Supervision Program (“Program”). This Amendment shall be effective upon execution by both parties.

This Agreement is hereby amended to adjust the Program’s service rates as noted in Exhibit C – Remote Supervision Program, Item II. Budget and Fiscal Provisions, Section A. Rates for Services and modify Exhibit F – Training and Certification Courses, A. Rates for Services and B. Payment Method, and remove Exhibit F – Attachment D, Training Program Order Form.

Modifications to Agreement

- A) The existing Agreement’s Exhibit C – Remote Supervision Program, Item II. Budget and Fiscal Provisions, Section A. Rates for Service is replaced with the below in Exhibit C – Remote Supervision Program, Item II. Budget and Fiscal Provisions, Section A. Rates for Service.

II. Budget and Fiscal Provisions

- A. Rates for Services through February 2, 2025.

Use of Platform with a Motivo 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

Rates for Services from February 2, 2025, through February 1, 2026.

Use of Platform with a Motivo Supervisor	Rate per hour:
Individual Supervision 1 associate; 1 supervisor	\$100.00
Triad Supervision 2 associates; 1 supervisor	\$185.00

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Group Supervision 3-8 associates; 1 supervisor	\$280.00
Administrative support provided outside of the supervision session by a Motivo designated Supervisor (minimum 5 hrs/month applies)	\$100.00

Rates for Services from February 2, 2026, through February 1, 2027

Use of Platform with a Motivo Supervisor	Rate per hour:
Individual Supervision 1 associate; 1 supervisor	\$104.00
Triad Supervision 2 associates; 1 supervisor	\$192.40
Group Supervision 3-8 associates; 1 supervisor	\$291.20
Administrative support provided outside of the supervision session by a Motivo designated Supervisor (minimum 5 hrs/month applies)	\$104.00

Rates for Services from February 2, 2027, to February 1, 2028.

Use of Platform with a Motivo Supervisor	Rate per hour:
Individual Supervision 1 associate; 1 supervisor	\$108.16
Triad Supervision 2 associates; 1 supervisor	\$200.10
Group Supervision 3-8 associates; 1 supervisor	\$302.85
Administrative support provided outside of the supervision session by a Motivo designated Supervisor (minimum 5 hrs/month applies)	\$108.16

B) The existing Agreement's Exhibit F – Training and Certification Courses, A. Rates of Services is replaced with the below in Exhibit F – Training and Certification Courses, A. Rates for Services.

A. Rates for Services –

Training Type	Rate
5150 Training Courses	\$130.00/per registration link per month

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B) The existing Agreement's Exhibit F – Training and Certification Courses, B. Payment Method is replaced with the below in Exhibit F – Training and Certification Courses, B. Payment Method.

If applicable to the training or course, the Participant will receive a written notice from CalMHSA via email documenting the Participant's attendance in the Training and Credentialing courses for the previous month. The Participant will also receive an attendance list of which staff members attended the Training or Credentialing course that month via email. CalMHSA will then invoice for services requested. Participant will pay invoice within 30 days of receipt. Participant will pay in arrears for services utilized.

All other terms or provisions in the initial Agreement No. 3630-WORK-2023-SK. not amended by this Amendment shall remain in full force and effect.

(SIGNATURES TO FOLLOW)

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IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date: 7/1/2025

Signed by:

Nancy Ogren

NANCY OGREN, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: Wendy Winningham
Deputy

CONTRACTOR: California Mental Health Services
Authority

Signed by:

Dr. Amie Miller

Dr. Amie Miller, Psy.D., MFT

Date: 6/2/2025

License No.: _____

(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D.: On File

ACCOUNTING:

Fund	Organization	Account	Activity Code	Amount
2129	401031	723000	166	\$62,590.00
2129	401031	729200	166	\$289,794.00

Encumbrance number (if applicable):

If not to exceed, include amount not to exceed: \$352,384.00.

If needed for multi-year contracts, please include separate sheet with financial information for each fiscal year.

Insurance Requirements

CalMHSA shall obtain the required insurance policies for the amounts set forth below, unless otherwise approved by the Participant's Risk Manager in writing prior to the execution of this Agreement

1. **Requirement to Obtain, Maintain, and Deliver Proof of Insurance Prior to Execution of the Agreement or Commencement of Work.** Without limiting the Participant's right to obtain indemnification from CalMHSA or any third parties, prior to the commencement of work or execution of this Agreement, CalMHSA shall purchase and maintain the following types of insurance for the minimum limits indicated below throughout the term of this Agreement. CalMHSA shall provide an Endorsed Additional Insured page from CalMHSA's Insurance Carrier to the Participant's Risk Manager guaranteeing such coverage to the Participant prior to the execution of this Agreement. CalMHSA shall deliver proof of insurance and all endorsements in accordance with this Agreement's Notice Section, or as otherwise agreed between the Parties. Failure to obtain, maintain, or provide proof of insurance coverage is a material breach of this Agreement and may result in the immediate suspension or termination of this Agreement for cause, in addition to any other remedies the Participant may have under the law.
2. **Additional Named Insured:** All certificates of insurance except for workers' compensation and professional liability shall contain additional endorsements naming Participant as Certificate Holder, County of Siskiyou, Health and Human Services, 2060 Campus Drive, Yreka, California 96097. Siskiyou County and its officers, agents and employees respectively shall be made Additional insured except for workers' compensation and professional liability.
3. **Waiver of Subrogation Rights against the County:** To the extent possible, each insurance policy must include a waiver of the insurer's subrogation rights against the County.
4. **Workers' Compensation and Employer's Liability:** As required by any applicable State or Federal law or regulation and Section 3700 of the Labor Code that requires every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of that code, CalMHSA will comply with a program of Workers' Compensation Insurance or a state-approved self-insurance program.
5. **Commercial General Liability Insurance:** Two Million Dollars (\$2,000,000) per occurrence and Five Million Dollars (\$5,000,000) annual aggregate covering bodily injury, personal injury and property damage. Professional Liability with \$1,000,000 minimum limit within the umbrella of general liability aggregate, as appropriately relates to services rendered including coverage for medical malpractice and/or errors and omissions.

6. **Cyber Liability:** Includes liability for: (a) data security breaches (including, without limitation, unauthorized access, use or theft of personally identifiable information (“PII”), protected health information (“PHI”) or CalMHSA Confidential Information or Participant Confidential Information); (b) violation of Laws relating to the care, custody, control or use of PII or CalMHSA Confidential Information or Participant Confidential Information or the privacy or security of such information; (c) data damage, destruction or corruption; or (d) any act, omission or failure to act that results in a failure of network security (including unauthorized access to, unauthorized use of, a denial of service attack by a third party against, or transmission of a virus or other type of malicious code to CalMHSA’ s or Participants’ computer systems).with limits not less than \$10 million. No exclusion/restriction for unencrypted portable devices/media may be on the policy.
7. **Rating of Insurers:** Insurance is to be placed with admitted insurers rated by A.M. Best Co. as A:VII or higher. Lower rated, or approved but not admitted insurers, may be accepted if prior approval is given by the Participant’s Risk Manager.
8. **Notice of Cancellation to the County and Payment of Premiums.** CalMHSA shall cause each of the above insurance policies to be endorsed to provide the Participant with thirty (30) days’ prior written notice of cancellation. The Participant is not liable for the payment of premiums or assessments on the policy. No cancellation provisions in the insurance policy shall be construed in derogation of the continuing duty of the CalMHSA to furnish insurance during the term of this Agreement.