

C6 Approve an amendment to the agreement with California Mental Health Services Authority (CalMHSA) for the Peer Support Specialist Certification Program which extends the term.

STAFF REPORT

BOARD MEETING DATE:	March 11, 2025
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CATEGORY: Consent Calendar 6

SUBJECT: Approve an amendment to the agreement with California Mental Health Services Authority (CalMHSA) for the Peer Support Specialist Certification Program which extends the term.

DEPARTMENT: Health and Human Services Agency-Behavioral Health and Social Services

SUPERVISORIAL DISTRICT #: All

DEPARTMENT CONTACT: Bailey Cogger, HHSA Deputy Branch Director – Behavioral Health and Social Services, (530) 225-5900

STAFF REPORT APPROVED BY: Christy Coleman, Acting HHSA Director

<u>Vote Required?</u>	<u>General Fund Impact?</u>
Simple Majority Vote	No General Fund Impact

RECOMMENDATION

Approve an amendment to the agreement with California Mental Health Services Authority (CalMHSA), effective date of signing, for the Peer Support Specialist Certification Program which extends the term from March 31, 2025, to March 31, 2027, and retains the maximum compensation of \$37,000.

DISCUSSION

A Peer Support Specialist (PSS) is someone with lived experience of recovery from a substance use disorder, dealing with a mental health condition, or both. A PSS will walk alongside their peer in recovery and treatment, offering individualized support and demonstrating that it is possible. They work as a team with the professionals to assist in connecting clients with services and achieving their goals. PSS educate their colleagues and the systems in which they work, by sharing their perspectives and experience in order to increase understanding of how practices and policies may be improved to promote wellness and resiliency.

Shasta County currently has positions for 17 PSS who make up three teams of PSS ready to assist their peers by using lived experience to engage and support those they work with. There are PSS within the Shasta County Alcohol and Drug Program, also known as Recovery Coaches, another PSS team working with Adult Mental Health peers, as well as a team of PSS within Child Welfare/Children's Mental Health.

Completing the Medi-Cal Peer Support Specialist Certification provides not only tools and knowledge that can be used to serve their peers in the best way possible but also provides the PSS with a sense of accomplishment and increased confidence in their ability to help others.

ALTERNATIVES

The Board could choose not to approve the recommendation, defer consideration to a future date, or provide alternate direction to staff. If the Board chooses not to approve this recommendation, HHSA would no longer be able to certify their PSS. If PSS are not certified, HHSA would no longer be able to bill MHSA for their services.

OTHER AGENCY INVOLVEMENT

County Counsel has approved the agreement as to form. Risk Management has approved the agreement. This recommendation has been reviewed by the County Administrative Office.

FISCAL IMPACT

There is No General Fund Impact with the approval of this recommendation. The maximum amount payable for the entire term of this agreement is \$37,000. Costs incurred through this contract are funded entirely through the Mental Health Services Act (MHSA) Budget (BU 404). The MHSA FY 2024-25 Budget includes sufficient appropriation authority for the activities described in this agreement and will be included in future year budget requests.

ATTACHMENTS:

1: Amendment

3872-WORK-2023-SC-AM2
Medi-Cal Peer Support Specialist Certification
Shasta County
December 12, 2024

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT #2
Medi-Cal Peer Support Specialist Certification Program ("Program")

This Agreement Amendment ("Amendment") amends Agreement No. 3872-WORK-2023-SC ("Agreement"), a contract by and between the California Mental Health Service Authority ("CalMHSA") and Shasta County ("Participant"). This Amendment shall be effective upon execution by both parties.

The Agreement is hereby amended to modify the Project End Term from March 31, 2025, to March 31, 2027.

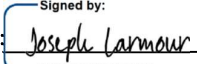
All other terms or provisions in the initial Agreement No. 3872-WORK-2023-SC not amended by this Amendment shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereby confirm acceptance of the terms of this Amendment by causing their duly authorized officers or representatives to execute this Amendment as set out below.

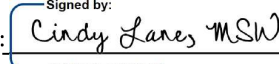
PARTICIPANT: SHASTA COUNTY

Signed: _____ Name (Printed): Kevin W. Crye

Title: Chair, Board of Supervisors Date: _____

Signed:  02/14/2025 | 8:27 AM PST
Name (Printed): Joseph Larmour

Title: County Counsel Date: _____

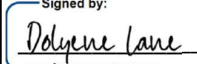
Signed:  Name (Printed): Cindy Lane

Title: Branch Director of Behavioral Health and Social Services Date: 02/13/2025 | 12:14 PM PST

CalMHSA

Signed: _____ Name (Printed): Dr. Amie Miller, Psy.D., LMFT

Title: Executive Director Date: _____

RISK MANAGEMENT APPROVAL
Signed by:  02/13/2025 | 3:08 PM PST
Delyene Lane
RISK MANAGER

ATTEST:
DAVID J. RICKERT
Clerk of the Board of Supervisors

By: