

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT
COVER SHEET

1. Siskiyou County ("Participant") desires to participate in the Program identified below.

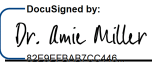
Name of Program: Behavioral Health Quality Improvement Program

2. This Participation Agreement Amendment modifies the terms of Exhibit A, Exhibit B, Exhibit C, Appendix A, and Appendix B as set forth on the following pages.

3. All other terms of Participation Agreement No. 1307-BHQIP-2022-SK, and Amendments 1307-BHQIP-2022-SK-A1, and 1307-BHQIP-2022-SK-A2 shall remain in full force and effect.

Authorized Signatures:

CalMHSA

Signed:  _____ Name (Printed): Dr. Amie Miller, Psy.D., MFT
6/7/2023
Title: Executive Director Date: _____

Participant: SISKIYOU COUNTY

Signed: _____ Name (Printed): Ed Valenzuela
Title: Chair, Board of Supervisors Date: _____

Revised Exhibit A**ADDED SERVICES**

CalMHSA is offering the following **Optional Subject Matter Expert (SME) Services** as defined below:

- **Fiscal/Payment Reform**– Individualized and/or Group County support around modeling fiscal impact of Payment Reform, contract support, and other fiscal consultation services as requested.
- **Interoperability** - Guidance on data systems management, BHQIP deliverables, and consulting and/or configuring on coordination and integration of systems operations across county agencies.
- **Data Analytics** – Not otherwise accounted for in fixed Scopes of Work related to BHQIP Deliverables.
- **Ad Hoc Services** - Other service requested by the county at an hourly rate of \$200 may be submitted via a Work Order.

PROFESSIONAL SERVICES	HOURLY RATE
Fiscal/Payment Reform Subject Matter Expert Services	\$200
Interoperability Subject Matter Expert Services	\$200
Data Analytics Subject Matter Expert Services	\$200
Ad Hoc Services	\$200

OPTIONS FOR THE PROCUREMENT OF SERVICES

Flexible Spending Account - Counties may purchase hours **up to** a maximum pre-determined amount, which can be used for any services as identified above. For counties who provided funding via the initial Participation Agreement, funds will be rolled into a single flexible spending account. Over the course of the term of the initial Participation Agreement and this Amendment, if changes to services are required or additional funding needed, those changes can be made via a work order by an authorized county staff. See Appendix A.

IMPORTANT - In order to complete this Participation Agreement you will need to input the accurate current number of hours remaining for your county. Please contact CalMHSA's Senior Business Analyst Anna Allard at anna.allard@calmhsa.org to obtain your remaining hours.

Revised Exhibit B

II. Responsibilities

A. Responsibilities of Participant:

1. **Services Post-Contract Execution (Amendment)** - Submit a Work Order form for any additional professional services hourly funding required by the Participant if identified post-contract execution.
2. Provide CalMHSA with a County Staff authorized to add services as needed and additional hourly funding amount over the term of the initial Agreement and this Amendment one via a work order. Please identify your authorized county staff in Appendix B, with the following information:

Name

Title

Phone

Email Address

NOTE: Two people maximum.

3. Provide CalMHSA and any other parties deemed necessary with requested information and assistance in order to fulfill the purpose of the Program.
4. Cooperate by providing CalMHSA with requested information and assistance in order to fulfill the purpose of the Program.
5. Provide feedback on Program performance.
6. Comply with applicable laws, regulations, guidelines, contractual agreements, JPAs, and bylaws.

V. Fiscal Provisions

- A. Funding required from Participant will not exceed the amount stated in Appendix A.
- B. **Initial Program Funding** – Initial payment was issued to CalMHSA in an amount up to \$200,000 as previously specified in Exhibit C, of initial Participation Agreement.
- C. **Additional Funds** – This Amendment shall reflect current funds with CalMHSA and added funding, to be provided by the Participant (County), as specified in Exhibit C.
- D. **Payments** - Payments to CalMHSA shall consist of equal quarterly payments commencing thirty days after the execution of this Amendment.
- E. **Funding** – Funding shall be applied to service hours as defined by the Participant via a fully executed Work Order, see Appendix A; however, it is understood the Participants will assess service needs over the course of time and will have the flexibility to procure additional services and add funding via a work order. These changes can only be made by the authorized staff per Section II. Responsibilities, A. Responsibilities of the Participant, Item 2, of this Amendment. If the Participant does not request an adjustment of hours via

the submission of Appendix A, the current hourly designations will remain the same as previously stated in the original agreement or most recent amendment.

- F. **Administrative Fee:** The total flexible service funds, as defined in Exhibit C, are inclusive of a 15% administrative fee.
- G. **Refunds** - Any **unused** funds from the initial Participation Agreement, will be fully reimbursed based at the end of the project period as defined in the Exhibit B of the initial Participation Agreement. For service requests via a work order, refunds will be less the administrative fee, equal to 15%.
- H. **Annual Rate Adjustments** – Cost of Living Adjustments (COLA), for to the rates as defined in Exhibit A Added Services, and the initial Participation Agreement, shall be made per annum.

MODIFIED Exhibit C

PROJECT MANAGEMENT CURRENT HOURS PURCHASED BREAKDOWN*	
TOTAL HOURS PURCHASED	15
TOTAL HOURS INCURRED	4.25
TOTAL HOURS REMAINING	10.75

HOURLY SERVICES FLEXIBLE SPENDING ACCOUNT	
ADDITIONAL SERVICE COSTS	COSTS
TOTAL CURRENT HOURLY COSTS INCURRED* (SPENT)	\$743.75
TOTAL CURRENT HOURLY COSTS REMAINING*	\$1,881.25
NEW SERVICE HOUR COSTS**	\$2,000.00
NEW TOTAL FOR FLEXIBLE SPENDING ACCOUNT (TOTAL CURRENT HOURLY COSTS REMAINING* + NEW SERVICE HOUR COSTS)	\$3,881.25

*Inclusive of all current agreement hourly offerings (Project Management and Clinical Hours)

**As defined in Exhibit A.

THIS IS A TEMPLATE FOR FUTURE USE – DO NOT FILL OUT

APPENDIX A- REVISED WORK ORDER FORM			
Participant (County)			
Term	Start Date	End Date	
SECTION 1. NEW SERVICE HOURS TO BE UTILIZED			
NEW SERVICES	HOURLY RATE	NEW QUANTITY OF HOURS DESIGNATED	TOTAL COST OF HOURS
Fiscal/Payment Reform	\$200/HR		
Clinical Services	\$200/HR		
Project Management	\$175/HR		
Interoperability	\$200/HR		
Data Analysis	\$200/HR		
Ad Hoc Services	\$200/HR		
TOTAL*			

*Cannot exceed the amount listed in Exhibit C of Agreement # _____.

**Per Fiscal Provision, Section C, Counties may choose to adjust their designation of hours via a Work Order Form.

*** TOTAL cost is inclusive of a 15% administrative fee.

Appendix A Authorized Signatory:

Signed: _____ Name (Printed): _____

Title: _____ Date: _____

Appendix A Authorized Signatory (Alternate):

Signed: _____ Name (Printed): _____

Title: _____ Date: _____

APPENDIX B – Authorized Signatories

Please identify the authorized county staff with authority to make service hour requests and add funding as need by Participant.

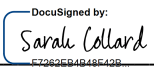
Appendix A Authorized Signatory:

Name: Sarah Collard

Title: Health and Human Services Agency Director

Phone: (530) 841-4802

Email Address: scollard@co.siskiyou.ca.us

Signature: 

6/5/2023

Date: _____

Appendix A Authorized Signatory (Alternate):

Name: Tracie Lima

Title: Deputy Director of Clinical

Phone: (530) 841-2230

Email Address: tlima@co.siskiyou.ca.us

Signature: 

6/5/2023

Date: _____

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

COUNTY OF SISKIYOU

Date: _____

ED VALENZUELA, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: California Mental Health Services Authority

Date: 6/7/2023

DocuSigned by:
Dr. Amie Miller

Dr. Amie Miller, Psy.D., MFT

License No.: N/A
(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: N/A			
Fund	Organization	Account	Activity Code (if applicable)
2122	401030	723000	

Encumbrance number (if applicable) E2300277

If not to exceed, include amount not to exceed: \$64,425.00