

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**  
**PARTICIPATION AGREEMENT AMENDMENT #4**  
**Behavioral Health Quality Improvement Program (“Program”)**

This Agreement Amendment (“Amendment”) amends Agreement No. 1307-BHQIP-2022-SK (“Agreement”), Amendment No. 1307-BHQIP-2022-SK-A1, Amendment No. 1307-BHQIP-2022-SK-A2, and Amendment No. 1307-BHQIP-2022-SK-A3, a contract by and between the California Mental Health Services Authority (“CalMHSA”) and Siskiyou County (“Participant”) to receive support in completing the California Advancing and Innovation Medi-Cal (CalAIM) and Behavioral Health Quality Improvement Program (“BHQIP”) deliverables. This Amendment shall be effective upon execution of this Amendment by both parties.

The Agreement is hereby amended to amend EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM F ADMINISTRATIVE FEE to specify that only funding that has been rendered and paid from the total flexible spending account (“FSA”) during the project period is subject to a 15% administrative fee. Additionally, this Agreement will amend EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM G REFUNDS, to remove the sentence *“For service requests via a work order, refunds will be less the administrative fee, equal to 15%.”*

All other terms or provisions in the initial Agreement No. 1307-BHQIP-2022-SK, Amendment No. 1307-BHQIP-2022-SK-A1, Amendment No. 1307-BHQIP-2022-SK-A2, and Amendment No. 1307-BHQIP-2022-SK-A3, not amended by this Amendment shall remain in full force and effect.

**In Process**

**MODIFICATIONS TO THE AGREEMENT**

- A) The existing Agreement EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM F ADMINISTRATIVE FEE is replaced with the below EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM F ADMINISTRATIVE FEE to specify that only funding for services that has been rendered and paid from the FSA during the project period is subject to a 15% administrative fee.

**Exhibit B - V. Fiscal Provisions**

**F. Administrative Fee:** All services rendered and paid from the flexible spending account are subject to a 15% administrative fee.

- B) The existing Agreement EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM G REFUNDS, is replaced with the below EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM G REFUNDS, to remove the sentence *“For service requests via a work order, refunds will be less the administrative fee, equal to 15%.”*

**Exhibit B - V. Fiscal Provisions**

**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 Exhibit B of the initial Participation Agreement.

1307-BHQIP-2022-SISKIYOU-AM4  
Behavioral Health Quality Improvement Program  
Siskiyou County  
March 30, 2024

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: \_\_\_\_\_

\_\_\_\_\_  
MICHAEL N. KOBSEFF, CHAIR  
Board of Supervisors  
County of Siskiyou  
State of California

ATTEST:  
LAURA BYNUM  
Clerk, Board of Supervisors

By: \_\_\_\_\_  
Deputy

**In Progress**

Date: 5/31/2024

CONTRACTOR: California Mental Health Services Authority

DocuSigned by:  
Dr. Amie Miller, Psy.D., MFT  
Amie Miller, Psy.D., MFT, Executive Director

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. \_\_\_\_\_

ACCOUNTING:			
Fund	Organization	Account	Activity Code (if applicable)
2122	401030	723000	N/A

Encumbrance number (if applicable): E2300277

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

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

# Agenda Worksheet

**Submit completed worksheet to:**  
Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097

Regular  Time Requested: N/A Meeting Date: June 18, 2024  
OR  
Consent

Contact Person/Department: Sarah Collard Ph.D. / Health & Human Services Agency / Behavioral Health Division Phone: (530) 841-4802

Address: 2060 Campus Drive Yreka, CA 96097

Person Appearing/Title: Sarah Collard Ph.D. / Agency Director

## Subject/Summary of Issue:

Amendment to Contract-California Mental Health Services Authority (CalMHSA) Agmt. No.1307-BHQIP-2022-SK-A4

Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to amend its contract with CalMHSA for the term beginning the date fully executed by both parties, through June 30, 2024. With this amendment, amend EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM F ADMINISTRATIVE FEE to specify that only funding that has been rendered and paid from the total flexible spending account ("FSA") during the project period is subject to a 15% administrative fee. Additionally, this Agreement will amend EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM G REFUNDS, to remove the sentence "For service requests via a work order, refunds will be less the administrative fee, equal to 15%."

## Financial Impact:

NO  Describe why no financial impact: t

YES  Describe impact by indicating amount budgeted and funding source below

Amount: \$64,425.00  
Fund: 2122 Description: Mental Health Org.: 401030 Description: Mental Health  
Account: 723000 Description: Professional and  
Activity Code: \_\_\_\_\_ Description: \_\_\_\_\_

Local Preference: YES  NO

For Contracts – Explain how vendor was selected: Specialized Service

Additional Information:

## Recommended Motion:

The Board of Supervisors approve and authorize the Chair to sign the ageement for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and for the term commencing the day fully executed by both parties through June 30, 2024.

**Reviewed as recommended by policy:**  
County Counsel \_\_\_\_\_  
Auditor \_\_\_\_\_  
Personnel \_\_\_\_\_  
CAO \_\_\_\_\_

**Special Requests:**  
Certified Minute Order(s) \_\_\_\_\_ Quantity: \_\_\_\_\_  
Other: Please return 1 original to R. Bullock at 818 Main St

**NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be**

***submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.***

Revised 8/09/2021

# In Process