

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
“CaIMHSA”
PARTICIPATION AGREEMENT AMENDMENT NO. 1
SEMI-STATEWIDE ENTERPRISE HEALTH RECORD PROGRAM

This Participation Agreement Amendment No. # 1 amends Participation Agreement No. # 1488-EHR-2022-SK, executed on September 22, 2022 (the “Agreement”) and is entered into by and between the California Mental Health Services Authority (“CaIMHSA”) and Siskiyou County (“Participant”).

CaIMHSA and Participant agree to amend the Agreement to incorporate additional purchases and to establish an approved “Maximum Funding” amount, not to be exceeded, with the intention of promoting the necessary flexibility and agility to meet Participant’s programmatic needs in a timely manner.

CaIMHSA and Participant agree that the total approved maximum programmatic funding (“Maximum Funding”) allocated by Participant in the Agreement to the Semi-Statewide Enterprise Health Record Program (“EHR”) shall not exceed the amount of **\$1,132,712.01**.

The Maximum Funding stated above includes the funding Participant has committed to EHR program-related components, modules and implementations purchased to date (“Participant-Specific Committed Funding”) in the amount of **\$1,056,981.85**.

CaIMHSA and Participant agree to amend the Agreement by adding or revising the following term(s):

Additional Purchases:

This Amendment No. 1 incorporates additional component purchases totaling **\$52,449.64** in additional committed funding.

The additional component purchases include:

1. Purchase of a subscription to use the “SmartCare Lab Interface”. This item is an annual application subscription, which will be invoiced on a monthly basis.
2. Purchase of professional services to implement the “SmartCare Lab Interface”. This fee is a one-time charge to be invoiced upon execution of this Amendment No. 1.
3. Purchase of a subscription to use the “SMS/Text Notification Reminders”. This item is an annual application subscription, which will be invoiced on a monthly basis.
4. Purchase of professional services to implement the “SMS/Text Notification Reminders”. This fee is a one-time charge to be invoiced upon execution of this Amendment No. 1.

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Revised Exhibit B, Section V. Fiscal Provisions:

While adhering to, and under no circumstances exceeding, the approved Maximum Funding amount of **\$1,132,712.01**, Participant’s Behavioral Health Department is explicitly authorized to utilize unallocated Program funds within the approved Maximum Funding amount for the purchase of additional components, modules and/or implementations related to the EHR program. Any such purchase shall require the execution of an Order Form (attached as Exhibit E hereto) signed by Participant’s Behavioral Health Director.

Notwithstanding the above, any change in the Maximum Funding amount shall require approval of the Participant’s Board of Supervisors.

Revised Exhibit C – Participant-Specific Committed Funding:

The table below reflects the addition of the “SmartCare Lab Interface” implementation and subscription, the “SMS/Text Notification Reminders” implementation and subscription, and the associated **increase of \$52,449.64** in Committed Funding affected by this Amendment No. 1. This revised Exhibit C replaces Exhibit C in the Participation Agreement, effective upon execution of this Amendment No. 1. The revised amount of Participant-Specific Committed Funding for the program term is **\$1,056,981.85**, as stated below:

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Description	Unit(s)	7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 3/18/29
Participant Instance Installation	1	\$ 20,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
System Acquisition Fee	1	\$ 12,680.09	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Initial Development Fee (Customization and Security)	1	\$ 12,680.09	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Discretionary Development Budget	1	\$ 12,680.09	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services Implementation	1	\$ 313,846.15	\$ 26,153.85	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Patient Portal Implementation	1	\$ 2,400.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare IP/Residential Implementation	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare OE/EMAR Implementation	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Pharmacy Interface Implementation	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Pyxis Interface Implementation	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare HIE / MCO Interface via FHIR Implementation	1	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Lab Interface Implementation	1	\$ 15,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Credit Card Processing - Add On - Implementation	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
High Availability Cloud Infrastructure Implementation	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Disaster Recovery Implementation	1	\$ 6,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare CallMESA Package	76	\$ 8,375.20	\$ 50,251.20	\$ 50,251.20	\$ 50,251.20	\$ 50,251.20	\$ 50,251.20	\$ 33,500.80
SmartCare Rx Prescribers Subscription	5	\$ 1,196.00	\$ 7,176.00	\$ 7,176.00	\$ 7,176.00	\$ 7,176.00	\$ 7,176.00	\$ 4,784.00
SmartCare Patient Portal Subscription	340	\$ 62.56	\$ 375.36	\$ 375.36	\$ 375.36	\$ 375.36	\$ 375.36	\$ 250.24
SmartCare IP/Residential Subscription	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare OE/EMAR Subscription	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Pharmacy Interface Subscription	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Pyxis Interface Subscription	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare HIE / MCO Interface via FHIR Subscription	1	\$ 575.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 2,300.00
SmartCare Lab Interface Subscription	1	\$ 488.76	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 1,955.04
Credit Card Processing - Add On - Implementation	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Add-On Hosting Storage Subscription	250	\$ 500.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 2,000.00
High Availability Cloud Infrastructure Subscription	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Disaster Recovery Subscription	1	\$ 456.00	\$ 2,736.00	\$ 2,736.00	\$ 2,736.00	\$ 2,736.00	\$ 2,736.00	\$ 1,824.00
Annual %3 Fee Increase - Subscription	1	\$ 349.61	\$ 2,118.61	\$ 2,182.17	\$ 2,247.63	\$ 2,315.06	\$ 2,384.51	\$ 1,621.15
RAND Evaluation	1	\$ 150,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Lab Interface - Implementation	1	\$ -	\$ -	\$ 17,250.00	\$ -	\$ -	\$ -	\$ -
SmartCare Lab Interface - Subscription	1	\$ -	\$ -	\$ 2,364.48	\$ 3,236.53	\$ 3,333.63	\$ 3,433.64	\$ 2,334.42
SMS/Text Notification Reminders - Implementation	1	\$ -	\$ -	\$ 3,200.00	\$ -	\$ -	\$ -	\$ -
SMS/Text Notification Reminders - Subscription	1	\$ -	\$ -	\$ 2,781.68	\$ 3,807.61	\$ 3,921.84	\$ 4,039.49	\$ 2,746.32
Total Amount by Fiscal Year		\$ 569,289.55	\$ 98,193.58	\$ 97,699.45	\$ 79,212.89	\$ 79,491.65	\$ 79,778.76	\$ 53,315.97
Total Participant-Specific Committed Funds		\$1,056,981.85						

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Description	Fee Type Description	Payment Term	Amount
SmartCare Lab Interface Subscription	Used to exchange order and results with external labs. Labs can be ordered out of SmartCare and sent electronically to an outside lab, then the results pulled back into SmartCare electronically.	The annual subscription amount shall be invoiced on a monthly basis. Monthly payments shall be due upon receipt of invoice.	\$14,702.70
SmartCare Lab Interface Implementation	One-Time Fee associated with the implementation efforts to support SmartCare Lab Interface.	The fee for this implementation service shall be due upon execution of this Participation Agreement Amendment.	\$17,250.00
SMS/Text Notification Reminders - Subscription	SmartCare Notification-SMS/Text sends notification of upcoming appointments with date and time.	The annual subscription amount shall be invoiced on a monthly basis. Monthly payments shall be due upon receipt of invoice.	\$17,296.94
SMS/Text Notification Reminders - Implementation	One-Time Fee associated with the implementation efforts to support SMS/Text Notification Reminders.	The fee for this implementation service shall be due upon execution of this Participation Agreement Amendment.	\$3,200.00

Revised Exhibit D – Participant Contingency Budget:

Amendment No. 1 revises the Agreement to remove Exhibit D – Participant Contingency Budget and all references to Exhibit D, Contingency Funds or Contingency Budget throughout the Agreement. Within the approved Maximum Funding, unallocated funds may be utilized by Participant’s Behavioral Health Department for the purchase of additional components, modules and/or implementations related to the EHR program.

All other terms and provisions in the Agreement, not cited in this Amendment No. 1, shall remain in full force and effect.

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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: _____

MICHAEL N. KOBSEFF, 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

8/26/2024
Date: _____

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: See attached page for accounting

Encumbrance number (if applicable):

If not to exceed, include amount not to exceed: \$1,132,712.01.

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

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Additional Multi-Year Accounting:

	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29	Total
2122-401030-723000	0.00	0.00	0.00	0.00	0.00	91,262.51	64,799.73	156,062.24
2122-401030-723000-2071	12,701.68	3,440.24	3,440.24	0.00	0.00	0.00	0.00	19,582.16
2134-401100-723000-2071	20,678.28	20,678.25	20,678.28	0.00	0.00	0.00	0.00	62,034.81
2129-401031-723000-165B	554,220.99	74,075.09	85,064.68	90,696.64	90,975.40	0.00	0.00	895,032.80
TOTAL	587,600.95	98,193.58	109,183.20	90,696.64	90,975.40	91,262.51	64,799.73	1,132,712.01

In Process

EXHIBIT E

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
“CalMHSA”
ORDER FORM NO. ____
SEMI-STATEWIDE ENTERPRISE HEALTH RECORD**

This Order Form No. ____ is a contract by and between the California Mental Health Services Authority (“CalMHSA”) and _____ County (“Participant”).

CalMHSA and Participant entered into Participation Agreement No. _____ executed on _____ (the “Agreement”).

Participant intends to purchase additional components, modules and/or services as specified below. CalMHSA and Participant agree to incorporate the additional purchases and corresponding Committed Funding modifications as follows:

ADDITIONAL PURCHASES:

This Order Form No. ____ incorporates additional component purchases totaling _____ in additional Committed Funding. Pricing and payment terms for each additional component purchased can be found in Exhibit E-1, below.

The additional component purchases include:

5. Purchase of a subscription to use the [component, module or service purchased]. This item is an annual application subscription, which will be invoiced on a monthly basis.
6. Purchase of professional services to implement the [component, module or service purchased]. This fee is a one-time charge to be invoiced upon execution of this Order Form No. ____.

This Order Form No. ____ adds \$_____ in additional Committed Funding. The revised total maximum amount of Committed Funding shall not exceed \$_____ inclusive of the _____ increase, for the program term as specified in the Agreement.

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EXHIBIT E-1 – ADDITIONAL COMPONENT PURCHASE DESCRIPTION AND PAYMENT TERMS

The table below describes the additional component purchases incorporated by this Order Form No. __, effective as of the date of execution of this Order Form No. __. The components listed are in addition to those included in the Agreement and all subsequent Amendments and Order Forms, if any, that preceded this Order Form No. __.

Description	Fee Type Description	Payment Term
[Component, module or service] Implementation.	One-Time Fee associated with the implementation efforts to support [component, module or service purchased].	The fee for this implementation service shall be due upon execution of this Order Form No. __.
[Component, module or service] Subscription.	[Component, module or service subscription description].	The annual subscription amount shall be invoiced on a monthly basis. Monthly payments shall be due upon receipt of invoice.

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All other terms or provisions in the Agreement and all subsequent Amendments and Order Forms, if any, that preceded this Order Form No. __, not cited herein, shall remain in full force and effect.

CalMHSA

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

Title: Executive Director Date: _____

Participant:

Signed: _____ Name (Printed): _____

Title: _____ Date: _____

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