

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**PARTICIPATION AGREEMENT AMENDMENT #1****QA/QI Analytics Program ("Program")**

This Agreement Amendment ("Amendment") amends Agreement No. 11586-SK-QAQI-25_26 ("Agreement"), a contract by and between the California Mental Health Service Authority ("CalMHSA") and Siskiyou County ("Participant"). This Amendment shall be effective upon execution by both parties.

The Agreement is hereby amended to 1) modify the Cover Sheet, Item 2. Funding to include a not-to-exceed amount, 2) amend Exhibit A – Detailed Program Description, Obligations, and Restrictions to modify the Descriptions for Table 1, Items #5 and #6, and 3) amend Exhibit B – General Terms and Conditions, Item V. Fiscal Provisions to include a not-to-exceed amount and modify language regarding Table 2 to include the addition of Item #6 – Enhanced Analytics – PHI Dashboards.

Modifications to Cover Sheet

2. Funding. The program requires the following funding and payments.

Participant will pay a fixed fee for Services selected by Participant from Exhibit B, Section V. Table 2. Total fees paid by Participant shall be not to exceed One Hundred Eighty-Nine Thousand, One Hundred Thirty-One Dollars and Seventy-Five Cents (\$189,131.75). Additional purchases may be made via the Order Form attached hereto as Attachment B.

The total funding amount for this Agreement shall not be exceed One Hundred Eighty-Nine Thousand, One Hundred Thirty-One Dollars and Seventy-Five Cents (\$189,131.75).

Modifications to Exhibit A

Table 1.

Item Number	Program Offering	Description	Cost
5	Performance Improvement Projects*	CalMHSA will support county plan(s) in meeting EQR PIP requirements by providing regular PIP coaching, consultation and writing support. CalMHSA will develop standard SmartCare reports to support counties in identifying client populations relevant to each PIP and assist with interpreting and applying HEDIS measure descriptive analysis reports to PIPs, as applicable. CalMHSA support under this scope of work applies to federally required Performance	\$44,567.50

		Improvement Projects (PIPs) for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans per 42 C.F.R. § 438.330(b)(1) and (d)(1). CalMHSA support does not apply to other quality or performance improvement projects, such as those mandated by DHCS as part of a Corrective Action Plan (CAP) for quality performance measures per BHIN 24-004.	
6	Enhanced Analytics- PHI Dashboards	<p>CalMHSA will provide a suite of individual county-facing PowerBI dashboards to display SmartCare data relevant to treatment services, quality/compliance, and fiscal operations. The initial dashboard will focus on client demographic and service data, providing local insights into treatment populations and the service mix. Subsequent dashboards will focus on optimizing EHR data capture and tracking selected initiatives (e.g. CARE Act). Dashboard findings will be reviewed quarterly with county directors/leadership.</p> <p>CalMHSA will provide 3 complimentary commercial PowerBI user licenses (“User Licenses”) for the Participant to utilize upon the execution of this Agreement.</p> <p>If the Participant wishes to obtain additional User Licenses, CalMHSA will purchase and maintain User Licenses on behalf of the Participant at rate of \$240.00 per user, for a 12-month user license to support the Enhanced Analytics – PHI Dashboards Offering. Participant will designate the number of User Licenses to be purchased for their county via Section V. Table 3 or Attachment B. User Licenses purchased via Attachment B will be invoiced for on an annual basis as noted in Section V.</p> <p>Alternatively, Participant may choose to use</p>	\$34,371.50

		<p>their own commercial PowerBI user licenses if applicable. CalMHSA will not provide any administrative or technical support related to PowerBI licenses not purchased through CalMHSA</p> <p>Participant may choose to re-assign user licenses during the 12-month license period if needed. Participants will be able to assign or re-assign a user license via a CalMHSA provided registration link that will be sent to the Participant upon execution of this Agreement.</p>	
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*RE: Performance Improvement Projects: HEDIS-based PIP support is only available to counties that are also participating in the CalMHSA Quality Measures and Performance Improvement Program. Counties that are not participating in the CalMHSA Quality Measures and Performance Improvement Program may opt in to PIP-support for those PIPs that have topics other than improving HEDIS outcomes.

Modifications to Exhibit B

V. Fiscal Provisions. Participant will pay for the fixed fee Services selected by Participant as indicated in Table 2, below. Total fees paid by Participant upon execution shall be in the amount of \$189,131.75. Additional purchases may be made via the Order Form attached hereto as Attachment B.

The total funding amount for this Agreement shall not exceed **\$189,131.75**.

Table 2:

Item Number	Program Offering	Cost	Participant Selection (Mark X to Select)
1	Policies Development	\$31,288.75	X
2	EQRO Audit Preparation (ISCAT/NAV)	\$36,430.00	X
3	DHCS Compliance Audit Preparation and Response	\$20,300.00	X
4	Chart Review Tools and Coaching	\$22,174.00	X
5	Performance	\$44,567.50	X

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QA/QI Analytics Program

Siskiyou County

April 22, 2025

	Improvement Projects*		
6	Enhanced Analytics-PHI Dashboards	\$34,371.50	X
Total Cost		\$189,131.75	

*This Program Offering requires Power BI User Licenses which may be purchased upon execution via Table 3 or via the Work Order Form in Attachment B.

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: Siskiyou County

Signed: _____ Name (Printed): Nancy Ogren

Title: Chair, Board of Supervisors Date: _____

Signed: _____ Name (Printed): Dr. Sarah Collard, Ph.D.

Title: Director of Behavioral Health Date: _____

CalMHSA

DocuSigned by:

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

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Title: Executive Director Date: 7/3/2025

(SIGNATURES TO FOLLOW)

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QA/QI Analytics Program

Siskiyou County

April 22, 2025

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: _____

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

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

Date: 7/3/2025

CONTRACTOR: California Mental Health Services

DocuSigned by:

Dr. Amie Miller, Psy.D., MFT
DocuSigned by:
Dr. 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.: On File

ACCOUNTING:

Fund	Organization	Account
2122	401030	723000

Encumbrance number (if applicable):

If not to exceed, include amount not to exceed: \$189,131.75.

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