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.

ltem 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	

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		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	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. CalMHSA will provide 3 complimentary commercial PowerBI user licenses ("User Licenses") for the Participant to utilize upon the execution of this Agreement. 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.	\$34,371.50
		Alternatively, Participant may choose to use	

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
Participant may choose to re-assign user
rarticipant 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.

^{*}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		Participant Selection (Mark X to Select)
1	Policies Development	\$31,288.75	Х
2	EQRO Audit Preparation (ISCAT/NAV)	\$36,430.00	X
	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

PARTICIPANT: Siskiyou County

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	Improvement Projects*		
	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.

Signed by:	
Signed Pancy Ogren	Name (Printed): Nancy Ogren
852DA1B9F1C44B4	9 /6 /2025
Title: Chair, Board of Supervisors	Date: 8/6/2025
Signed Dr. Sarali Collard	Name (Printed): Dr. Sarah Collard, Ph.D.
F7262EB4B48F42B	
Title: Director of Behavioral Health	7/8/2025 Date:
CalMHSA	
DocuSigned by:	
Signed: Dr. Amic Miller, Psy.D., MFT 82E9EFBAB7CC446	Name (Printed): Dr. Amie Miller, Psy.D., LMFT
Title: Executive Director	Date: 7/3/2025

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.

Signed by:

COUNTY OF SISKIYOU

Date: 8/6/2025

*Navy เป็ญ*ขนา -®ฟAฟCฟั4®GREN, CHAIR Board of Supervisors County of Siskiyou State of California

ATTEST:

LAURA BYNUM

Clerk, Board of Supervisors

By Wendy Winningham

Date: 7/3/2025

CONTRACTOR: California Mental Health Services

Dr. Unic Miller, Psy.D., MFT
Dr. Applied Willer, 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.