

Attachment A:
CalMHSA FY 22-24 PA
No. 1303-BHQIP-2022-SB-A1

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT
COVER SHEET

1. Santa Barbara County (“Participant”) entered into Participant Agreement No. 1303-BHQIP-2022-SB with California Mental Health Services Authority (“CalMHSA”) on September 13, 2022 to participate in the Program identified below.

Name of Program: Behavioral Health Quality Improvement Program (BHQIP)

2. This Participation Agreement Amendment modifies and/or supplements the terms of Exhibit A, Exhibit B, Exhibit C, and Appendix A, to Participation Agreement No. 1303-BHQIP-2022-SB, as well as adds an Appendix B to Participation Agreement No. 1303-BHQIP-2022-SB, as set forth on the following pages.
3. This Participation Agreement Amendment also modifies the total maximum amount payable under Agreement No. 1303-BHQIP-2022-SB to be \$42,080.
4. All other terms of Participation Agreement No. 1303-BHQIP-2022-SB shall remain in full force and effect.
5. This Participation Agreement Amendment shall become effective upon execution by Participant.
6. Authorized Signatures:

California Mental Health Services Authority (CalMHSA)

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

Title: Executive Director Date: _____

COUNTY OF SANTA BARBARA:

Signed: _____ Name: Das Williams

Title: Chair, Board of Supervisors Date: _____

ATTEST:

Signed: _____ Name: Mona Miyasato

Title: County Executive Officer, Clerk of the Board Date: _____

RECOMMENDED FOR APPROVAL:

Signed: _____ Name: Antonette Navarro, LMFT

Title: Director, Behavioral Wellness Date: _____

APPROVE AS TO FORM: COUNTY COUNSEL:

Signed: _____ Name: _____

Title: Deputy County Counsel _____ Date: _____

APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER:

Signed: _____ Name: _____

Title: Deputy _____ Date: _____

APPROVE AS TO INSURANCE FORM: RISK MANAGEMENT:

Signed: _____ Name: _____

Title: Risk Manager _____ Date: _____

Revised Exhibit A

This **Revised Exhibit A** hereby supplements Exhibit A to the initial Participation Agreement No. 1303-BHQIP-2022-SB by adding Section IV. Added Services. Sections I through III of Exhibit A to the initial Participation Agreement No. 1303-BHQIP-2022-SB shall remain in full force and effect.

IV. ADDED SERVICES

A. **CalMHSA will provide the following Optional Subject Matter Expert (SME) Services as defined below:**

- **Project Management** -General BHQIP implementation support
- **Clinical Services** -Clinical training and policy changes implementation support
- **Fiscal/Payment Reform**– Individualized and/or Group Participant 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 Participant agencies.
- **Data Analytics** – Not otherwise accounted for in fixed Scopes of Work related to BHQIP Deliverables.
- **Ad Hoc Services** - Other service requested by Participant at an hourly rate of \$200 may be submitted via a Work Order.

PROFESSIONAL SERVICES	HOURLY RATE
Project Management	\$175
Clinical Subject Matter Expert Services	\$200
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

B. **Options for the Procurement of Services**

1. **Flexible Spending Account** - Participant may purchase hours **up to** a maximum pre-determined amount, which can be used for any services as identified above. For Participant 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 Participant staff. See Appendix A.

Revised Exhibit B

This **Revised Exhibit B** hereby modifies Section II.B (Responsibilities of Participant) and Section V (Fiscal Provisions) of Exhibit B to the Participation Agreement No. 1303-BHQIP-2022-SB. All other terms of Exhibit B to the initial Participation Agreement No. 1303-BHQIP-2022-SB shall remain in full force and effect.

II. Responsibilities

B. Responsibilities of Participant:

1. **Services Post-Contract Execution (Amendment)** - Submit a Work Order form for any additional professional services required by the Participant if identified post-amendment execution.
2. Provide CalMHSA with a Participant Staff authorized to add services as needed and additional hourly funding amount over the term of the Agreement and this Amendment via a work order. Participant's authorized staff is identified 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, and CalMHSA's Joint Powers Agreement Bylaws, and Business Associate Agreement.

V. Fiscal Provisions

- A. **Initial Program Funding** – Initial payment was issued to CalMHSA in an amount up to \$22,080 as previously specified in Exhibit C, of initial Participation Agreement.
- B. **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.
- C. **Payments** - Payments to CalMHSA shall consist of equal quarterly payments commencing thirty days after the execution of this Amendment.
- D. **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, B. 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.
- E. **Administrative Fee:** The total flexible service funds, as defined in the Revised Exhibit C, are inclusive of a 15% administrative fee.
- F. **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. For service requests via a work order, refunds will be less the administrative fee, equal to 15%.
- G. **Annual Rate Adjustments** – Cost of Living Adjustments (COLA), for to the rates as defined in Section IV of the Revised Exhibit A (Added Services), and Section III of Exhibit A to the initial Participation Agreement (Program Objective and Overview), shall be made per annum.

HOURLY SERVICES FLEXIBLE SPENDING ACCOUNT	
ADDITIONAL SERVICE COSTS	COSTS
TOTAL CURRENT HOURLY COSTS INCURRED*	0
TOTAL CURRENT HOURLY COSTS REMAINING*	\$0.00
ADDED SERVICES HOURLY COSTS**	\$20,000
NEW TOTAL FOR FLEXIBLE SPENDING ACCOUNT (TOTAL CURRENT HOURLY COSTS REMAINING* + NEW SERVICE HOUR COSTS)	\$20,000

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

**As defined in Section IV.A. of the Revised Exhibit A.

Revised Appendix A

This **Revised Appendix A** hereby replaces the prior Appendix A to the initial Participation Agreement No. 1303-BHQIP-2022-SB

TEMPLATE 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	QUANTITY OF HOURS DESIGNATED	NEW HOUR TOTAL	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 #1303-BHQIP-2022-SB**

****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 Participant staff with authority to make service hour requests and add funding as need by Participant.

Appendix A Authorized Signatory:

Name: Jamie Huthsing, LMFT

Title: Division Chief of Quality Care Management

Phone: (805) 884-1687

Email Address: jhuthsing@sbcbswell.org

Signature: _____

Date: _____

Appendix A Authorized Signatory (Alternate):

Name: _____

Title: _____

Phone: _____

Email Address: _____

Signature: _____

Date: _____