

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

22-895 A-2

SAP Number

N/A

Department of Behavioral Health

Department Contract Representative	Ellayna Hoatson
Telephone Number	909-388-0858
Contractor	California Mental Health Services Authority
Contractor Representative	Amie Miller
Telephone Number	916-859-4818
Contract Term	September 28, 2022 through June 30, 2024
Original Contract Amount	\$203,215
Amendment Amount	
Total Contract Amount	\$203,215
Cost Center	

Briefly describe the general nature of the contract:

Amendment No. 2 to Agreement No. 22-895 (Agreement No. 1297-BHQIP-2022-SBR A-2) with California Mental Health Services Authority (CalMHSA) for the Behavioral Health Quality Improvement Program with no change to the Agreement amount of \$203,215 or the Agreement period of September 28, 2022 through June 30, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form

DocuSigned by:

Dawn Martin

Dawn Martin, Deputy County Counsel

Date 5/28/2024

Reviewed for Contract Compliance

DocuSigned by:

Natalie Kessee

Natalie Kessee, Contracts Manager

Date 5/28/2024

Reviewed/Approved by Department

DocuSigned by:

Georgina Yoshioka

Georgina Yoshioka, Director

Date 5/28/2024

1297-BHQIP-2022-SANBERNARDINO-AM2
Behavioral Health Quality Improvement Program
San Bernardino County
January 31, 2024

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT #2
Behavioral Health Quality Improvement Program ("Program")

This Agreement Amendment ("Amendment") amends Agreement No. 1297-BHQIP-2022-SBR ("Agreement"), and Amendment No. 1297-BHQIP-2022-SBR-A1, a contract by and between the California Mental Health Services Authority ("CalMHSA") and San Bernardino 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 E 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 F 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. 1297-BHQIP-2022-SBR and Amendment No. 1297-BHQIP-2022-SBR-A1, not amended by this Amendment shall remain in full force and effect.

MODIFICATIONS TO THE AGREEMENT

- A) The existing Agreement EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM E ADMINISTRATIVE FEE is replaced with the below EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM E 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

E. 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 F REFUNDS, is replaced with the below EXHIBIT B, SECTION V. FISCAL PROVISIONS, ITEM F 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

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.

1297-BHQIP-2022-SANBERNARDINO-AM2
Behavioral Health Quality Improvement Program
San Bernardino County
January 31, 2024

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.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other mail transmission), which signatures shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

PARTICIPANT: SAN BERNARDINO COUNTY

DocuSigned by:
Signed: Georgina Yoshioka Name (printed): Dr. Georgina Yoshioka
Title: Director Date: 6/11/24
Address: 303 E. Vanderbilt Way, San Bernardino, CA 92415-0026
Phone: (909) 252-5142 Email: georgina.yoshioka@dbh.sbcounty.gov

CalMHSA

DocuSigned by:
Signed: Amie Miller Name (printed): Dr. Amie Miller, Psy.D., MFT
Title: Executive Director Date: 12/11/2024
Address: 1610 Arden Way, STE 175,
Sacramento CA 95815
Phone: (279) 234-0701 Email: amie.miller@calmhsa.org



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Behavioral Health

Contact Name: Christopher Carso Telephone: (909) 388-0856

Agreement No.: 22-895 Amendment No.: 2 Date of Board Item 6/11/24 Board Item No.: 35

Name of Contract Entity/Project Name: Participation Agreement for Behavioral Health Quality Improvement Program

Explanation of request/Special Instructions:

Authorize the Director of the Department of Behavioral Health, as the County Mental Health Director, to sign and submit Amendment No. 2 to Participation Agreement No. 22-895 (California Mental Health Services Authority Agreement No. 1297-BHQIP-2022-SBR), to the California Mental Health Services Authority, on behalf of the County.

Insert check mark that the following required documents are attached to this request:

- Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Dawn Martin	Date Sent: 2/26/25
Reviewing County Counsel Use Only	Review Date <u>2/26/25</u> <u>[Signature]</u> Signature	Determination: x <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>3/3/25</u> <u>[Signature]</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: <input type="checkbox"/> Chair <input type="checkbox"/> CEO <input checked="" type="checkbox"/> Department <input type="checkbox"/> Return to Department for preparation of agenda item <i>executed by department on 5/11/24</i>