Agreement No.: 1409-EHR-2022-LC

Program Name: SEMI-STATEWIDE ENTERPRISE HEALTH RECORD

Date: October 2022

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY "CalMHSA" PARTICIPATION AGREEMENT AMENDMENT NO. 1

This Participation Agreement Amendment No. 1 is a contract by and between the California Mental Health Services Authority ("CalMHSA") and Lake County ("Participant").

This Agreement Amendment No. 1 shall be effective as of the date of execution and modifies the terms of the initial Agreement No. 1409-EHR-2022-LC to include modifications to the following: EXHIBIT C – PARTICIPANT-SPECIFIC COMMITTED FUNDING AND PAYMENT TERMS; and EXHIBIT D – PARTICIPANT CONTINGENCY BUDGET, and shall now read as follows:

EXHIBIT C – PARTICIPANT-SPECIFIC COMMITTED FUNDING AND PAYMENT TERMSCommitted Funding

The total maximum amount of Participant-Specific Committed Funding in this Participation Agreement shall not exceed \$1,351,097 for the period of Participant Agreement execution through March 18, 2029 as follows:

escription Unit(s)		Execution - 6/30/22		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 - 5/30/27	7/1/27 - 5/30/28	7/1/28 - 3/18/29	
Participant Instance Installation	1	\$ 40,000.00	\$	2	\$	19	\$	79.3	\$	•	\$		\$	\$	- 34
System Acquisition Fee	1	\$ 17,388.23	\$	8	\$	•	\$	383	\$	- 6	\$	8	\$ 8	\$	57.
Initial Development Fee (Customization and Security)	1	\$ 17,388,23	\$	3	\$		\$	280	\$	- 1	\$		\$ 2.	\$	25
Discretionary Development Budget	1	\$ 17,388,23	\$	2	\$	- 5	\$	(20)	\$		\$	2	\$ 74	\$;÷
Professional Services Implementation	1	\$ 114,000,00	\$	266,000.00	\$	9	\$	83	\$	- 6	\$		\$ 	\$	
SmartCare Patient Portal Implementation	1	\$ 2,400.00	\$		\$		\$	387	\$		\$	8	\$ 	\$	i.e
SmartCare HIE / MCO Interface via FHIR Implementation	1	\$ 12,000.00	\$	- 9	\$		\$	(4)	\$		\$	- 2	\$ - 2	\$	- 4
Disaster Recovery Implementation	1	\$ 6,000.00	\$	*	Ş		\$	(5)	\$	2.	\$	3	\$ - 3	\$	
SmartCare CalMHSA Package	126	\$ *	\$	55,540,80	\$	83,311,20	\$	83,311.20	\$	83,311,20	\$	83,311.20	\$ 83,311.20	\$	55,540.80
SmartCare Rx Prescribers Subscription	3	\$ 2	\$	2,870.40	\$	4,305.60	\$	4,305.60	\$	4,305.60	\$	4,305.60	\$ 4,305.60	\$	2,870.40
SmartCare Patient Portal Subscription	360	\$ *:	\$	264,96	\$	397,44	Ş	397,44	\$	397.44	\$	397,44	\$ 397,44	\$	264,96
SmartCare HIE / MCO Interface via FHIR	1	\$ =	\$	2,300.00	\$	3,450.00	\$	3,450.00	\$	3,450.00	\$	3,450.00	\$ 3,450.00	\$	2,300.00
SmartCare Add-On Hosting Storage Subscription	250	\$	\$	2,000.00	\$	3,000.00	5	3,000.00	\$	3,000.00	\$	3,000.00	\$ 3,000.00	\$	2,000.00
Disaster Recovery Subscription	1	\$ *	\$	3,024.00	\$	4,536.00	\$	4,536.00	\$	4,536.00	\$	4,536.00	\$ 4,536,00	\$	3,024.00
Annual %3 Fee Increase - Subscription	1	\$ #	\$	990.00	\$	2,999.71	\$	3,089.70	\$	3,182.39	\$	3,277.86	\$ 3,376.20	\$	2,295.37
RAND Evaluation	1	\$ -	\$	150,000.00	\$		\$	- 1	\$	2)	\$	2	\$ 32	\$	- 2
SmartCare Lab Interface Implementation	1	\$ 15,000.00	\$		\$	- 5%	\$	5 * 3	\$	*	\$		\$ 3.	\$	₽.
SMS/Text Notification Reminders - Implementation	1	\$ 3,200.00	\$	-	\$	545	\$	(85	\$	÷5	\$		\$ 	\$	26
SmartCare Lab Interface Subscription	1	\$	\$	1,739,99	\$	3,050.74	\$	3,142.26	\$	3,236.53	\$	3,333.63	\$ 3,433.64	\$	2,334.42
SMS/Text Notification Reminders - Subscription	1	\$ *:	\$	2,047.00	\$	3,589.04	\$	3,696,71	\$	3,807.61	\$	3,921.84	\$ 4,039.49	\$	2,746.32
Total Amount by Fiscal Year		\$ 244,765	\$	486,777	\$	108,640	\$	108,929	\$	109,227	\$	109,534	\$ 109,850	\$	73,376
Total Participant-Specific Committed Funds	\$ 1,351,097		T												

EXHIBIT D – PARTICIPANT CONTINGENCY BUDGET

Participant Contingency Budget

Given current expected user growth, development and professional services related to future projects anticipated to be implemented within the term of this Participation Agreement, a maximum total Participant Contingency Budget of \$108,497 is also included and is defined as follows:

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Date: October 2022

Description	1 .	'1/22 - '30/23	7/1/23 - 6/30/24			7/1/24 - 6/30/25	7/1/25 - 5/30/26	7/1/26 - 6/30/27			7/1/27 - 6/30/28	7/1/28 - 3/18/29	
Subscription Costs for Anticipated User Growth (25 additional SmartCare users per year and 5 additional Prescribers)	\$	3,100	\$	3,100	\$	3,100	\$ 3,100	\$	3,100	\$	3,100	\$	3,100
Subscription Costs for Additional Modules	\$	2,062	\$	2,062	\$	2,062	\$ 2,062	\$	2,062	\$	2,062	\$	2,062
Discretionary Development Budget for Participant Specific Requirements	\$	5,169	\$	5,169	\$	5,169	\$ 5,169	\$	5,169	\$	5,169	\$	5,169
Professional Services	\$	5,169	\$	5,169	\$	5,169	\$ 5,169	\$	5,169	\$	5,169	\$	5,169
Total Amount by Fiscal Year	\$	15,500	\$	15,500	\$	15,500	\$ 15,500	\$	15,500	\$	15,500	\$	15,500
Total Participant Contingency Funds	\$	108,497			_								

All other terms or provisions in the initial Agreement No. 1409-EHR-2022-LC not cited in this Participation Agreement Amendment No. 1 shall remain in full force and effect.

CalMHSA DocuSigned by:										
Signed: Dr. Amic Miller	Name (Printed): Dr. Amie Miller, Psy.D., MFT									
Title: Executive Director	Date: 11/30/2022									
Participant:	OOFSUPERI									
Signed: Eddie Crandelt (No. 23, 2022 12:33 PST)	Name (Printed): Eddie Crandell									
Title: Chair, Lake County Board of Supervisors	Date: 11/23/2022									
Signed: Todd Metcalf (Nov 28, 2022 16:28 PST)	Name (Printed): Todd Metcalf									
Title: Director Lake County Behavioral Health	Date: 11/28/2022									
Approved as to Form: Signed:	Name (Printed): Anita Grant									
Title: Lake County Counsel	Date: 10-28-22									

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Attest:

Signed: Johanna Delong (Nov 23, 2022 3:07 PST) Name (Printed): Susan Parker

Title:-Interim Clerk; Lake County Board of Date: 11/23/2022

Supervisors

22.23.55.1 CalMHSA Semi-Statewide E.H.R. AMENDMENT No. 1 FYs 2021-29

Final Audit Report 2022-11-29

Created: 2022-11-28

By: Elise Jones (Elise.Jones@lakecountyca.gov)

Status: Signed

Transaction ID: CBJCHBCAABAA7kXGbJ7Ndf3sr3kVpxilMIEX4E0im_3l

"22.23.55.1 CalMHSA Semi-Statewide E.H.R. AMENDMENT No . 1 FYs 2021-29" History

- Document created by Elise Jones (Elise.Jones@lakecountyca.gov) 2022-11-28 11:11:08 PM GMT- IP address: 208.91.28.66
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