

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
“CalMHSA”
PARTICIPATION AGREEMENT AMENDMENT NO. 3
SEMI-STATEWIDE ENTERPRISE HEALTH RECORD PROGRAM

This Participation Agreement Amendment No. 3 (“Amendment No. 3”) amends Participation Agreement No. 1409-EHR-2022-LC, executed on June 9, 2022, (the “Agreement”) and is entered into by and between the California Mental Health Services Authority (“CalMHSA”) and Lake County (“Participant”). This Amendment No. 3 shall be effective upon execution.

CalMHSA and Participant agree to amend the Agreement to incorporate additional purchases and to establish a new approved “Maximum Funding” amount, not to be exceeded, with the intention of promoting the necessary flexibility and agility to meet Participant’s programmatic needs in a timely manner.

CalMHSA and Participant agree to increase the total approved maximum programmatic funding (“Maximum Funding”) by **\$121,183.44**. The revised Maximum Funding allocated by Participant in the Agreement to the Semi-Statewide Enterprise Health Record Program (“EHR”) shall not exceed the amount of **\$1,650,000.00**.

The Maximum Funding stated above include the funding Participant has committed to EHR program-related components, modules, and implementations purchased to date (“Participant-Specific Committed Funding”) in the amount of **\$1,555,541.55**.

CalMHSA and Participant agree to amend the Agreement by adding or revising the following term(s):

Additional Purchases:

This Amendment No. 3 incorporates additional component purchases totaling \$48,725.00 in additional Committed Funding.

The Additional component purchases include:

1. Purchase of implementation services for the “SmartCare Lab Interface – Implementation (Millennium reengagement).” This item is a one-time implementation fee, which will be invoiced upon execution of this Amendment No. 3.
2. Purchase of a subscription to use the “SmartCare Lab – Subscription (Millennium reengagement).” This item is an annual subscription, which will be invoiced on a monthly basis.

Revised Exhibit B, Section V. Fiscal Provisions:

While adhering to, and under no circumstances exceeding, the approved Maximum Funding amount of **\$1,650,000.00**, Participant's Behavioral Health Department is explicitly authorized to utilize unallocated Program funds within the approved Maximum Funding amount for the purchase of additional components, modules, implementations, users, etc., related to the EHR program. Any such purchase shall require the execution of an Order Form (attached as Exhibit E hereto) signed by Participant's Behavioral Health Director.

Notwithstanding the above, any change in the Maximum Funding amount shall require approval of the Participant's Board of Supervisors.

Revised Exhibit C – Participant Specific Committed Funding and Terms:


The table below reflects the additional purchases affected by the Amendment No. 3, listed above, and the associated **increase of \$48,725.00** in Committed Funding.

This revised Exhibit C replaces Exhibit C in the Agreement, effective upon execution of Amendment No. 3. The revised amount of Participant-Specific Committed Funding for the program term is **\$1,555,541.55**, as stated below:

Agreement No.: 1409-EHR-2022-LC-A3
Semi-Statewide Enterprise Health Record
March 25, 2026

Description	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 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 3/18/29
Participant Instance Installation	1	\$40,000.00	\$-	\$-	\$-	\$-	\$-	\$-	\$-
System Acquisition Fee	1	\$17,388.23	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Initial Development Fee (Customization and Security)	1	\$17,388.23	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Discretionary Development Budget	1	\$17,388.23	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Professional Services Implementation	1	\$114,000.00	\$266,000.00	\$-	\$-	\$-	\$-	\$-	\$-
SmartCare Patient Portal Implementation	1	\$2,400.00	\$-	\$-	\$-	\$-	\$-	\$-	\$-
SmartCare HIE / MCO Interface via FHIR Implementation	1	\$12,000.00	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Disaster Recovery Implementation	1	\$6,000.00	\$-	\$-	\$-	\$-	\$-	\$-	\$-
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	\$-	\$2,870.40	\$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	\$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	\$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	\$-	\$-	\$-	\$-	\$-	\$-
SmartCare Lab Interface Implementation	1	\$15,000.00	\$-	\$-	\$-	\$-	\$-	\$-	\$-
SMS/Text Notification Reminders - Implementation	1	\$3,200.00	\$-	\$-	\$-	\$-	\$-	\$-	\$-
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
SmartCare CalMHSA Package	45	\$-	\$-	\$-	\$21,359.67	\$32,838.13	\$33,823.27	\$34,837.97	\$23,685.22
Disaster Recovery - Subscription	45	\$-	\$-	\$-	\$1,337.40	\$2,056.11	\$2,117.79	\$2,181.32	\$1,483.01
SmartCare Lab Interface - Implementation (Millennium reengagement)	1	\$-	\$-	\$-	\$-	\$15,000.00	\$-	\$-	\$-
SmartCare Lab Interface - Subscription (Millennium reengagement)	1	\$-	\$-	\$-	\$-	\$4,990.00	\$10,184.00	\$10,496.00	\$8,055.00
Total Amount by Fiscal Year		\$244,764.70	\$486,777.15	\$108,639.72	\$131,625.98	\$164,111.01	\$155,658.63	\$157,364.86	\$106,599.50
Total Participant-Specific Committed Funds		\$1,555,541.55							

All other terms or provisions in the Agreement and subsequent Amendments, not cited in this Amendment No. 3, shall remain in full force and effect.

CalMHSA DocuSigned by:
 Signed:  Name (Printed): Dr. Amie Miller, Psy.D., MFT
 Title: Executive Director Date: 3/26/2026

Participant:
 Signed: _____ Name (Printed): _____
 Title: Chair, Lake County Board of Supervisors Date: _____


Agreement No.: 1409-EHR-2022-LC-A3
Semi-Statewide Enterprise Health Record
March 25, 2026

Signed: _____ Name (Printed): Elise Jones

Title: Director of Lake County Behavioral Health Date: _____

Approved as to Form:

Approved as to Form:

Signed:  _____ Name (Printed): Lloyd Guintivano

Title: Lake County Counsel Date: March 23, 2026

Attest:

Signed: _____ Name (Printed): Susan Parker

Title: Clerk to the Board of Supervisors Date: _____

EXHIBIT E

**CALIFORNIA MENTAL HEALTH
SERVICES AUTHORITY "CalMHSA"**

**ORDER FORM NO.
SEMI-STATEWIDE ENTERPRISE
HEALTH RECORD**

This Order Form No. ___ is a contract by and between the California Mental Health Services Authority ("CalMHSA") and _____ County ("Participant").

CalMHSA and Participant entered into Participation Agreement No. _____ executed on _____
{the "Participation Agreement"}.

Participant intends to purchase additional components, modules and/or services as specified below. CalMHSA and Participant agree to incorporate the additional purchases and corresponding Committed Funding modifications as follows:

ADDITIONAL PURCHASES:

This Order Form No. ___ incorporates additional component purchases totaling _____ in additional Committed Funding. Pricing and payment terms for each additional component purchased can be found in Exhibit E-1, below.

The additional component purchases include:

1. Purchase of a subscription to use the [component, module or service purchased]. This item is an annual application subscription, which will be invoiced on a monthly basis.
2. Purchase of professional services to implement the [component, module or service purchased]. This fee is a one-time charge to be invoiced upon execution of this Order Form No. ___.

This Order Form No. ___ adds \$_____ in additional Committed Funding. The revised total maximum amount of Committed Funding shall not exceed \$_____ inclusive of the _____ **increase**, for the program term as specified in the Participation Agreement.

EXHIBIT E-1 - ADDITIONAL COMPONENT PURCHASE DESCRIPTION AND PAYMENT TERMS

The table below describes the additional component purchases incorporated by this Order Form No. __ effective as of the date of execution of this Order Form No. __. The components listed are in addition to those included in the Participation Agreement and all subsequent Amendments and Order Forms, if any, that preceded this Order Form No. __.

Description	Fee Type Description	Payment Term
[Component, module or service] Implementation.	One-Time Fee associated with implementation efforts to support [component, module or service purchased].	The fee for this implementation service shall be due upon execution of this Order Form No. __.
[Component, module or service] Subscription.	[Component, module or service subscription description].	The annual subscription amount shall be invoiced on a monthly basis. Monthly payments shall be due upon receipt of invoice.