COUNTY OF SISKIYOU
CONTRACT FOR SERVICES
FOR BOARD OF SUPERVISORS SIGNATURE

This Contract made this _____ day of _____, 2020 between:

COUNTY: Siskiyou County Health and Human Services Agency
Behavioral Health Division
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100
(530) 841-4320 Fax

And

CONTRACTOR: Happy Camp Community Action, Inc.
PO Box 201
38 Park Way
Happy Camp, CA 96039
(530) 493-5117

ARTICLE 1. TERM OF CONTRACT

1.01 Contract Term: This Contract shall become effective on July 1, 2020 and shall terminate on June 30, 2021, unless terminated in accordance with the provisions of Article 7 of this Contract or as otherwise provided herein.

ARTICLE 2. INDEPENDENT CONTRACTOR STATUS

2.01 Independent Contractor: It is the express intention of the parties that Contractor is an independent contractor and not an employee, agent, joint venture or partner of County. Nothing in this Contract shall be interpreted or construed as creating or establishing the relationship of employer and employee between County and Contractor or any employee or agent of Contractor. Both parties acknowledge that Contractor is not an employee for state or federal tax purposes. Contractor shall retain the right to perform services for others during the term of this Contract.

ARTICLE 3. SERVICES

3.01 Scope of Services: Contractor agrees to furnish the following services: Contractor shall provide the services described in Exhibit “A” attached hereto.

No additional services shall be performed by Contractor unless approved in advance in writing by the County stating the dollar value of the services, the method of payment, and any adjustment in contract time or other contract terms. All such services are to be coordinated with County and the results of the work

shall be monitored by the Health and Human Services Agency Director or his or her designee.

3.02 Method of Performing Services: Contractor will determine the method, details, and means of performing the above-described services including measures to protect the safety of the traveling public and Contractor's employees. County shall not have the right to, and shall not, control the manner or determine the method of accomplishing Contractor's services.

3.03 Employment of Assistants: Contractor may, at the Contractor's own expense, employ such assistants as Contractor deems necessary to perform the services required of Contractor by this Contract. County may not control, direct, or supervise Contractor's assistants or employees in the performance of those services.

ARTICLE 4. COMPENSATION

4.01 Compensation: In consideration for the services to be performed by Contractor, County agrees to pay Contractor in proportion to services satisfactorily performed as specified in Exhibit "A", the not to exceed amount of Forty Two Thousand Dollars ($42,000.00) for the term of the contract. Payment shall not exceed amount appropriated by the Board of Supervisors for such services for the fiscal year.

4.02 Invoices: Contractor shall submit detailed invoices for all services being rendered.

4.03 Date for Payment of Compensation: County shall pay within 30 days of receipt of invoices from the Contractor to the County, and approval and acceptance of the work by the County.

4.04 Expenses: Contractor shall be responsible for all costs and expenses incident to the performance of services for County, including but not limited to, all costs of materials, equipment, all fees, fines, licenses, bonds or taxes required of or imposed against Contractor and all other of Contractor's costs of doing business. County shall not be responsible for any expense incurred by Contractor in performing services for County.

ARTICLE 5. OBLIGATIONS OF CONTRACTOR

5.01 Contractor Qualifications: Contractor warrants that Contractor has the necessary licenses, experience and technical skills to provide services under this Contract.

5.02 Contract Management: Contractor shall report to the (department head) or his or her designee who will review the activities and performance of the Contractor and administer this Contract.

5.03 Tools and Instrumentalities: Contractor will supply all tools and instrumentalities required to perform the services under this Contract. Contractor is not required to purchase or rent any tools, equipment or services from County.

5.04 Workers' Compensation: Contractor shall maintain a workers' compensation plan covering all its employees as required by California Labor Code Section 3700, either through workers' compensation insurance issued by an insurance company or through a plan of self-insurance certified by the State Director of Industrial Relations. If Contractor elects to be self-insured, the certificate of insurance otherwise required by this Contract shall be replaced with a consent to self-insure issued by the State Director of Industrial Relations. Proof of such insurance shall be provided before any work is commenced under this contract. No payment shall be made unless such proof of insurance is provided.

5.05 Indemnification: Contractor shall indemnify and hold County harmless against any and all liability imposed or claimed, including attorney's fees and other legal expenses, arising directly or indirectly from any act or failure of Contractor or Contractor's assistants, employees or agents, including all claims relating to the injury or death of any person or damage to any property. Contractor agrees to maintain a policy of liability insurance in the minimum amount of ($1,000,000) One Million Dollars, to cover such claims or in an amount determined appropriate by the County Risk Manager. If the amount of insurance is reduced by the County Risk Manager such reduction must be in writing. Contractor shall furnish a certificate of insurance evidencing such insurance and naming the County as an additional insured for the above-cited liability coverage prior to commencing work. It is understood that the duty of Contractor to indemnify and hold harmless includes the duty to defend as set forth in Section 2778 of the California Civil Code. Acceptance by County of insurance certificates and endorsements required under this Contract does not relieve Contractor from liability or limit Contractor's liability under this indemnification and hold harmless clause. This indemnification and hold harmless clause shall apply to any damages or claims for damages whether or not such insurance policies shall have been determined to apply. By execution of this Contract, Contractor acknowledges and agrees to the provisions of this Section and that it is a material element of consideration.

5.06 General Liability: During the term of this Contract, Contractor shall obtain and keep in full force and effect a commercial, general liability policy or policies of at least ($1,000,000) One Million Dollars, combined limit for bodily injury and property damage; the County, its officers, employees, volunteers and agents are to be named additional insured under the policies, and the policies shall stipulate that this insurance will operate as primary insurance for work performed by Contractor and its sub-contractors, and that no other insurance effected by County or other named insured will be called on to cover a loss covered thereunder. All insurance required herein shall be provided by a company authorized to do business in the State of California and possess at least a Best A:VII rating or as may otherwise be acceptable to County. The General Liability insurance shall be provided by an ISO Commercial General Liability policy, with

edition dates of 1985, 1988, or 1990 or other form satisfactory to County. The County will be named as an additional insured using ISO form CG 2010 1185 or the same form with an edition date no later than 1990, or in other form satisfactory to County.

5.07 Certificate of Insurance and Endorsements: Contractor shall obtain and file with the County prior to engaging in any operation or activity set forth in this Contract, certificates of insurance evidencing additional insured coverage as set forth in paragraphs 5.04 and 5.10 and which shall provide that no cancellation, reduction in coverage or expiration by the insurance company will be made during the term of this Contract, without thirty (30) days written notice to County prior to the effective date of such cancellation. **Naming the County as a "Certificate Holder" or other similar language is NOT sufficient satisfaction of the requirement.** Prior to commencement of performance of services by Contractor and prior to any obligations of County, contractor shall file certificates of insurance with County showing that Contractor has in effect the insurance required by this Contract. Contractor shall file a new or amended certificate on the certificate then on file. **If changes are made during the term of this Contract, no work shall be performed under this agreement, and no payment may be made until such certificate of insurance evidencing the coverage in paragraphs, 5.05, the general liability policy set forth in 5.06 and 5.10 are provided to County.**

5.08 Public Employees Retirement System (CalPERS): In the event that Contractor or any employee, agent, or subcontractor of Contractor providing services under this Contract is determined by a court of competent jurisdiction or the Public Employees Retirement System (CalPERS) to be eligible for enrollment in CalPERS as an employee of the County, Contractor shall indemnify, defend, and hold harmless County for the payment of any employee and/or employer contributions of CalPERS benefits on behalf of Contractor or its employees, agents, or subcontractors, as well as for the payment of any penalties and interest on such contributions, which would otherwise be the responsibility of County. Contractor understands and agrees that his personnel are not, and will not be, eligible for memberships in, or any benefits from, any County group plan for hospital, surgical or medical insurance, or for membership in any County retirement program, or for paid vacation, paid sick leave, or other leave, with or without pay, or for any other benefit which accrues to a County employee.

5.09 IRS/FTB Indemnity Assignment: Contractor shall defend, indemnify, and hold harmless the County, its officers, agents, and employees, from and against any adverse determination made by the Internal Revenue Service of the State Franchise Tax Board with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security and income tax withholding payments.

5.10 Professional Liability: If Contractor or any of its officers, agents, employees, volunteers, contactors or subcontractors are required to be professionally licensed or certified by any agency of the State of California in order to perform any of the work or services identified herein, Contractor shall procure and

maintain in force throughout the duration of the Contract a professional liability insurance policy with a minimum coverage level of ($1,000,000) One Million Dollars, or as determined in writing by County's Risk Management Department.

5.11 State and Federal Taxes: As Contractor is not County's employee, Contractor is responsible for paying all required state and federal taxes. In particular:

a. County will not withhold FICA (Social Security) from Contractor's payments;
b. County will not make state or federal unemployment insurance contributions on behalf of Contractor.
c. County will not withhold state or federal income tax from payment to Contractor.
d. County will not make disability insurance contributions on behalf of Contractor.
e. County will not obtain workers' compensation insurance on behalf of Contractor.

5.12 Records: All reports and other materials collected or produced by the Contractor or any subcontractor of Contractor shall, after completion and acceptance of the Contract, become the property of County, and shall not be subject to any copyright claimed by the Contractor, subcontractor, or their agents or employees. Contractor may retain copies of all such materials exclusively for administration purposes. Any use of completed or uncompleted documents for other projects by Contractor, any subcontractor, or any of their agents or employees, without the prior written consent of County is prohibited. It is further understood and agreed that all plans, studies, specifications, data magnetically or otherwise recorded on computer or computer diskettes, records, files, reports, etc., in possession of the Contractor relating to the matters covered by this Contract shall be the property of the County, and Contractor hereby agrees to deliver the same to the County upon request. It is also understood and agreed that the documents and other materials including but not limited to those set forth hereinabove, prepared pursuant to this Contract are prepared specifically for the County and are not necessarily suitable for any future or other use.

5.13 Contractor's Books and Records: Contractor shall maintain any and all ledgers, books of account, invoices, vouchers, canceled checks, and other records or documents evidencing or relating to charges for services or expenditures and disbursements charged to the County for a minimum of five (5) years, or for any longer period required by law, from the date of final payment to the Contractor under this Contract. Any records or documents required to be maintained shall be made available for inspection, audit and/or copying at any time during regular business hours, upon oral or written request of the County.

5.14 Assignability of Contract: It is understood and agreed that this Contract contemplates personal performance by the Contractor and is based upon a determination of its unique personal competence and experience and upon its specialized personal knowledge. Assignments of any or all rights, duties or

obligations of the Contractor under this Contract will be permitted only with the express written consent of the County.

5.15 Warranty of Contractor: Contractor warrants that it, and each of its personnel, where necessary, are properly certified and licensed under the laws and regulations of the State of California to provide the special services agreed to.

5.16 Withholding for Non-Resident Contractor: Pursuant to California Revenue and Taxation Code Section 18662, payments made to nonresident independent contractors, including corporations and partnerships that do not have a permanent place of business in this state, are subject to 7 percent state income tax withholding.

Withholding is required if the total yearly payments made under this contract exceed $1,500.00.

Unless the Franchise Tax Board has authorized a reduced rate or waiver of withholding and County is provided evidence of such reduction/waiver, all nonresident contractors will be subject to the withholding. It is the responsibility of the Contractor to submit the Waiver Request (Form 588) to the Franchise Tax Board as soon as possible in order to allow time for the Franchise Tax Board to review the request.

5.17 Compliance with Child, Family and Spousal Support Reporting Obligations: Contractor's failure to comply with state and federal child, family and spousal support reporting requirements regarding contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family and spousal support obligations shall constitute a default under this Contract. Contractor's failure to cure such default within ninety (90) days of notice by County shall be grounds for termination of this Contract.

5.18 Conflict of Interest: Contractor covenants that it presently has no interest and shall not acquire an interest, direct or indirect, financial or otherwise, which would conflict in any manner or degree with the performance of the services hereunder. Contractor further covenants that, in the performance of this Contract, no subcontractor or person having such an interest shall be used or employed. Contractor certifies that no one who has or will have any financial interest under this contract is an officer or employee of County.

5.19 Compliance with Applicable Laws: Contractor shall comply with all applicable federal, state and local laws now or hereafter in force, and with any applicable regulations, in performing the work and providing the services specified in this Contract. This obligation includes, without limitations, the acquisition and maintenance of any permits, licenses, or other entitlements necessary to perform the duties imposed expressly or impliedly under this Contract.

5.20 Bankruptcy: Contractor shall immediately notify County in the event that Contractor ceases conducting business in the normal manner, becomes

insolvent, makes a general assignment for the benefit of creditors, suffer or permits the appointment of a receiver for its business or assets, or avails itself of, or becomes subject to, any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors.

ARTICLE 6. OBLIGATIONS OF COUNTY

6.01 Cooperation of County: County agrees to comply with all reasonable requests of Contractor (to provide reasonable access to documents and information as permitted by law) necessary to the performance of Contractor's duties under this Contract.

ARTICLE 7. TERMINATION

7.01 Termination on Occurrence of State Events: This Contract shall terminate automatically on the occurrence of any of the following events:

1. Bankruptcy or insolvency of Contractor
2. Death of Contractor

7.02 Termination by County for Default of Contractor: Should Contractor default in the performance of this Contract or materially breach any of its provisions, County, at County's option, may terminate this Contract by giving written notification to Contractor.

7.03 Termination for Convenience of County: County may terminate this Contract at any time by providing a notice in writing to Contractor that the Contract is terminated. Said Contract shall then be deemed terminated and no further work shall be performed by Contractor. If the Contract is so terminated, the Contractor shall be paid for that percentage of the phase of work actually completed, based on a pro rata portion of the compensation for said phase satisfactorily completed at the time of notice of termination is received.

7.04 Termination of Funding: County may terminate this Contract in any fiscal year in that it is determined there is not sufficient funding. California Constitution Article XVI Section 18.

ARTICLE 8. GENERAL PROVISIONS

8.01 Notices: Any notices to be given hereunder by either party to the other may be effected either by personal delivery in writing or by mail, registered or certified, postage prepaid or return receipt requested. Mailed notices shall be addressed to the parties at the addresses appearing in the introductory paragraph of this Contract, but each party may change the address by written notice in accordance with the paragraph. Notices delivered personally will be deemed communicated as of actual receipt; mailed notices will be deemed communicated as of two (2) days after mailing.

8.02 Entire Agreement of the Parties: This contract supersedes any and all contracts, either oral or written, between the Parties hereto with respect to the rendering of services by Contractor for County and contains all the covenants and contracts between the parties with respect to the enduring of such services in any manner whatsoever. Each Party to this Contract acknowledges that no representations, inducements, promises, or contract, orally or otherwise, have been made by any party, or anyone acting on behalf of any Party, which are not embodied herein, and that no other contract, statement, or promise not contained in this Contract shall be valid or binding. Any modification of this Contract will be effective only if it is in writing signed by the Party to be charged and approved by the County as provided herein or as otherwise required by law.

8.03 Partial Invalidity: If any provision in this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provision will nevertheless continue in full force without being impaired or invalidated in any way.

8.04 Attorney's Fees: If any action at law or in equity, including an action for declaratory relief, is brought to enforce or interpret the provisions of this Contract, the prevailing Party will be entitled to reasonable attorney's fees, which may be set by the court in the same action or in a separate action brought for that purpose, in addition to any other relief to which that party may be entitled.

8.05 Conformance to Applicable Laws: Contractor shall comply with the standard of care regarding all applicable federal, state and county laws, rules and ordinances. Contractor shall not discriminate in the employment of persons who work under this contract because of race, the color, national origin, ancestry, disability, sex or religion of such person.

8.06 Waiver: In the event that either County or Contractor shall at any time or times waive any breach of this Contract by the other, such waiver shall not constitute a waiver of any other or succeeding breach of this Contract, whether of the same or any other covenant, condition or obligation.

8.07 Governing Law: This Contract and all matters relating to it shall be governed by the laws of the State of California and the County of Siskiyou and any action brought relating to this Contract shall be brought exclusively in a state court in the County of Siskiyou.

8.08 Reduction of Consideration: Contractor agrees that County shall have the right to deduct from any payments contracted for under this Contract any amount owed to County by Contractor as a result of any obligation arising prior or subsequent to the execution of this contract. For purposes of this paragraph, obligations arising prior to the execution of this contract may include, but are not limited to any property tax, secured or unsecured, which tax is in arrears. If County exercises the right to reduce the consideration specified in this Contract,

County shall give Contractor notice of the amount of any off-set and the reason for the deduction.

8.09 Negotiated Contract: This Contract has been arrived at through negotiation between the parties. Neither party is to be deemed the party which prepared this Contract within the meaning of California Civil Code Section 1654. Each party hereby represents and warrants that in executing this Contract it does so with full knowledge of the rights and duties it may have with respect to the other. Each party also represents and warrants that it has received independent legal advice from its attorney with respect to the matters set forth in this Contract and the rights and duties arising out of this Contract, or that such party willingly foregoes any such consultation.

8.10 Time is of the Essence: Time is of the essence in the performance of this Contract.

8.11 Materiality: The parties consider each and every term, covenant, and provision of this Contract to be material and reasonable.

8.12 Authority and Capacity: Contractor and Contractor's signatory each warrant and represent that each has full authority and capacity to enter into this Contract.

8.13 Binding on Successors: All of the conditions, covenants and terms herein contained shall apply to, and bind, the heirs, successors, executors, administrators and assigns of Contractor. Contractor and all of Contractor's heirs, successors, executors, administrators, and assigns shall be jointly and severally liable under the Contract.

8.14 Cumulation of Remedies: All of the various rights, options, elections, powers and remedies of the parties shall be construed as cumulative, and no one of them exclusive of any other or of any other legal or equitable remedy which a party might otherwise have in the event of a breach or default of any condition, covenant or term by the other party. The exercise of any single right, option, election, power or remedy shall not, in any way, impair any other right, option, election, power or remedy until all duties and obligations imposed shall have been fully performed.

8.15 No Reliance On Representations: Each party hereby represents and warrants that it is not relying, and has not relied upon any representation or statement made by the other party with respect to the facts involved or its rights or duties. Each party understands and agrees that the facts relevant, or believed to be relevant to this Contract, may hereunder turn out to be other than, or different from the facts now known to such party as true, or believed by such party to be true. The parties expressly assume the risk of the facts turning out to be different and agree that this Contract shall be effective in all respects and shall not be subject to rescission by reason of any such difference in facts.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date:_____

_____
MICHAEL N. KOBSEFF, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Happy Camp Community Action, Inc

Date: 7-10-20

Alan Dyar, Board Chair

Date: 7-14-20

Denver Lantow, Secretary

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. 91-1762252

ACCOUNTING:

Fund	Organization	Account	Activity Code (if applicable)
2129	401031	723000	164

Encumbrance number (if applicable):

If not to exceed, include amount not to exceed: $42,000 FY20/21

If needed for multi-year contracts, please include separate sheet with financial information for each fiscal year.

Prevention and Early Intervention

The purpose of MHSA Prevention and Early Intervention (PEI) services are to reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability (i.e cultural competency) of traditional mainstream services. Program efforts will reduce the negative psycho-social impact of trauma and will increase prevention efforts and response to early signs of emotional and behavioral health problems among at-risk populations. Activities are to reduce stigma and discrimination impacting those at-risk of mental illness and mental health problems as well as increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide. Because there must be the intended outcome of reducing risk of serious mental illness, MHSA-funded Prevention Services DO NOT include services for the purpose of enhancing general community wellness.

1. **Target Populations**: County residents within all age groups with a primary focus on Children, Transition Age Youth, Adults and Older Adults at a significantly higher than average risk of developing a serious mental illness including, but not limited to, Underserved populations, trauma-exposed, and children/youth in stressed families, at risk of school failure or Juvenile Justice Involvement.

2. **Program Goals:**
   a. Approved prevention activities and programming
   b. Early Intervention to prevent the progression of mental illness
   c. Reduction of mental health stigma, isolation and the risk of suicide
   d. Linkages and referrals of target population to appropriate services

A. Scope of Services

Within the above outlined guidelines of Mental Health Services Act Prevention and Early Intervention program, Contractor will be responsible for the following specific services and activities:

1. CONTRACTOR shall:
   a. Provide Referral and Access: Happy Camp Community Action (HCCA) staff will make themselves available during working hours for walk-in access to consumers who self-identify as needing mental health related support or services. Staff will work with target population, as described above, to complete MHSA Referral Form. Services will be based on either self-identified needs, a Screening Tool developed collaboratively by both parties, or referral to Beacon, a sub-contractor of Partnership Health, for screening.

      A qualified referral is defined as a consumer from the target population who meets the appropriate level of risk of serious mental illness, has been connected to one or more of the approved linkages in the Referral Form, made a documented appointment with a provider and/or program and been followed up by HCCA staff to have participated at least once in said service.

   b. Provide Family Group-based Education (Siskiyou Strong Families): Group

classes, with minimum of 3 persons per group, for at-risk families through a menu of evidence-based/informed programming. Groups offered by Contractor should be selected based on identified community needs. Groups may include:

- Parenting NOW
- Nurturing Parenting
- Nurturing Parenting for Substance Abusing Families
- Anger Management
- Family Based Relapse Prevention
- Raising Emotionally Health Children
- Parenting the Second Time Around
- Other approved curricula - must be pre-approved in writing by BHS Director or his/her designee to include curriculum, pre/post tests or other outcome measure and flyer.

c. Provide Youth Group-based Education (Siskiyou Strong Youth): Group classes, with minimum of 3 persons per group, focused on youth and/or their families in the target populations from a menu of evidence-based/informed and community defined practices. Contractor is encouraged to collaborate with local schools and other partners to identify at risk youth and offer groups in schools. Examples of groups may include:

- Girls' Circle
- Boys' Council
- Why Try
- I'm Special
- Other approved Groups - must be pre-approved in writing by BHS Director or his/her designee to include curriculum, pre/post tests or other outcome measure and flyer.

d. Conduct Stigma and Discrimination Reduction Activities - SDR (Siskiyou Strong Communities):

i. Community activities facilitated by a community member with lived experience along with a clinician or other provider from a menu of approved stigma reduction and/or discrimination reduction forums or activities.

ii. Other SDR activities may include social media such as Facebook posts, or newspaper, radio, or participation in events such as health fairs or parades. In order to be eligible for compensation under this SDR program, Contractor must provide supporting documents that clearly show mental health focused activities. Copies of documents must be submitted with invoice.

iii. Mental Health Education Workshops designed to increase understanding of various mental health related topics and led by a qualified clinician or other provider including, but not limited to:

- Understanding Depression
- Dealing with Stress and Anxiety
- Anger and Stress

- Understanding Emotional Trauma for Children and Adults
- Other topics with approved curricula - *must be pre-approved in writing by BHS Director or his/her designee to include curriculum, pre/post tests or other outcome measure and flyer

iv. A minimum of 1 activity must be offered to community in a location other than HCCA to reach general public, community medical providers, schools, etc.

e. Provide detailed invoices in a format acceptable to the County. Contractor shall utilize invoice template (Attachment 2) which will be provided to Contractor. Backup shall be submitted electronically through spreadsheet developed by the County and consisting of demographic sheet totals (Attachment 1), participant totals per class, pre/post -test scores or other approved outcome measure. Hard copies of completed demographic form, sign in sheets, pre-post test, flyers, print screens from social media posts, pictures, handouts, fact sheets, and any other documentation deemed necessary to support approved activities shall be kept on file at FRC site for County auditing purposes. All funding sources of groups must be identified on flyers. County shall only be invoiced for MHSA appropriate costs.

2. COUNTY Shall:
   a. Provide program monitoring, including assistance in developing activities and events outlined above
   b. Develop invoice template and provide to Contractor
   c. Provide training and guidance to support appropriate service referral and delivery for Contractor programs above
   d. Notify Contractor in a timely manner of any program/contractual issues or concerns
   e. Work Collaboratively to promote effective service delivery
   f. Respond timely to referrals in accordance with state guidelines and policies and procedures.

B. <u>Compensation</u>

Total compensation for Fiscal Year 20-21 shall not exceed Forty Two Thousand Dollars ($42,000.00) for Prevention and Early Intervention Services. Payments shall be as follows:

1. A total of Ten Thousand Three Hundred Fifty Dollars ($10,350.00) will be paid to Contractor for access and linkage to services. Five Thousand One Hundred Seventy Five Dollars ($5,175.00) will be paid within 15 days of contract execution. The second payment of Five Thousand One Hundred Seventy Five Dollars ($5,175.00) will be paid to Contractor by the end of January 2021. These payments include a 15% administrative fee. In the event Contractor restructuring results in closure of HCCA, the remainder of funds shall be subject to reversion back to the COUNTY within 30 days of closure.

2. Reconciliation/Reimbursement Rate Schedule:
   - Referral and Access: $750/month plus 15% administrative fee, not to

exceed $10,350 annually, paid in two equal payments of $5,175

- Siskiyou Strong Families: $435/week for groups.
- Siskiyou Strong Youth: $325/week for groups
- Siskiyou Strong Communities:
    - $670/community activity or MH workshop
    - $125/ SDR activities as defined above in A.1d(ii), billable monthly, maximum not to exceed 4 activities for a total of $500
- Administrative costs shall not exceed 15% on all billable services above

3. Contractor shall provide detailed itemized invoices in a format pursuant to paragraph A1(e) above. All funding sources of groups must be identified on flyers. County shall only be invoiced for MHSA appropriate costs.

MHSA PEI DEMOGRAPHICS

Individual Identifier:_____ **Date:_____**

Please complete the form below by checking one box in each catorgory that most closely describes you

Age Group	
0-15	
16-25	
26-59	
60+	
Decline to answer	

Ethnicity	
Hispanic or Latino as follows:	
Caribbean	
Central America	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other	
Decline to answer	
Non-Hispanic or Non-Latino as follows:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other	
Decline to answer	
Non-Hispanic/Non-LatinoSubtotal:	
More than one ethnicity	
Decline to answer	

Race	
American Indian or Alaska Native	
Asian	
Black of African American	
Native Hawaiian or other Pacific Islander	
White	
Other	
More than one race	
Decline to answer	

Primary Language	
English	
Spanish	
Other	

Estimate Household Annual Income:	
Under $15,000	
$15,000 - $25,000	
$25,00- $40,000	
$40,000- $60,000	
$60,000+	
Decline to Answer	

Sexual Orientation (for individual 13 or older)	
Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Transgender	
Questioning or unsure	
Queer	
Another sexual orientation	
Decline to answer	

Gender	
Assigned sex at birth:	
Male	
Female	
Decline to answer	

Current Gender Identity (for individual 13 or older)	
Male	
Female	
Transgender	
Genderqueer	
Questioning or unsure	
Another gender identity	
Decline to answer	

Veteran Status (for individual 13 or older)	
Yes	
No	
Decline to answer	

Disability	
Communication Domain as follows:	
Difficulty seeing	
Difficulty hearing, or having speech understood	
Other	
Mental (excl: Mental illness, incl: learning, developmental, dementia...)	
Physical/mobility	
Chronic health condition (incl: chronic pain)	
Other	
No disability	
Decline to answer	

Have you experienced any of the following? Check all that apply	
Serious chronic medical condition	
Experience of severe trauma	
Family conflict	
Family violence	
Ongoing Stress	
Substance use	
Racism/social inequality	
Isolation (Lack of support in times of need)	
Traumatic Loss	
History of depression, bipolar, schizophrenia, etc.	
Family member(s) with serious mental illness	
Incarceration	
Suicide ideation/previous suicide attempt	
Long Term Unemployment	
School failure or drop out	
Homelessness	
Removal of children from home	
None of the above	
Decline to Answer	

ATTACHMENT 2

INVOICE

Date: June 11, 2020
Invoice # [100]

[Your Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

TO: Siskiyou County Behavioral Health
2060 Campus Drive
Yreka, Ca 96097
[530-841-4281]

COURSE NAME	PROGRAM TYPE	# OF SESSIONS	SUPPORT DOCUMENTS	UNDUPLICATED COUNT	PRICE/ SESSION	COURSE TOTAL
	☐FAMILIES ☐YOUTH ☐SDR ☐MH WORKSHOP		☐ FLYER ☐ SIGN-IN SHEET ☐ DEMOGRAPHICS ☐ OUTCOME MEASURES ☐ SDR BACKUP (HANDOUTS, PICTURES, NEWSLETTERS, FB POSTS, ETC)			
	☐FAMILIES ☐YOUTH ☐SDR ☐MH WORKSHOP		☐ FLYER ☐ SIGN-IN SHEET ☐ DEMOGRAPHICS ☐ OUTCOME MEASURES ☐ SDR BACKUP (HANDOUTS, PICTURES, NEWSLETTERS, FB POSTS, ETC)			
	☐FAMILIES ☐YOUTH ☐SDR ☐MH WORKSHOP		☐ FLYER ☐ SIGN-IN SHEET ☐ DEMOGRAPHICS ☐ OUTCOME MEASURES ☐ SDR BACKUP (HANDOUTS, PICTURES, NEWSLETTERS, FB POSTS, ETC)			

Subtotal	
15% Admin	
Total	

!

HAPPCAM-01 SSHEKAR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/4/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0C36861 Newport Beach-Alliant Insurance Services, Inc. 1301 Dove St Ste 200 Newport Beach, CA 92660	CONTACT NAME: Patricia K Guisler PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: pguisler@alliant.com
	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Great American E & S Insurance Company 37532 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED HAPPY CAMP COMMUNITY ACTION, INC. P.O. BOX 201 HAPPY CAMP, CA 96039	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		214520002	9/29/2019	9/29/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X GL DED: $1,000						MED EXP (Any one person)	$ 0
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 0
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured endorsement attached. Policy form does not contain a General Liability Aggregate. Notice of cancellation will be delivered only to the participating named insured as stated in Item 1 of the Participation Endorsement. Subject to policy terms, conditions and exclusions.

AS RESPECTS ANNUAL CONTRACTS (STARTS IN JULY 2020) FOR THE MENTAL HEALTH SERVICES ACT (MHSA) PROGRAM AND PREVENTION AND EARLY INTERVENTION OF MENTAL ILLNESS. THE COUNTY, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND AGENTS NAMED AS ADDITIONAL INSURED FOR GENERAL LIABILITY ONLY.

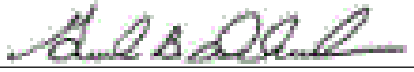
CERTIFICATE HOLDER

Siskiyou County Health and Human Services Agency
Behavioral Health Divison
2060 Campus Drive
Yreka, CA 96097

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Additional Insured - Designated Person or Organization

This endorsement modifies insurance provided under the following:

SPECIAL LIABILITY POLICY FOR PUBLIC ENTITIES AND NON-PROFIT CORPORATIONS

Name of Person or Organization:
Any person or entity that the "Named Insured" has entered into a written agreement, prior to a loss, to provide defense, indemnity or additional insured protection.

The following is added to Section **V. PERSONS OR ENTITIES INSURED:**

Any person(s) or organization(s) listed in the Schedule above is an Additional Insured, but only as respects “Personal Injury” (including “Bodily Injury”) and “Property Damage” arising, in whole or in part, out of the operations of the Named Insured. The inclusion of such Additional Insured shall not serve to increase the "Company's" Limit of Liability as specified in the participation endorsement of this Policy:

However, additional insured coverage provided by this insurance will not be broader than coverage required in the written agreement.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/05/2020

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PRODUCER	CONTACT NAME: Linda Short
Armar Insurance Agency, LLC 506 4th Street Yreka CA 96097	PHONE (A/C, No, Ext): (530) 842-2778 FAX (A/C, No): (530) 842-2770 E-MAIL ADDRESS: commercial@armarins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : STATE COMPENSATION INSURANCE FUND OF (	35076
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Happy Camp Community Action, Inc.
P O Box 201
Happy Camp CA 96039

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		9226175	02/14/2020	02/14/2021	☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Siskiyou County Health and Human Services Agency
Behavioral Health Division
2060 Campus Drive
Yreka CA 96097

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AUTHORIZED REPRESENTATIVE

Linda R Short