

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**  
**“CaIMHSA”**  
**PARTICIPATION AGREEMENT FIRST AMENDMENT**


This First Amendment is to that initial Agreement No. 1307-BHQIP-2022-SK entered into on August 8, 2022 by and between the California Mental Health Services Authority (“CaIMHSA”) and Siskiyou County (“Participant”).

This First Amendment shall be effective as of the date of execution and modifies the terms of the initial Agreement No. 1307-BHQIP-2022-SK to modify Exhibit C and the total cost of this Agreement from \$15,550 to \$62,425. The modified Exhibit C is attached hereto.


All other terms or provisions in the initial Agreement No. 1307-BHQIP-2022-SK not cited in this First Amendment shall remain in full force and effect.

**Participant: Siskiyou County**

Signed: \_\_\_\_\_ Name (printed): Brandon A. Criss  
Title: Chair, Board of Supervisors Date: \_\_\_\_\_

Signed: 10/5/2022 Name (printed): Sarah Collard  
Title: Director, Health and Human Svcs. Date:   
Agency \_\_\_\_\_

**CaIMHSA**

Signed:  Name (printed): Dr. Amie Miller, Psy.D., MFT  
Title: Executive Director Date: 10/5/2022  
Address: 1610 Arden Way, Suite 175, Sacramento, CA 95815  
Phone: 279-234-0701 Email: amie.miller@calmhsa.org

**MODIFIED EXHIBIT C –County Specific Scope of Services and Funding**

ITEM #	CATEGORY	CaIMHSA DELIVERABLE(S)	RATE	SELECTION (MARK WITH AN X)	TOTAL
4	Data Exchange	Using Participant baseline data analysis as described above, CaIMHSA will support Participant in developing and implementing Performance Improvement Projects (identifying, implementing, and tracking interventions to improve performance related to measures indicated under Milestone 3d(i). These PIPs will be designed to conform to CalEQRO PIP requirements.	\$46,000	X	\$46,000
<b>Additional Item #4</b>					<b>\$46,000</b>
Additional 5 hours of Project Management at \$175 / hour. 5 x \$175 = \$875					<b>\$ 875</b>
<b>Original Contract Amount</b>					<b>\$15,550</b>
<b>NEW TOTAL PROJECT COST</b>					<b>\$62,425</b>

IN WITNESS WHEREOF, Participant and CalMHSA 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.

Participant:  
COUNTY OF SISKIYOU

Date: \_\_\_\_\_

\_\_\_\_\_  
BRANDON A. CRISS, CHAIR  
Board of Supervisors  
County of Siskiyou  
State of California

ATTEST:  
LAURA BYNUM  
Clerk, Board of Supervisors

By: \_\_\_\_\_  
Deputy

CalMHSA: California Mental Health Services Authority

Date: 10/5/2022

DocuSigned by:  
*Amie Miller*  
82E6E8A87C2C4E  
\_\_\_\_\_  
Dr. Amie Miller, Psy.D., MFT

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.: On File

ACCOUNTING:  
Fund      Organization      Account  
2122      401030                      723000

Encumbrance number (if applicable): E2300277

If not to exceed, include amount not to exceed: \$62,425.00