2ND ADDENDUM TO CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTOR

THIS 2ND ADDENDUM is to that Contract for Services entered into on November 22nd, 2023, and October 15, 2024, by and between the County of Siskiyou ("County") and Etna Police Activities League, a non-profit 501(c)3 corporation ("Contractor") and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the Contract expires on June 30, 2025, and services continued to be required after that date; and

WHEREAS, the parties desire to extend the term of the Contract; and

WHEREAS, the cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract; and

WHEREAS, the Scope of Service, Exhibit A, needs to be revised to reflect additional duties.

WHEREAS the Workers Compensation Insurance in Contract section 5.04 shall be amended to establish a minimum limit of coverage.

WHEREAS the Liability minimum coverage has increased in the Contract in Section 5.05.

WHEREAS the General Liability minimum coverage has increased in the Contract in Section 5.06.

WHEREAS the Professional Liability minimum coverage has increased in the Contract in Section 5.10.

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 1.01 of the Contract for Services shall be amended to extend the term of the Contract through June 30, 2026.

Paragraph 3.01 of the Contract, Scope of Services, Exhibit "A", shall be deleted and replaced in its entirety with the new Exhibit "A", Scope of Services, attached hereto and hereby incorporated by reference.

Paragraph 4.01 of the Contract, Compensation, shall be amended to add an additional Thirty Thousand Two Hundred Fifteen ($30,215.00), to increase the

compensation payable under the Contract to an amount not to exceed Ninety Thousand Six Hundred Forty-Five Dollars ($90,645.00) for the term of the Contract.

Paragraph 5.06 of the Contract, General Liability insurance, shall increase from $1,000,000.00 to $2,000,000.00.

Paragraph 5.10 of the Contract, Professional Liability insurance, shall increase from $1,000,000.00 to $2,000,000.00.

All other terms and conditions of the Contract shall remain in full force and effect.

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, County and Contractor have executed this Second Addendum on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date:_____

_____
NANCY OGREN, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Etna Police Activities League, a non-profit 501(c)3 corporation

Date: 8/18/2025

DocuSigned by:
_____
Joshua E. Short, President

Date: 8/25/2025

DocuSigned by:
_____
Karen Cabron, Treasurer

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.: 68-0468697

ACCOUNTING:

Fund	Organization	Account	Activity Code	FY23/24	FY24/25	FY25/26
2129	401031	723000	164	$30,215.00	$30,215.00	$30,215.00

Encumbrance number (if applicable): E2400426

If not to exceed, include amount not to exceed: $90,645.00.

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

Exhibit "A"

I. Scope of Services:

Target Populations within the Mental Health Services Act are 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 with a special focus on Unserved and Underserved populations.

Prevention:

Reduce risk factors for developing a potentially serious mental illness and build protective factors. The goal of this program is to bring about improved mental health, including a reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members. Program services may include relapse prevention for individuals in recovery from a serious mental illness.

A. Prevention Services:
   i. Groups: Groups must consist of a minimum of four (4) persons per group. Informed programming will be either evidence-based, community-practice based, or promising- practice based. Groups offered by the Contractor should be selected based on identified community needs.
      a. Harmony with Horses
      b. Keepin' it REAL

   ii. Any additional groups not outlined in this contract will need to have a Program Activity Form (Attachment 1) completed and submitted to the BHS Director or their designee and include all appropriate measurement tools and flyers, prior to implementation.

Staff of Etna PAL 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 the target population, as described above, to complete MHSA Referral Form (Attachment 2). Services will be based on either self-identified needs, a screening tool, or referral to Beacon, a sub-contractor of Partnership Health, for screening.

II. Documentation:

A. All data will be entered into the preferred data collection system, Apricot.
B. Data should be entered into Apricot monthly. Invoices will not be paid without verification of completed items.
C. All hard copy documents outside of the Apricot system such as: sign in sheets, flyers, print screens from social media posts, pictures, handouts, fact sheets, shall be kept on file at each provider site for County auditing purposes.

D. All supporting documentation shall be kept on file for five (5) years. Audits will take place annually, at the availability of the Behavioral Health MHSA coordinator.
E. Files and documents related to MHSA clientele with protected health information, as defined by federal HIPAA guidelines, must be kept in secured locked locations and inaccessible to non-staff members of the Contractor.

III. Invoicing:

A. Provide detailed charges on the supplied invoice (please see attachment 3).
B. Invoices without accompanying data for the billed events will be denied until appropriate documentation is provided.

IV. Trainings and meetings

A. Contractor will send a representative to attend all PEI trainings hosted by Siskiyou County Behavioral Health. A calendar of meetings will be established and sent out to all approved providers after contracts are completed and signed.
B. Community partnership planning meetings are a requirement of the Mental Health Services Act. Providers are required to host, advertise, and draw in their community to offer feedback on MHSA programming throughout the year. The MHSA Coordinator and, when possible, the BHS Clinical Director will present at these meetings and inform on the program and solicit feedback.
C. Contract providers are required to submit evidence of staff completion of required training to administer programing. Copies of certificates must be sent to the MHSA Coordinator digitally.

V. County will be responsible for the following:

A. Provide program monitoring, including assistance in developing activities and events outlined above.
B. Provide training and guidance to support appropriate service referrals and delivery for Contractor programs above.
C. Notify Contractor in a timely manner of any program / contractual issues or concerns.
D. Work collaboratively to promote effective service delivery.
E. Respond timely to referrals in accordance with state guidelines and policies and procedures.

VI. Compensation

Over the course of the contract term, BHS realizes a change to activity funding may be required to accommodate unanticipated client needs. In this event, a written request detailing the shift in funding must be submitted to, and approved by, the Director prior to any expenditures being incurred.

A. The total contracted amount for Prevention services, including the 15% administrative fee, shall not exceed $90,645.00.

   i. County shall pay Contractor for Prevention as follows:
      a. Harmony with Horses $5,000 per session not to exceed $10,000.
      b. Keepin' it REAL groups at a rate of $6,303.75 per session for a total not to exceed $50,430.

B. Contractor shall provide County with an original itemized invoice, providing the dates, type of services, and charges for the services. Invoices shall be submitted within thirty(30) days following the month's end of service. The Final invoice to be submitted within (15) days following the year end of June 30, 2026.

Attachment 1
Program Activity Form

The following form is designed to help Siskiyou County Behavioral Health Services and our contractors clarify PEI program activities and outcomes. Use as much space as needed to complete this form.

Organization Information

Name of Organization: Click or tap here to enter text.

Name and title of person completing this form: Click or tap here to enter text.

Date: Click or tap to enter a date.

Program Information

PEI Program Name: Click or tap here to enter text.

Under what aspect of your contract is this activity/program covered: Click or tap here to enter text.

What is the target population? In what ways are they at risk of developing mental illness? Click or tap here to enter text.

Describe your program:

1. *What activities will your program be performing?* Click or tap here to enter text.
2. *Who will be staffing this program?* Click or tap here to enter text.
3. *What will they be offering?* Click or tap here to enter text.
4. *Where will they be offering the program?* Click or tap here to enter text.
5. *Are you using an evidence-based practice, a promising practice? Are you using a curriculum or a program manual?*Click or tap here to enter text.

What outcomes do you hope to achieve?
For prevention programs, outcomes should demonstrate an increase in protective factors or a decrease in risk factors associated with mental illness.

For early intervention programs, outcomes should demonstrate a reduction in symptoms or improved recovery, including mental, emotional or relational functioning.

Click or tap here to enter text.

What evidence do you have that the activities you propose will achieve the outcomes you wish to achieve? Click or tap here to enter text.

Is this an evidence-based program? ☐ Yes ☐ No

If "no", are the types of activities you are offering supported by research? Please explain. Click or tap here to enter text.

What tools will you use to measure outcomes? (ex. ACES, CANS, ASQ, etc) Please describe how you will use these tools. Click or tap here to enter text.

How many activities will you be offering?
Please list the number of workshops, presentations, or groups offered annually. Include the number of sessions expected per group or workshop. If you are planning to offer one-on-one support, please provide the expected number of one-on-one sessions.
Click or tap here to enter text.

How many individuals do you expect to serve? Please list how many individuals you expect per workshop/group/presentation. Click or tap here to enter text.

What constitutes completing the program? In other words, how many sessions does someone need to attend in order to finish or graduate from the program? Click or tap here to enter text.

Attachment 2
Referral Form

SISKIYOU COUNTY

Health and Human Services Agency

SARAH COLLARD, PH.D.
Director of Health and Human Services Agency
TRACIE LIMA, LCSW
Clinical Director of Behavioral Health Division
AIMEE VON TUNGELN, LMFT
Deputy Director of Behavioral Health Division

Date _____ **Client's Name** _____ **ID # (if applicable)** _____

Age _____ **DOB** _____ **SSN #** _____ **Phone #** _____

Address _____

Parent, Guardian or Other Contact Person _____

Relationship _____ **Phone Number if Different from Client's** _____

Medi-Cal Client? ☐ **No** ☐ **Yes** ☐ **Unknown , Member ID #** _____ **If not Siskiyou, County of Responsibility** _____

REFERRING AGENCY

- ☐ CPS/APS (check box and circle one)
  - ☐ Linkages
- ☐ Adult System of Care
- ☐ Substance Use Disorders Program
- ☐ CalWorks
- ☐ Children's System of Care
- ☐ BH Medical Support
- ☐ Public Defender
  - ☐ Mental Health Diversion Program
- ☐ Probation
- ☐ Remi Vista, Inc.: ☐ TBS ☐ Rehab ☐ Ind Tx ☐ PCIT
- ☐ External Agency/Provider/Primary Care Physician

Name: _____

Phone Number: _____

SERVICES REQUESTED

- ☐ Adult System of Care
- ☐ Substance Use Disorders Program
  - ☐ Parenting ☐ Life Skills
  - ☐ Relapse Prevention
- ☐ MH Groups
  - ☐ Self-Awareness ☐ Mental/Emotional Wellness
- ☐ Children's System of Care
- ☐ BH Medical Support
- ☐ Remi Vista, Inc.: ☐ TBS ☐ Rehab ☐ Ind Tx ☐ PCIT
- ☐ External Agency/Provider/Primary Care Physician:

Name: _____

Phone Number: _____

Reason for Referral/Medical Necessity _____

_____

Diagnosis / Diagnostic Impression _____

Medications _____

_____

Prescribing Physician(s) _____

Additional Information _____

_____

Person Making Referral _____ Phone Number _____

For BHD STAFF: Referral Accepted? Yes____ No____ Initial_____ Date_____

If no, give reason _____

BEHAVIORAL HEALTH DIVISION

North County (Main) Office
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100 / Fax (530) 841-4702

South County Office
1107 Ream Avenue
Mt. Shasta, CA 96067
(530) 918-7200 / Fax (530) 918-7211

bhsallshare: forms: Revised 4/24/19 AV

Attachment 3

Invoice

Date:
Invoice #

FROM:		TO:	
	Name of Program		Siskiyou County
	Vendor Name		2060 Campus Drive
	Address		Yreka, Ca 96097
	City, State, Zip		[530-841-4281]
	[Phon		

Formulas built in - no data

Date of Service	Activity Type	# of Sessions	# of Participants (unduplicated)	Price per Session	Course Total
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -

*Groups Approved	SDR	Outreach Services			Attach Supporting Documents (if
Women's Circle, Parenting New, Nurturing Parents, Strengthening Families, Raising Emotional Healthy Children, Wise & Well, Pride Circles, Girls Circle, Why Try, Boys Council, Mother Daughter Circle	Community Based Activities	Ace's Training, Coping with Life Stressors, Living Long and Well			☐ FLYER ☐ SIGN-IN SHEET ☐ DEMOGRAPHICS ☐ OUTCOME MEASURES ☐ SDR BACKUP (RAW DOCUMENTS, PICTURES, NEWSLETTERS, FB POSTS,

Total $ -