11586-SK-QAQI-25_26-AM3
QA/QI Analytics Program
Siskiyou County
March 30, 2026

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

PARTICIPATION AGREEMENT AMENDMENT NO. 3

QA/QI Analytics Program ("Program")

This Agreement Amendment No. 3 ("Amendment No.3") amends Agreement No. 11586-SK-QAQI-25_26 ("Agreement") and subsequent Amendments ("Amendment"), a contract entered into by and between the California Mental Health Service Authority ("CalMHSA") and Siskiyou County ("Participant") on April 15, 2025. This Amendment shall be effective upon execution by both parties.

This Amendment No. 3 hereby amends the Agreement to extend the Term through September 30, 2026, at no additional cost to Participant as described below.

Modifications to Agreement:

1. **Modified Term**: This Amendment No. 3 extends the Term of Program Offerings Nos. 1 – Policies and 6 – Enhanced Analytics – PHI Dashboards through September 30, 2026, at no additional cost to Participant. The revised Term shall be January 1, 2025, through September 30, 2026.

All other terms or provisions in the Agreement not amended by Amendment No. 3 shall remain in full force and effect.

(SIGNATURES TO FOLLOW)

IN WITNESS WHEREOF, the parties hereby confirm acceptance of the terms of this Amendment No. 3 by causing their duly authorized officers or representatives to execute this Amendment No. 3 as set out below.

PARTICIPANT: Siskiyou County

Signed: _____ Name (Printed): Ray A. Haupt

Title: Chair, Board of Supervisors Date: _____

Signed: _____ Name (Printed): Dr. Sarah Collard, Ph.D.

Title: Director of Behavioral Health Date: _____

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CalMHSA

Signed: _____ Name (Printed): Dr. Amie Miller, Psy.D., LMFT

Title: Executive Director Date: _____

IN WITNESS WHEREOF, County and Contractor have executed this agreement 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:_____

_____
RAY A. HAUPT, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: CalMHSA

Date:_____

_____
Dr. Amie Miller, Psy.D., LMFT
Executive Director

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): E2600276

If not to exceed, include amount not to exceed: $189,131.75,

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