

**FIRST AMENDMENT TO THE PERSONAL SERVICES AGREEMENT BETWEEN
THE COUNTY OF SHASTA AND
NATIONAL ALLIANCE ON MENTAL ILLNESS SHASTA COUNTY**

This First Amendment is entered into between the County of Shasta, a political subdivision of the State of California, through its Health and Human Services Agency (“County”), and National Alliance on Mental Illness (“NAMI”) Shasta County (“Contractor”), a California corporation (collectively, the “Parties” and individually a “Party”), for the provision of mental health education and recovery programs.

RECITALS

WHEREAS, County and Contractor have previously entered into an Agreement on May 4, 2021 and effective July 1, 2021 to provide Mental Health Education and Recovery Programs (“Original Agreement”); and

WHEREAS, County and Contractor desire to amend the Agreement to modify Contractor’s Requirements to remove some program requirements due to lack of volunteers/teachers; reduce the budget due to lower than originally anticipated program availability; modify the quarterly report; and add family/group support, and special event logs (“First Amendment”); and

WHEREAS, the Original Agreement and the First Amendment are collectively referred to as the “Agreement.”

NOW, THEREFORE, the Agreement is amended as follows:

I. Section 1.A., **RESPONSIBILITIES OF CONTRACTOR.**, of the Agreement is amended as of the Effective Date of this First Amendment, in its entirety, to read as follows:

A. Pursuant to the terms and conditions of this agreement, Contractor shall:

- (1) With prior approval from the Health and Human Services Agency Director or any HHSA Branch Director designated by the HHSA Director, Contractor may provide a minimum of one NAMI Family-to-Family program to Shasta County residents during each FY of this agreement. The Family-to-Family program shall commence no later than March 1 of each FY and shall be completed no later than June 30 of each FY. Each Family-to-Family program shall be 12 weeks long with at least one 2-hour session per week. The NAMI Family-to-Family program shall be completed by a minimum of 8 participants each fiscal year. The Family-to-Family program shall be provided to participants at no cost to the participants and shall follow the curriculum of the National Alliance on Mental Illness’s Family-to-Family program. The Family-to-Family Program Log, attached and incorporated herein as **EXHIBIT D** shall be completed upon program completion.
- (2) Provide Family Support Group sessions at least two times per month during the term of this agreement. Each Family Support Group session shall be a minimum of 2 hours in duration. The Sessions shall commence no later than June 30 of each FY and the last Session shall be presented no earlier than June 1 of each FY.

Attendance at FSG sessions shall be a minimum of 8 participants. Each Family Support Group session shall be provided to participants at no cost to the participants, shall be available to the public, and shall follow the structured model used by NAMI Family Support Groups. The Family Support Group Session Log, attached and incorporated herein as **EXHIBIT E** shall be completed upon program completion.

- (3) Provide one-on-one mentoring a minimum of 20 hours per week at the NAMI office and/or on the telephone. All one-on-one mentoring shall be provided to participants at no cost to the participants, shall be available to the public, and shall be designed to provide peer-to-peer insight to people who are either living with mental illness or are family members, caregivers or loved ones of people with mental illness.
- (4) Identify special events and trainings, both locally and within the State of California, that are relevant to mental health consumers and/or family members and assist them in arranging participation. With prior written approval from the Health and Human Services Agency (“HHS”) Director or any HHS Branch Director designated by the HHS Director, Contractor may pay for associated costs for mental health consumers and/or family members attending such events and trainings. The Special Events Log, attached and incorporated herein as **EXHIBIT F** shall be completed upon program completion.
- (5) Purchase equipment and services as indicated in the budget and budget narrative as prescribed in **EXHIBIT A** (“Budget”), attached and incorporated herein, to facilitate the delivery of services under the terms of this agreement. Contractor shall retain ownership of equipment purchased under the terms of this agreement pursuant to the terms and conditions of this agreement.

II. Section 3.A, **COMPENSATION.**, of the Agreement is amended as of the Effective Date of this First Amendment, in its entirety, to read as follows:

- A. In accordance with the Budget, **EXHIBIT A**, attached and incorporated herein, County shall pay to Contractor a maximum of \$15,750 per FY for all reasonable and necessary costs in accordance with applicable Circulars of the Office of Management and Budget (“OMB”) of the Executive Office of the President of the United States, for satisfactorily providing services pursuant to this agreement. For the purposes of this agreement, the County fiscal year commences on July 1 and ends on June 30 of the following year. In no event shall the maximum amount payable under this agreement exceed \$47,250.

III. **EXHIBIT A-1** is attached to this First Amendment and is deemed incorporated in the Agreement as of the effective date of this First Amendment. **EXHIBIT A** shall control from July 1, 2021, until the day before the effective date of this First Amendment.

IV. **EXHIBIT B-1** is attached to this First Amendment and is deemed incorporated in the Agreement as of the effective date of this First Amendment. **EXHIBIT B** shall control from July 1, 2021, until the day before the effective date of this First Amendment.

V. **EXHIBIT D, FAMILY-TO-FAMILY PROGRAM LOG**, is added as of the Effective Date of this First Amendment.

VI. **EXHIBIT E, FAMILY SUPPORT GROUP SESSION LOG**, is added as of the Effective date of this First Amendment.

VII. **EXHIBIT F, SPECIAL EVENTS LOG**, is added as of the Effective date of this First Amendment.

VIII. **REAFFIRMATION**

In all other respects, the Agreement, as amended, and any attachments, remains in full force and effect.

IX. **ENTIRE AGREEMENT**

The Agreement, as amended, and any attachments, constitute the entire understanding between County and Contractor.

VIII. **EFFECTIVE DATE**

Unless otherwise provided, this First Amendment shall be deemed effective as of the last date it has been signed by both Parties.

SIGNATURE PAGE FOLLOWS

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

COUNTY OF SHASTA

Date: _____

PATRICK JONES, CHAIR
Board of Supervisors
County of Shasta
State of California

ATTEST:
MARY WILLIAMS
Acting Clerk of the Board of Supervisors

By: _____
Deputy

Approved as to form:
RUBIN E. CRUSE, JR
County Counsel

DocuSigned by:
By: Alan Cox
Name: Alan B. Cox

Date: 03/13/2023 | 3:46 PM PDT
Title: Senior Deputy County Counsel

RISK MANAGEMENT APPROVAL

DocuSigned by:
By: James Johnson
Name: James Johnson

Date: 03/14/2023 | 8:47 AM PDT
Title: Risk Management Analyst III

CONTRACTOR

DocuSigned by:
By: Susan Power
Name: Susan L. Power

Date: 03/14/2023 | 11:46 AM PDT
Title: President

DocuSigned by:
By: Heather Jones
Name: Heather Jones

Date: 03/14/2023 | 9:28 AM PDT
Title: Treasurer

Tax I.D.#: On File

BUDGET

Shasta County Health & Human Services Agency
2640 Breslauer Way
Redding, CA 96001

NAMI Shasta County
1401 Gold Street
Redding, CA 96001

Budget Category	Budget Period 7/1/21 – 6/30/22	Budget Period 7/1/22 – 6/30/23	Budget Period 7/1/23 – 6/30/24
DIRECT COSTS:			
Operating Expenses			
Office Expenses/Supplies	\$500	\$500	\$500
Equipment	545	545	545
Rents/Leases	1,625	1,625	1,625
Utilities/Communications	250	250	250
Travel	500	500	500
Program Materials	2,000	2,000	2,000
Advertising	930	930	930
Insurance	1,900	1,900	1,900
Client Cost of Care	7,500	7,500	7,500
Total Operating Expenses	\$15,750	\$15,750	\$15,750
Other Expenses			
Fixed Assets			
Total Other Expenses	0	0	0
TOTAL DIRECT COSTS	\$15,750	\$15,750	\$15,750
INDIRECT COSTS:			
Administrative <i>(Not to exceed 10%)</i>	0	0	0
TOTAL INDIRECT COSTS	0	0	0
TOTAL BUDGET	\$15,750	\$15,750	\$15,750

EXHIBIT A-1**Budget Narrative**

	FY 2021-22	FY 2022-23	FY 2023-24
OFFICE EXPENSES/SUPPLIES Office supplies, ink, printing, refreshments and any materials to support training sessions or community education events. Does not include program materials.	500	500	500
EQUIPMENT Purchase of projector and screen; other equipment as pre-approved by County.	545	545	545
RENTS/LEASES \$3000 Annual rent & \$250.00 deposit @ 50%= 1625	1,625	1,625	1,625
UTILITIES/COMMUNICATIONS Internet/phone/fax/outreach Average \$250 month = \$3000 @ 50% = \$1500	250	250	250
TRAVEL Expenses related to attendance of trainings and/or special events, including registration, lodging, meals and travel.	500	500	500
PROGRAM MATERIALS For Peer-to-Peer, Family-to-Family, and Basics classes: trainer curriculum materials, participant curriculum materials, and program binders.	2,000	2,000	2,000
ADVERTISING Newspaper, radio, other media, website maintenance.	930	930	930
INSURANCE	1,900	1,900	1,900
OTHER: CONTRACTORS, STIPENDS, ADDITIONAL PROGRAMS, CLIENT COST OF CARE Trainers for Peer-to-Peer, Family-to-Family, and Basics: stipend up to \$500 per trainer, per program; mileage reimbursement at the current IRS rate if travel distance is more than 50 miles round trip per class.	7,500	7,500	7,500

**Mental Health Services Act
NAMI
Quarterly Report**

Quarter Months: _____ through _____ **Year:** _____

Family-to-Family program

1. Was there a Family-to-Family Program this past quarter?

2. If yes, submit copies of the following supporting documents:

- Family-to-Family Program Log **EXHIBIT D**
- Advertising or promotional materials
- Training agendas
- Curriculum/course contents
- Program evaluation forms

3. How many participants fully completed the entire Family-to-Family program? _____

4. Please share any barriers and/or successes you have had with this program:

Family Support Group Sessions

5. Was there Family Support Group Sessions this past quarter?

6. If yes, submit copies of the following supporting documents:

- Family support Group Sessions Log **EXHIBIT E**
- Advertising or promotional materials
- Meeting agendas

7. Please share any barriers and/or successes in these sessions:

Special Events

8. Were there any Special Events held this past quarter?

9. If yes, submit copies of the following supporting documents:

- Special Events Log **EXHIBIT F**
- Advertising, Flyers, or promotional materials to inform consumers of each special event
- Agendas

10. Please provide a description of the special event(s):

One-on-One Mentoring

11. On average, how many hours of one-on-one mentoring was provided in person at the NAMI office and/or by telephone each week during this quarter? _____ hours

- Please attach copies of the Mentoring Log Sheet(s) **Exhibit C**

12. Please share any other barriers and/or successes you have had this past quarter:

Family-to-Family Program Log

12 weeklong programs with at least one 2-hr session per week (minimum 8 participants)

Session	Location	Name of Facilitator	Stipend	Date (month and date)	Time (start time and end time)	Number of Attendees
Week 1/Orientation					_____ to _____	
Week 2					_____ to _____	
Week 3					_____ to _____	
Week 4					_____ to _____	
Week 5					_____ to _____	
Week 6					_____ to _____	
Week 7					_____ to _____	
Week 8					_____ to _____	
Week 9					_____ to _____	
Week 10					_____ to _____	
Week 11					_____ to _____	
Week 12					_____ to _____	

Family Support Group Sessions Log

At least two times per month at a minimum of 2 hours (minimum of 8 participants)

Location of Family Support Group Session	Date of Session (month and date)	Time of Session (start time and end time)	Number of Attendees
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	
		_____ to _____	

Special Events Log

Please provide a list of the special events and trainings this quarter which NAMI assisted with or arranged for participation in.

Name of Event	Location	Date (month and date)	Time (start time and end time)	Number of Attendees	Name and date HHSA approved for costs
			_____ to _____		
			_____ to _____		
			_____ to _____		
			_____ to _____		
			_____ to _____		
			_____ to _____		
			_____ to _____		
			_____ to _____		
			_____ to _____		
			_____ to _____		
			_____ to _____		