

## **2nd ADDENDUM TO CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTOR**

THIS 2<sup>nd</sup> ADDENDUM is to that Contract for Services entered into on December 13<sup>th</sup>, 2023, and October 29, 2024, by and between the County of Siskiyou ("County") and Siskiyou Union High School District ("Contractor") and is entered into on the date when it has signed by all other parties to it.

WHEREAS, the Contract expired 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 One Hundred Fifty Thousand Dollars and Zero/100 Cents (\$150,000), to increase the compensation payable under the Contract to an amount not to exceed Four

Hundred Fifty Thousand Dollars and Zero/100 Cents. (\$450,000) for the term of the Contract.

Paragraph 5.04 of the Contract, shall be amended to establish a minimum limit of \$1,000,000 for Workers' Compensation Insurance

Paragraph 5.05 of the Contract shall be amended to increase the required limit for Liability Insurance from \$1,000,000.00 to \$2,000,000.00.

Paragraph 5.06 of the Contract, General Liability insurance, shall be amended to increase the required limit for General Liability Insurance from \$1,000,000.00 to \$2,000,000.00.

Paragraph 5.10 of the Contract, Professional Liability insurance, shall be amended to increase the required limit for Professional Liability Insurance 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.

**In Process**

**(SIGNATURES ON FOLLOWING PAGE)**

IN WITNESS WHEREOF, County and Contractor have executed this 2<sup>nd</sup> 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: Siskiyou Union High  
School District

Date: 9/2/2025 \_\_\_\_\_

Signed by:

*Marie Caldwell*

9E6A758B-7514-4CB

Signed by:

Marie Caldwell, Superintendent

Date: 9/2/2025 \_\_\_\_\_

*Debbie Moser*

0D4F335F5D-A9B4-4891

Debbie Moser, Chief Business Officer

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. 94-6002764

ACCOUNTING:

Fund	Organization	Account	Activity Code	FY23/24	FY24/25	FY25/26
2129	401031	723000	164	\$150,000	\$150,000	\$150,000

Encumbrance number (if applicable): E2500417

If not to exceed, include amount not to exceed: \$450,000.00.

*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.

In conjunction with the guidelines of the Mental Health Services Act Prevention and Early Intervention state standards, the Contractor will be responsible for the following:

#### **A. 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 the 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.

- i. Examples of activities include, but are not limited to: Restorative Justice Programs, Youth groups, Challenge Day, etc.

#### **B. Early Intervention Services:**

Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.

- i. Examples of activities include, but are not limited to: Individual counseling, group counseling, etc.

#### **C. Outreach Services:**

Examples of activities include but are not limited to, Youth Mental Health First Aid courses, Adult Mental Health First Aid courses, Teen Mental Health First Aid courses etc.

Staff of Siskiyou Union High School District 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 largest 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 1).
- B. Invoices without accompanying data for the events being billed will be denied until appropriate documentation is provided.
- C. Programing changes between components must be pre-approved prior to submitting invoices. Contract not to exceed limits still apply.

## **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.

#### **IV. 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. County shall pay Contractor for services and the staffing to provide them, the total not to exceed amount of \$450,000.00, consisting of direct costs of \$450,000.00.

Costs are allocated as follows:

1. County shall pay contractor for Prevention services rendered \$160,000.00.
  2. County shall pay contractor for Early Intervention services rendered \$440,000.00.
- B. Payment cannot be made without data entered into the Apricot data collection system that supports services being billed, as such there will not be advance payment of any kind.
  - C. Contractor shall enter all relevant data into Apricot regularly, but at least quarterly. Final invoicing shall be received no later than July 15<sup>th</sup>, following fiscal year end of June 30, 2026.

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## 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
<input type="checkbox"/> CPS/APS (check box and circle one) <div style="margin-left: 20px;"><input type="checkbox"/> Linkages</div> <input type="checkbox"/> Adult System of Care <input type="checkbox"/> Substance Use Disorders Program <input type="checkbox"/> CalWorks <input type="checkbox"/> Children's System of Care <input type="checkbox"/> BH Medical Support <input type="checkbox"/> Public Defender <div style="margin-left: 20px;"><input type="checkbox"/> Mental Health Diversion Program</div> <input type="checkbox"/> Probation <input type="checkbox"/> Remi Vista, Inc.: <input type="checkbox"/> TBS <input type="checkbox"/> Rehab <input type="checkbox"/> Ind Tx <input type="checkbox"/> PCIT <input type="checkbox"/> External Agency/Provider/Primary Care Physician Name: _____ Phone Number: _____

SERVICES REQUESTED
<input type="checkbox"/> Adult System of Care <input type="checkbox"/> Substance Use Disorders Program <div style="margin-left: 20px;"><input type="checkbox"/> Parenting <input type="checkbox"/> Life Skills</div> <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> MH Groups <div style="margin-left: 20px;"><input type="checkbox"/> Self-Awareness <input type="checkbox"/> Mental/Emotional Wellness</div> <input type="checkbox"/> Children's System of Care <input type="checkbox"/> BH Medical Support <input type="checkbox"/> Remi Vista, Inc.: <input type="checkbox"/> TBS <input type="checkbox"/> Rehab <input type="checkbox"/> Ind Tx <input type="checkbox"/> PCIT <input type="checkbox"/> 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