3rd ADDENDUM TO CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTOR

THIS THIRD ADDENDUM is to that Contract for Services entered into on March 14, 2024, and as amended on September 17, 2024, and October 8, 2025, by and between the County of Siskiyou ("County") and Remi Vista, Inc. ("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, 2026, and services continued to be required after that date; and

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

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.

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Article 2.1 of the Contract for Services shall be amended to extend the term of the Contract through June 30, 2027.

Article 9.1.C of the Contract, Compensation, shall be amended to add an additional Three Hundred Thousand Dollars and No/100 Cents ($300,000.00), to increase the compensation payable under the Contract to an amount not to exceed One Million Forty-Seven Thousand Dollars and No/100 Cents ($1,047,000.00) .

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 3rd 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:________________

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

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: ____________________
Deputy

CONTRACTOR: Remi Vista, Inc.

DocuSigned by:
Paul Burdett
E6058AE6BB614B5...

Date: 6/16/2026

Paul Burdett, Board President

Signed by:
Stephanie Holmes, Chief Executive Officer
7620775DA95F44C...

Date: 6/16/2026

Stephanie Holmes, Chief Executive Officer

License No.: 2805
(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	FY23/24	FY24/25	FY25/26	FY26/27
2122	401030	723016	$247,000	$225,000	$275,000	$300,000

Encumbrance number: E2600390

If not to exceed, include amount not to exceed: $1,047,000.

Exhibit “A”

1. INTRODUCTION

A. As an organizational provider agency, Contractor shall provide administrative and direct program services to County’s Medi-Cal clients as defined in Title 9, Division 1, Chapter 11 of the California Code of Regulations. For clients under the age of 21, the Contractor shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code (Welfare & Inst. Code 14184.402 (d)).

B. Contractors have the option to deliver services using evidence-based program models. Contractor shall provide said services in Contractor’s program(s) as described herein; and utilize locations as described herein.

2. PROGRAM INFORMATION

Contracting Department	Health and Human Services Agency, Behavioral Health Division
Contractor Name	Remi Vista, Inc
Contract Period	7/1/2026 – 6/30/2027
Type of Contract	Services as needed
Program Name	Specialty Mental Health Services
Reporting/Billing Units	15 minutes equals 1 unit

3. TARGET POPULATION

A. Contractor shall provide services to the following populations:

I. Children requiring SMHS.

4. SERVICES TO BE PROVIDED

A. Contractor shall provide the following medically necessary covered specialty mental health services, as defined in the DHCS Billing Manual[1]

I. Mental Health Services

a. Assessment

- Assessment LPHA CPT (31 minutes or more)
- Assessment Contribution CPT (30 minutes or less)

b. IP CANS/California CANS

- Assessment LPHA CPT (31 minutes or more)
- Assessment Contribution CPT (30 minutes or less)

c. Individual Therapy

- Individual Therapy CPT (16 minutes or more)
- Plan Development CPT (15 minutes or less)
- Targeted Case Management CPT (TCM/ICC 15 minutes or less)
- Telephone Management and Assessment CPT (Telehealth video or audio only 15 minutes or less)

d. Family Therapy

- Family Therapy CPT (Client present 16 minutes or more)
- Psychosocial Rehabilitation CPT (per 15-minute)

e. Rehabilitation Individual (Psychosocial Rehabilitation CPT per 15-minute)

f. Rehabilitation Group (Psychosocial Rehabilitation Group CPT per 15-minute)

g. Therapeutic Behavioral Services (TBS CPT per 15 minutes)

[1] https://www.dhcs.ca.gov/Documents/SMHS-Billing-Manual-v-1-4.pdf, or subsequent updates to this billing manual to clients who meet access criteria for receiving specialty mental health services.

h. Targeted Case Management (TCM/ICC CPT)

i. Intensive Care Coordination (TCM/ICC CPT)

j. Child and Family Team Meeting (CFT/MDT CPT)

k. Intensive Home-Based Services (Rehab/IHBS CPT)

Please see DHCS billing manual[2] for modifiers to the above CPT codes.

B. Contractor shall observe and comply with all lockout and non-reimbursable service rules, as specified in the DHCS Billing Manual.

5. REFERRAL AND INTAKE PROCESS

A. Contractor shall follow the referral and intake process as specified herein.

I. The DHCS approved youth screening tool must be used for all new inquiries for SMHS, and clients will be referred as indicated by the tool. CSOC Supervisor or Designee will be notified in the event that a screening may need to have an override and move on to an assessment. Contractor shall notify the BHP of timely scheduling and conducted assessments on behalf of the BHP.

II. Upon receipt of referral from the BHP, the contractor shall arrange for and provide an assessment or any other requested non-urgent adjunct services (e.g., rehab, targeted case management) within 10 business days.

a. CalAIM 7 Domain Assessment (Annually)

b. IP CANS (California CANS, at intake and every 6 months)

c. Pediatric Symptom Checklist (PSC-35, at intake and every 6 months)

d. CSE-IT (At intake and every 6 months)

e. Trauma Screening at intake and as needed, where trauma is indicated

[2] https://www.dhcs.ca.gov/Documents/SMHS-Billing-Manual-v-1-4.pdf

- Pediatric ACES and Real Life Events (PEARLS), including Parent-Caregiver report and self-report versions[3] (follow with an additional screener if trauma is present, identified here)
- Child and Adolescent Trauma Screening (CATS)[4]
- UCLA PTSD Reaction Index Brief Screen (UCLA PTSD RI-BS)

III. Urgent requests for services, originating from the BHP or client, shall be provided within 48 hours for services that do not require pre-authorization, and 96 hours for services that require prior authorization.

IV. Referrals for TBS shall receive a first service within 96 hours.

V. Upon completion of assessment Contractor will utilize the Transition of Care tool when referring a client to a lower level of care or initiate SMHS services as clinically indicated, in a timely manner.

VI. Ensure that clients who meet criteria for full-service partnership and/or Katie A/ICC/IHBS, receive indicated services.

6. PROGRAM DESIGN

A. Contractor shall maintain programmatic services as described herein.

I. Contractor shall utilize the BHP electronic health record (EHR), SmartCare, to document rendered specialty mental health services to beneficiaries of the BHP.

II. Evidence-based practices shall be utilized whenever possible.

III. Case consultation and collaboration shall be included in program design, ensuring bidirectional communication between treatment team members.

[3] https://www.acesaware.org/learn-about-%20screening/screening-tools/screening-tools-additional-languages/
[4] https://depts.washington.edu/uwhatc/wp-content/uploads/2022/07/Child-and-Adolescent-Trauma-Screen-CATS-Youth-Self-Report-7-17-years.pdf

IV. Services provided "In County."

- Mental Health Services
- Katie A Services/ICC/IHBS
- Rehabilitation
- Therapeutic Behavioral Services
- Intensive Home-Based Service
- Mental Health Services Act/Full-Service Partnership

V. Services provided "Out of County."

- Mental Health Services
- Katie A Services/ICC/IHBS
- Rehabilitation
- Therapeutic Behavioral Services
- Psychological Evaluations
- Intensive Home-Based Service

7. DISCHARGE CRITERIA AND PROCESS

A. Contractor will engage in discharge planning beginning at intake for each client served under this agreement. Discharge planning will include regular reassessment of client functioning, attainment of goals, determination of treatment needs and establishment of discharge goals.

B. When possible, discharge will include treatment at a lower level of care or intensity appropriate to client's needs (utilizing the transition of care tool) and provision of additional referrals to community resources for client to utilize after discharge.

8. PROGRAM OR SERVICE SPECIFIC AUTHORIZATION REQUIREMENTS

A. Therapeutic Behavioral Services require monthly prior authorization. Frequency and duration to be determined by treatment plan.

B. Intensive Home-Based services require prior authorization every six months. Frequency and duration to be determined by treatment plan.

9. CONTRACT DELIVERABLES, OBJECTIVES AND OUTCOMES

A. Contractor shall comply with all requests regarding local, state, and federal performance outcomes measurement requirements and participate in the outcomes measurement processes as requested.

B. Contractor shall work collaboratively with County to develop process benchmarks and monitor progress in the following areas:

I. Providing timely first service, with a goal of 90% compliance.

II. Improving retention beyond assessment process beyond 10%.

III. Contractor will collaborate with the County in the collection and reporting of performance outcome data, including data relevant to Healthcare Effectiveness Data and Information Set (HEDIS®) measures, as required by DHCS. Measures relevant to this agreement are indicated below (check all that apply):

- ☐ Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Core Set measure SAA-AD)
- ☐ Antidepressant Medication Management (BH Core Set measure AMM-AD)
- ☐ Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (BH Core Set measure APP-CH)
- ☐ Follow-Up After Hospitalization for Mental Illness (BH Core Set measure FUH)

- ☐ Percentage of clients offered timely initial appointments, and timely psychiatry appointments, by child and adult.
- ☐ Percentage of high-cost clients receiving case management services Follow up After Emergency Department Visit for Mental Illness (FUM)

10. REPORTING AND EVALUATION REQUIREMENTS

A. Contractor shall complete all reporting and evaluation activities as required by the County and described herein.

I. Monthly notice of provider capacity and required data points for network adequacy.

11. ORIENTATION, TRAINING AND TECHNICAL ASSISTANCE

A. County will endeavor to provide Contractor with training and support in the skills and competencies to (a) conduct, participate in, and sustain the performance levels called for in the Agreement and (b) conduct the quality management activities called for by the Agreement.

B. County will provide the Contractor with all applicable standards for the delivery and accurate documentation of services.

C. County will make ongoing technical assistance available in the form of direct consultation to Contractor upon Contractor's request to the extent that County has capacity and capability to provide this assistance. In doing so, County is not relieving Contractor of its duty to provide training and supervision to its staff or to ensure that its activities comply with applicable regulations and other requirements included in the terms and conditions of this agreement.

D. Any requests for technical assistance by Contractor regarding any part of this agreement shall be directed to the County's designated contract monitor.

E. Contractor shall require all new employees in positions designated as "covered individuals" to complete compliance training within the first 30 days of their first day of work. Contractor shall require all covered individuals to attend, at minimum, one compliance training annually.

I. These trainings shall be conducted by County or, at County's discretion, by Contractor staff, or both, and may address any standards contained in this agreement.

II. Covered individuals who are subject to this training are any Contractor staff who have or will have responsibility for, or who supervises any staff who have responsibility for, ordering, prescribing, providing or documenting client care or medical items or services.

F. Additional Requirements

I. Contractor is required to attend all mandatory County trainings (e.g. cultural competence, documentation standards, and law and ethics, etc.). Contractor may provide evidence of alternate training during the same fiscal year to County Compliance Officer.

Rate Schedule

Mode of Service/Service Function	Procedure Code	Provider Type	Type of Service	Service Description	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
MS 15 SF 30	H0031	LCSW/MFT/LPCC	Assessment	Mental Health Assessment, Non-Physician, 15 min	$77.51	7/1/2026	6/30/2029
MS 15 SF 30	90832	LCSW/MFT/LPCC	Therapy	Psychotherapy, 30 minutes with patient	$155.00	7/1/2026	6/30/2029
MS 15 SF 30	90834	LCSW/MFT/LPCC	Therapy	Psychotherapy, 45 minutes with patient	$232.52	7/1/2026	6/30/2029
MS 15 SF 30	90837	LCSW/MFT/LPCC	Therapy	Psychotherapy, 60 minutes with patient	$310.00	7/1/2026	6/30/2029
MS 15 SF 30	90853	LCSW/MFT/LPCC	Therapy	Group psychotherapy, 15 minutes	$10.10	7/1/2026	6/30/2029
MS 15 SF 70-79	H2011	LCSW/MFT/LPCC	Crisis	Crisis intervention service, 15 minutes	$68.25	7/1/2026	6/30/2029
MS 15 SF 30	H2017	LCSW/MFT/LPCC	Rehabilitation	Psychosocial rehabilitation, 15 minutes	$45.45	7/1/2026	6/30/2029
MS 15 SF 01-09	T1017	LCSW/MFT/LPCC	Referral & Linkage	Targeted case management, 15 minutes	$45.45	7/1/2026	6/30/2029
MS 15 SF 70-79	H2011	Other Qualified Practitioner/MHRS	Crisis	Crisis intervention service, 15 minutes	$59.37	7/1/2026	6/30/2029
MS 15 SF 30	H2017	Other Qualified Practitioner/MHRS	Rehabilitation	Psychosocial rehabilitation, 15 minutes	$34.20	7/1/2026	6/30/2029
MS 15 SF 01-09	T1017	Other Qualified Practitioner/MHRS	Referral & Linkage	Targeted case management, 15 minutes	$34.20	7/1/2026	6/30/2029

Child and Adolescent Trauma Screen (CATS) - Youth Report

Name: **Date:** _____

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	☐ Yes	☐ No
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	☐ Yes	☐ No
3. Threatened, hit or hurt badly within the family.	☐ Yes	☐ No
4. Threatened, hit or hurt badly in school or the community.	☐ Yes	☐ No
5. Attacked, stabbed, shot at or robbed by threat.	☐ Yes	☐ No
6. Seeing someone in the family threatened, hit or hurt badly.	☐ Yes	☐ No
7. Seeing someone in school or the community threatened, hit or hurt badly.	☐ Yes	☐ No
8. Someone doing sexual things to you or making you do sexual things to them when you couldn't say no. Or when you were forced or pressured.	☐ Yes	☐ No
9. On line or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures.	☐ Yes	☐ No
10. Someone bullying you in person. Saying very mean things that scare you.	☐ Yes	☐ No
11. Someone bullying you online. Saying very mean things that scare you.	☐ Yes	☐ No
12. Someone close to you dying suddenly or violently.	☐ Yes	☐ No
13. Stressful or scary medical procedure.	☐ Yes	☐ No
14. Being around war.	☐ Yes	☐ No
15. Other stressful or scary event?	☐ Yes	☐ No

Describe: _____

Turn the page and answer the next questions <u>about all the scary or stressful events that happened to you.</u>

Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

1.	Upsetting thoughts or pictures about what happened that pop into your head.	0	1	2	3
2.	Bad dreams reminding you of what happened.	0	1	2	3
3.	Feeling as if what happened is happening all over again.	0	1	2	3
4.	Feeling very upset when you are reminded of what happened.	0	1	2	3
5.	Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6.	Trying not to think about or talk about what happened. Or to not have feelings about it.	0	1	2	3
7.	Staying away from people, places, things, or situations that remind you of what happened.	0	1	2	3
8.	Not being able to remember part of what happened.	0	1	2	3
9.	Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe.	0	1	2	3
10.	Blaming yourself for what happened, or blaming someone else when it isn't their fault.	0	1	2	3
11.	Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12.	Not wanting to do things you used to do.	0	1	2	3
13.	Not feeling close to people.	0	1	2	3
14.	Not being able to have good or happy feelings.	0	1	2	3
15.	Feeling mad. Having fits of anger and taking it out on others.	0	1	2	3
16.	Doing unsafe things.	0	1	2	3
17.	Being overly careful or on guard (checking to see who is around you).	0	1	2	3
18.	Being jumpy.	0	1	2	3
19.	Problems paying attention.	0	1	2	3
20.	Trouble falling or staying asleep.	0	1	2	3

CATS 7-17 Years Score <15	CATS 7-17 Years Score 15-20	CATS 7-17 Years Score 21+
Normal. Not clinically elevated.	Moderate trauma-related distress.	Probable PTSD.

Please mark "YES" or "NO" if the problems you marked interfered with:

1. Getting along with others	☐ Yes	☐ No	4. Family relationships	☐ Yes	☐ No
2. Hobbies/Fun	☐ Yes	☐ No	5. General happiness	☐ Yes	☐ No
3. School or work	☐ Yes	☐ No			

UCLA Brief Screen for Child/Adolescent Trauma and PTSD

40% of children and adolescents will experience one or more traumatic events before adulthood, underscoring the **7 million children and adolescents estimated to be suffering from PTSD in the US. That number exceeds 160 million worldwide.** Administration of this Brief Screen is an easy, effective way to identify children and adolescents at risk for PTSD in a variety of settings and refer them on, if indicated, for full assessment and evidenced-based trauma treatment.

The Brief Screen provides a rapid, accurate way to screen a general population of children and adolescents. Example include pediatric settings and schools, child behavioral health, child welfare and juvenile justice systems and after large-scale events like disasters or community violence.

The Brief Screen is drawn from the full **UCLA PTSD Reaction Index for DSM-5,** which is based on many years of clinical research. The Index has been administered to over 500,000 children and adolescents and is widely regarded as the "gold standard" for assessment of PTSD in children and adolescents.

Rating	Description	Recommendation
1 - 10	**Minimal** PTSD symptoms	Monitor, Periodic Rescreening
11 - 20	**Mild** PTSD symptoms	Monitor, Consider Full PTSD Reaction Index Assessment
21 +	**Potential PTSD**	Warrants Full PTSD Reaction Index Assessment and Triage

The Brief Screen typically takes **less than 10 minutes to administer,** requiring responses to 11 questions and generates **a score from 0 to 44. A score of 21 or higher indicates risk for PTSD and the need for referral** to a behavioral health service provider for full assessment using the UCLA PTSD Reaction Index for DSM-5 to establish a diagnosis, and if indicated, conducting an evidence-based trauma intervention. The Brief Screen is **not intended as a substitute for the full UCLA PTSD Reaction Index** in diagnosing PTSD.

For those who score 21 or higher on the Brief Screen, use of the full UCLA PTSD Index for DSM-5 allows for determination of diagnosis and level of acuity, assignment to appropriate evidence-based treatment and periodic assessment to monitor treatment progress and establish measurable outcome.

You can contact Behavioral Health Innovations, the developer of the UCLA PTSD Reaction Index and the Brief Screen regarding any questions at *info@reactionindex.com*. To learn about the UCLA PTSD Reaction Index for DSM-5 for evidence-based assessment go to: *www.reactionindex.com*.

BEHAVIORAL HEALTH INNOVATIONS

UCLA PTSD REACTION INDEX FOR DSM-5 BRIEF SCREENING FORM

Name:	ID#:	Age:	Date (MM/DD/YY): / /
Sex: ☐ Female ☐ Male ☐ Other	Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown		
Race: ☐ Caucasian ☐ Black/African American ☐ American Indian ☐ Asian ☐ Hawaiian/Pacific Islander ☐ Multiracial ☐ Unknown			
Grade in School:	School:		Interviewer Name/ID:
Teacher:	City/State:		

SELF-REPORT TRAUMA HISTORY:

In interviewing the child/adolescent, ask: ***Sometimes people have violent or very scary or upsetting things happen to them. This could be something that happened to you or something you saw. It can include being badly hurt; someone doing something harmful to you or someone else or a serious accident or serious illness.***

Has anything like this happened to you ***RECENTLY?*** *What happened?*

(Brief description)

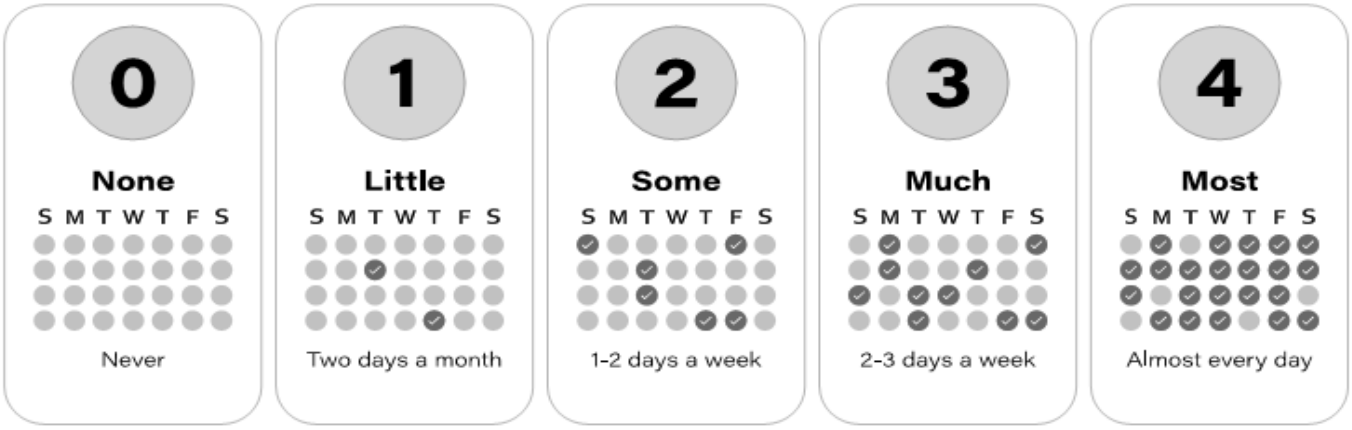
Has anything like this happened to you ***IN THE PAST?*** *What happened?*

(Brief description)

If child/adolescent described more than one thing, ask them to think about the one that bothers them the most now.

FREQUENCY RATING SHEET

HOW MANY DAYS **DURING THE PAST MONTH** DID THE PROBLEM HAPPEN?



BEHAVIORAL HEALTH INNOVATIONS

UCLA PTSD REACTION INDEX FOR DSM-5 BRIEF SCREENING FORM

For each problem listed below, TELL ME the number (0, 1, 2, 3 or 4) that shows how often the problem happened to you in the past month, even if the bad thing happened a long time ago. Use the Frequency Rating Sheet to help you decide how often the problem happened in the past month.

FREQUENCY RATING SHEET

HOW MANY DAYS DURING THE PAST MONTH DID THE PROBLEM HAPPEN?

HOW MANY DAYS DURING THE PAST MONTH...		None	Little	Some	Much	Most
1	I try to stay away from people, places or things that remind me about what happened.	0	1	2	3	4
2	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
3	I have trouble concentrating or paying attention.	0	1	2	3	4
4	When something reminds me of what happened I get very upset, afraid or sad.	0	1	2	3	4
5	I have trouble feeling happiness or love.	0	1	2	3	4
6	I try not to think about or have feelings about what happened.	0	1	2	3	4
7	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
8	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
9	I feel alone even when I am around other people.	0	1	2	3	4
10	I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
11	I have trouble going to sleep, wake up often or have trouble getting back to sleep.	0	1	2	3	4

BEHAVIORAL HEALTH INNOVATIONS

UCLA PTSD REACTION INDEX FOR DSM-5 BRIEF SCREENING FORM

Name:	ID#:	Age:	Sex: ☐ Female ☐ Male ☐ Other	Date:

Score Sheet

Item #	Score (0-4)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
Total PTSD-RI Brief Scale Score	

DSM-5 PTSD DIAGNOSTIC SCREENER

A PTSD-RI BRIEF FORM TOTAL SCALE SCORE THAT IS ***21*** OR HIGHER IS INDICATIVE OF POTENTIAL PTSD AND WARRANTS FURTHER EVALUATION OR REFERRAL.

Rating	Description	Recommendation
1 - 10	**Minimal** PTSD symptoms	Monitor, Periodic Rescreening
11 - 20	**Mild** PTSD symptoms	Monitor, Consider Full PTSD Reaction Index Assessment
21 +	**Potential PTSD**	Warrants Full PTSD Reaction Index Assessment (if indicated refer for treatment)

Exhibit B.2 FINANCIAL INFORMATION AND SCHEDULES - PROVIDER RATE TABLE

Provider Type	**Rate per Hour**
LMFT, LCSW, LPCC, AMFT, ACSW, APCC, and Waivered Trainees	$305.00
MH Rehab Specialist/Case Managers	$230.00
OQP	$225.00

*****1 unit equals 15 minutes

No reimbursement shall be higher than the rate at which reimbursement will be made to County for services provided by Contractor, both for Specialty Mental Health Services and Case Management.