

**1st ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR**

THIS 1st ADDENDUM to the Specialty MH Service Agreement by Independent Contractor entered into on November 13, 2024, between the County of Siskiyou ("County") and Northstate Nursing, 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 expired 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 Special MH Service Agreement is expected to exceed the amount provided in the Special MH Service Agreement; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Special MH Service Agreement; and

WHEREAS, the Compensation, Exhibit A.2, needs to be revised to reflect additional duties.

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, 2028.

Exhibit A.2 of the Specialty MH Service Agreement, Compensation, shall be deleted and replaced in its entirety with the new Exhibit "A.2", attached hereto and hereby incorporated by reference.

Exhibit A.1 of the Specialty MH Service Agreement, Compensation, shall be amended to add an additional Nine Hundred Six Thousand Eight Hundred Forty Dollars and No/100 cents (\$906,840.00), to increase the compensation payable under the Contract to an amount not to exceed One Million Five Hundred Eighty Thousand Seven Hundred Sixty Dollars and No/100 cents for the term of the Contract (\$1,580,760.00).

All other terms and conditions of the Specialty MH Service Agreement shall remain in full force and effect.

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, County and Contractor have executed this 1st 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: Northstate Nursing, Inc.

Date: 6/24/2026 _____

Signed by:

Rinnan MacVittie, PHINP-BC

202507CC01A3465

Rinnan MacVittie, President

Date: 6/24/2026 _____

Signed by:

Rinnan MacVittie, PHINP-BC

202507CC01A3465

Rinnan MacVittie, Chief Financial Officer

License No.: 4660

(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	FY24/25	FY25/26	FY26/27	FY27/28
2122	401030	723015	\$336,960	\$336,960	\$447,480	\$459,360

Encumbrance number (if applicable): E2600251

If not to exceed, include amount not to exceed: \$1,580,760.00

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

EXHIBIT A.2

FINANCIAL INFORMATION AND SCHEDULES – PROVIDER RATE TABLE

This Exhibit A.2 sets forth the compensation rates payable by the County to Contractor for services rendered under this Agreement. All rates are inclusive of overhead, administrative costs, and Contractor expenses unless otherwise expressly stated. Services shall be provided on an as-needed basis, subject to County program requirements and available funding. Replaces contract dated August 20, 2025, **Subject:** Formal Request for County Approval to Utilize Subcontractors under Northstate Nursing, Inc.

1. Primary Contractor Services

The County shall compensate Contractor for services personally rendered by the Primary Contractor as follows:

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Fiscal Year	Hourly Rate
FY 2026–2027	\$226/hour
FY 2027–2028	\$232/hour

All services must be supported by appropriate clinical documentation and billed in accordance with County requirements and applicable payer regulations.

2. Subcontracted Provider Services

Pursuant to County approval authorizing Contractor to utilize subcontracted providers under Contractor’s direct oversight, the following pre-negotiated rates shall apply. All subcontracted providers must receive prior written approval from the County before providing services under this Agreement.

2.1 Psychiatric Providers

Psychiatrist – Adult Services Only

Fiscal Year	Hourly Rate
FY 2026–2027	\$298/hour
FY 2027–2028	\$306/hour

Psychiatrist – Adult and Child Services

Fiscal Year Hourly Rate

FY 2026–2027 \$328/hour

FY 2027–2028 \$336/hour

Psychiatric Mental Health Nurse Practitioner (PMHNP) – Adult and Child Services

Fiscal Year Hourly Rate

FY 2026–2027 \$226/hour

FY 2027–2028 \$232/hour

3. Billing Increments and Documentation

Unless otherwise specified in writing by the County:

- a. Services shall be billed in hourly increments
- b. Partial hours may be billed proportionally based on actual time rendered and documented
- c. All billed services must be supported by timely, complete, and accurate clinical documentation
- d. The addition of one Friday a month at 9:00 hours at a rate of \$220.00 per hour to begin July 1, 2026

4. Annual Inflationary Rate Adjustment

Already built into the rate schedule and yearly not to exceed

5. Order of Precedence

In the event of a conflict between this Exhibit B.1 and any other provision of the Agreement, the terms of this Exhibit B.1 shall govern with respect to compensation rates and financial schedules.

End of Exhibit A.2



Northstate Nursing, Inc.
2804 Gateway Oaks Dr. #100
Sacramento, CA 95833

Rinnah MacVittie, MSN, APRN, PMHNP-BC, FNP-BC, AGNP-C
CEO, Northstate Nursing, Inc.
rinnahmac@gmail.com | 314-308-8484

Date: August 20, 2025

Dr. Sarah Collard
Director, Health and Human Services
Siskiyou County

Subject: Formal Request for County Approval to Utilize Subcontractors under Northstate Nursing, Inc.

Dr. Collard,

I am formally requesting written approval from Siskiyou County to allow Northstate Nursing, Inc. (my affiliated clinical practice) to use subcontracted psychiatric providers on a 1099 basis to support County services as needed.

This arrangement would allow Northstate Nursing, Inc. to provide highly qualified psychiatric mental health nurse practitioners and psychiatrists in the event of staffing shortages, provider transitions, or increased service demands within County programs. Subcontractors would be carefully selected and appropriately credentialed, and I would ensure full compliance with all County requirements, including background checks, licensing verification, and adherence to applicable contract terms.

In addition to my review of proposed subcontractor candidates, the County will be given ample opportunity for Dr. Collard (or her designee) to independently review each candidate's qualifications. Written approval by Dr. Collard (or her designee) of each individual proposed subcontractor will be required prior to NorthState Nursing, Inc. utilizing their services under this contract.

I will also work closely with my legal team to ensure that all subcontracting arrangements are structured in full compliance with applicable laws, regulations, and County expectations.

At this time, no immediate changes are being proposed, but this approval would allow Northstate Nursing, Inc. to respond quickly and responsibly to emergent needs—such as potential provider transitions within Behavioral Health and Public Health (e.g., anticipated retirements or departures). All subcontracted services would be coordinated under my direct oversight.

Docusign Envelope ID: E8E2C4F1-F5ED-4F35-855D-AD1DA34CFE7B

If approved, please sign and date below. This letter may serve as documentation of the County's written approval for this arrangement, pending any further instruction from County Counsel.

Thank you for your time, consideration, and continued partnership.

Sincerely,

Rinnah MacVittie, MSN, APRN, PMHNP-BC, FNP-BC, AGNP-C
CEO, Northstate Nursing, Inc.

Signature: *R MacVittie, PMHNP-BC* Date: 09/09/2025

Approved by:
Dr. Sarah Collard
Director, Health and Human Services
Siskiyou County

Signature: *Dr. Sarah Collard* Date: 9/10/2025
DocuSigned by:
F7262EB4B48F42B...

Reviewed by:
County Counsel Representative
Siskiyou County Counsel Office

Signature: *Dennis Tanabe* Date: 9/10/2025
Signed by:
E08029EEC07440E...