

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

THIS 2nd ADDENDUM is to that Contract for Services entered into on September 17, 2024, as amended on July 9, 2025, between the County of Siskiyou ("County") and Rose Smith d/b/a Rose Therapy ("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; and

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, 2027.

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.

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 2nd 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: Rose Smith, d/b/a Rose
Therapy, a sole proprietor

Signed by:

Date: 8/6/2026 _____

Rose Smith, Owner, and Therapist

License No.: LPCC9163
(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
2122	401030	723000	\$208,000.00	\$208,000.00	\$208,000.00

Encumbrance number (if applicable): E2600171

If not to exceed, include amount not to exceed: \$624,000.00.

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

Exhibit "A"

Rose Smith, LPCC #9163, d/b/a Rose Therapy LPCC Mental Health therapy for individual adults, and couples. Offering in person and Telehealth options for therapy

I. Scope of Services:

1. Contractor shall be available for up to 20 hours per week, with a flexible schedule, to be agreed upon by both parties. Changes of revisions to schedule will be coordinated with Contractor and the Health and Human Services Agency Director (or his or her designee).
2. Contractor shall provide individual, group, and family counseling as needed to adults incarcerated at the Siskiyou County Jail, as well as consultation to the staff at Siskiyou County Jail located at 315 South Oregon Street, Yreka, California. Said services may performed via Zoom.
3. Contractor to provide notes to Behavioral Health Inmate Medical Staff, as agreed upon.
4. The following activities are allowed and eligible for reimbursement. Additional services may be eligible through mutual agreement of both parties:
 - a. Medical Team meetings
 - b. Individual crisis de-escalation
 - c. Group facilitation
 - d. Up to .25 hours/per session of preparation time for group
 - e. No Show by client – Contractor can request reimbursement if specified time cannot not be reallocated to an eligible activity. No Shows by client (or Jail Staff) reimbursement would be at .5 rate or at half the hourly fee.
 - f. Other activities must be approved by the Health and Human Services Agency Director (or his or her designee)
 - g. Mental Health Diversion Assessments
 - h. Mental Health Diversion Court preparation and participation
 - i. Time studies as determined by the Health and Human Services Agency Director (or his or her designee)
 - j. Pre and Post tests as determined by the Health and Human Services Agency Director (or his or her designee)
5. Contractor shall maintain fidelity to Evidence Based Practices and is to work with Behavioral Health and Probation Medical Staff to ensure compliance, and provide necessary data as requested.
6. Contractor shall maintain compliance with their Beacon contract and Council for Affordable Quality Healthcare.
7. Contractor shall engage in collaboration with Probation and Behavioral Health representatives on the fidelity of Managed Care Protocol in determining treatment plans and the level of care of an offender.
8. Contractor will refer clients to higher level of care and lower level of care as appropriate and within their Beacon agreement. Ninety (90) days or less of referral to Behavioral Health for higher level of care, i.e., pre-release. Include transition of care tool with the referral release of information as well. Will need to utilize the Transition of care tool for Medi-Cal Mental Health services form and an

ROI, as well as the BH referral form. Supporting clinical documents, such as assessment and/or relevant progress notes, should be included as well.

9. Contractor shall comply with Medi-Cal standards for documentation and treatment planning when providing services to Medi-Cal consumers. Behavioral Health Quality Assurance can provide guidance in documentation standards if necessary.
10. Fiscal responsibility for any trainings necessary for providing group facilitation will be the responsibility of the contractor, unless agreed upon by mutual parties.
11. Contractor will provide 24 hours' notice for any cancelled service, when reasonably possible.
12. Contractor shall utilize the Service Activity Log and submit copies to Behavioral Health Fiscal or Behavioral Health Designee, per month.

II. Compensation

1. Compensation at the rate of Two Hundred Dollars and no/100 per hour (\$200), 20 hours per week for 156 weeks for a total not to exceed Six Hundred Twenty-Four Thousand Dollars (\$624,000.00). 1 unit equals 15 minutes, over 8 minutes round-up to next unit. Documentation = 15 minutes, Assessment = 30 minutes, not-to-exceed \$200 per hour. No reimbursement shall be higher than the rate at which reimbursement will be made to County for services provided by Contractor.
2. Conditions for Payment – Claims for payment must be submitted within thirty (30) days after the month in which services were provided.
3. Claims for payment – Contractor shall track hours worked for the County by program, e.g., Behavioral Health, Inmate Health and submit to County program managers at least monthly. Contractor shall submit original itemized and detailed invoices, identifying the reporting period, total number of hours worked, rate, and total amount due to Contractor and submit to County program managers at least monthly.