

**AMENDMENT  
TO AGREEMENT FOR ACCESS LINE/PHONE TRIAGE SERVICES**

The following is an amendment to that certain Professional Services Agreement No. \_\_\_\_\_, with an effective date of September 1, 2024 through June 30, 2025, by and between the County of Sierra, a political subdivision of the State of California (“the COUNTY”) and County of Nevada, Department of Behavioral Health (“the CONTRACTOR”).

1. ATTACHMENT A SCOPE OF SERVICES AND DUTIES is amended as follows:

1.2 Sierra County Phone Triage services shall be provided weekday Call Overflow and Screenings (between 8:00 am and 5:00 pm) and After-Hours (after 5:00 p.m. and prior to 8:00 a.m., 12:00 p.m. to 1:00 p.m.) and All-Hours (after 5:00 p.m. the day before the weekend/holiday and prior to 8:00 a.m. day after weekend/holiday) for weekends and holidays. Receive all calls, collect all intake information, and make assessment for appropriate referral to the Sierra County Behavioral Health Access Contact or to the Sierra County on-call crisis worker and Dispatch of Sierra County Mobile Crisis Response Team. Provide information, consultation, and education for clients by telephone as appropriate.

2. The Specific responsibilities of the CONTRACTOR

2.1.1 Receive all calls, collect all intake information, and make assessment for appropriate referral to the COUNTY Behavioral Health Access Contact and/or Sierra County’s 911 Emergency System at (530) 289-3700. Provide information, consultation, and education for clients by telephone as appropriate.

2.1.2 Be call center for Mobile Crisis Calls, including calls forwarded from Sierra County Sheriff’s 911 and triage accordingly. Notify designated Mobile Crisis Team Member for dispatch. Document call and complete Mobile Crisis Screening Tool with Sierra County Electronic Health Record (EHR), currently Credible.

2.1.3 Be call center for FSP clients and triage accordingly. Forward to after-hours case manager or other designee.

2.1.4 Document all Behavioral Health calls through utilization of the COUNTY Electronic Health Record (EHR), currently Credible.

2.1.5 Complete intakes and screening for Sierra County clients to determine linkage of mental health services to the specific manage care plan, where appropriate.

2.1.6 For Mental Health Crisis calls, including referral of any 5150 evaluations, transfer the call to the COUNTY Behavioral Health Access Contact and/or Sierra County’s 911 Emergency System at (530) 289-3700.

2.1.7 All staff will receive annual training on 1) How to properly access appropriate interpreting services for callers and 2) Ensuring that all requirements of the After-Hours access line are met. New hires will receive training within 30 days of hire.

3. ATTACHMENT B PAYMENT B.1

**BASE CONTRACT FEE.** COUNTY shall pay CONTRACTOR a contract fee not to exceed \$28,992 payable at the rate of \$2,416 per month. CONTRACTOR shall submit requests for payment (Invoice) on a monthly basis, invoicing for all work completed and delivered to the Director prior to the issuance of such Invoice. Invoice shall be substantially in the form of the invoice attached hereto as Attachment E. Payment shall be made within thirty (30) days after the Invoice is approved and accepted by the Auditor. In no event shall total compensation paid to CONTRACTOR under this Provision B.1 exceed \$28,992 without an amendment to this Agreement approved by the Sierra County Board of Supervisors.

ATTACHMENT B PAYMENT B.6 Maximum Contract Amount is hereby amended to say:

B.6 MAXIMUM CONTRACT AMOUNT. The maximum amount payable to CONTRACTOR under this Agreement shall not exceed the following:

B.1 Base Contract Fee	\$ 28,992
B.2 Mileage	-0-
B.3 Travel Costs	-0-
B.4 Authorization Required	-0-
B.5 Special Circumstances	-0-
MAXIMUM CONTRACT AMOUNT	\$ 28,992

4. All other terms and conditions of the Professional Services Agreement are to remain the same.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date set forth above.

"COUNTY"

"CONTRACTOR"

COUNTY OF SIERRA

By \_\_\_\_\_  
PAUL ROEN  
Chair, Board of Supervisors

\_\_\_\_\_  
HARDY BULLOCK  
Chair, Board of Supervisors  
CONTRACTOR TAXPAYER I.D. NUMBER

Submitted Confidentially  
(Taxpayer I.D. or Social Security No.)

ATTEST:

APPROVED AS TO FORM:

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HEATHER FOSTER  
Clerk of the Board

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KATHARINE L. ELLIOTT  
County Counsel

APPROVED AS TO FORM:

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RHETTA VANDER PLOEG  
County Counsel