



AGREEMENT TO FURNISH MENTAL HEALTH SERVICES

SYLVAN UNION SCHOOL DISTRICT hereinafter called SUSD, has need of the specialized services of Center for Human Services, an independent contractor, hereinafter called CHS, for the period specified herein, according to the following terms and conditions. CHS shall be, for the purposes of this agreement, an independent contractor and shall not be deemed an employee of SUSD for any purpose.

SUSD shall provide such supplies, equipment and workspace as required for CHS to execute the agreement and services as shown herein.

I. TERMS

1. The effective dates of agreement are from January 1, 2019 through May 2019.
2. Compensable hours provided will equal 40 hours per week for 20 weeks (schedule to be arranged between SUSD and CHS).

II. SERVICE TO BE PERFORMED

1. CHS shall: Provide a Mental Health Clinician who will provide the following services:
 - a. Assessment and counseling services in the form of individual and family sessions for persons identified by SUSD.
 - b. Consultation and participation in IEP's, student study team, and with site liaison person.
 - c. Other duties as assigned.

III. MANNER OF PERFORMANCE

1. CHS shall perform all service(s) required in a competent and professional manner under the site direction of the school principal, who shall review and evaluate CHS's performance in conjunction with the Program Coordinator at Center for Human Services.

2. Contract administration contacts are as follows:

CHS:

Rosemary McFadden, LMFT
Program Director
Center for Human Services
2000 W. Briggsmore Ave., Suite I
Modesto, CA 95350

Phone: 209. 526.1476

FAX: 209. 526.0908

SYLVAN UNION SCHOOL DISTRICT:

Debra M. Hendricks, Superintendent
605 Sylvan Avenue
Modesto, CA 95350

Phone: 209. 574.5000

:

IV. PLACE OF PERFORMANCE

1. CHS shall render service(s) described in Article II at (20 hours per week).

V. COMPENSATION

1. CHS shall be compensated for cost of providing services, not to exceed \$41,560.00 This cost represents services not covered by other sources, such as Medi-Cal and Managed Care. Services provided to Medi-Cal and Managed Care beneficiaries will be paid by the insurance.
2. Payment shall be monthly upon presentation of invoice properly completed by CHS, indicating monthly costs of services.
3. Total compensation shall not exceed \$41,560.00

VI. TERMINATION OF AGREEMENT

1. This Agreement shall terminate on the last day of service as written in Article I except:
 - a. SUSD may terminate at any time if CHS does not perform, or refuses to perform according to the Agreement.
 - b. SUSD may terminate services of CHS at any time if, in the professional judgment of the management supervisor named herein, CHS's performance is unsatisfactory as to the manner of

performance or the product of said performance fails to meet the SUSD requirements as specified in Article II.

- c. In the event of early termination CHS shall be paid for all work or services performed to the date of termination together with an amount of approved expenses due and owing.
2. Regardless of the provisions in paragraph 1 above, either party may terminate this agreement by giving 30 days prior written notice to the other party. Written notice to Center for Human Services (CHS) shall be deemed served upon placement of the notice in the U.S. Mail postage prepaid addressed as follows:

Cynthia Duenas, LMFT
 Executive Director
 Center for Human Services
 2000 W. Briggsmore Ave., Suite I
 Modesto, CA 95350

VII. EXTENSION OF TERM

By mutual consent of the parties hereto the term of service described herein in Article I may be extended by reformation of this Agreement and the attachment hereto of an addendum mutually executed setting forth the extended term.

WITNESSETH

Consultant Signature

Superintendent/Designee

94-1725620
IRS Identification Number

Date

Date