

**Amendment No.2 to the AGREEMENT BETWEEN COUNTY OF LAKE AND
JUNE WILSON-CLARKIN, LMFT FOR SPECIALTY MENTAL HEALTH
SERVICES FOR FISCAL YEAR 2024-25**

This Agreement is made and entered into by and between the County of Lake, hereinafter referred to as “County,” and June Wilson-Clarkin, hereinafter referred to as “Contractor,” collectively referred to as the “Parties.”

RECITALS

WHEREAS, the County entered into an Agreement with Contractor effective July 1, 2024, and;

WHEREAS, the parties amended the Agreement May 20, 2025, to increase the total compensation payable under the Agreement by \$15,000.00 for a new contract maximum of \$85,000.00 amended item three, “Compensation,” to reflect this change; and

WHEREAS, the parties amended the Agreement May 20, 2025 to revise Exhibit A – Scope of Services to include additional clinical responsibilities under Section 4 – Description of Services, specifically by inserting Section 4.6 titled “Expanded Clinical Services and Specialized Assessments,” which authorizes the Contractor to provide ongoing individual therapy, forensic and complex case assessments, follow-up treatment, and specialized mental health services consistent with the scope of practice for a Licensed Clinical Social Worker (LCSW) or other Licensed Practitioner of the Healing Arts (LPHA), as further detailed therein;

WHEREAS, the parties also desire to further amend Exhibit A – Scope of Services to authorize the Contractor, as a Licensed Clinical Social Worker (LCSW), to initiate 5150 psychiatric holds under specific conditions, subject to formal designation, training, and compliance with applicable laws and policies, by adding a new Section 4.7 titled “Authorization for 5150 Hold Writing by Contracted LCSW”; and

WHEREAS, the Parties also desire to further amend the Agreement to increase the total compensation payable under the Agreement by an additional Twenty Five Thousand Dollars (\$25,000.00), for a new contract maximum of One Hundred Thousand Dollars (\$110,000.00), and to amend Item Three, “Compensation,” to reflect this change;

NOW, THEREFORE, based on the forgoing recitals, the parties hereto agree as follows:

3. COMPENSATION. PAYMENT FOR SERVICES BY COUNTY, Contractor has been selected by County to provide the services described hereunder in **Exhibit A**, titled, “**Scope of Services.**” **Compensation to Contractor shall not exceed One Hundred and Ten Thousand Dollars (\$110,000.00).**

The County shall compensate Contractor for services rendered, in accordance with the provisions set forth in **Exhibit B**, titled “**Fiscal Provisions**” attached hereto and incorporated herein, provided that Contractor is not in default under any provisions of this Agreement.

This Agreement shall be subject to any restrictions, limitations, and/or conditions imposed by County or state or federal funding sources that may in any way affect the fiscal provisions of, or funding for this Agreement. This Agreement is also contingent upon sufficient funds being made

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available by County, state, or federal funding sources for the term of the Agreement. If the federal or state governments reduce financial participation in the Medi-Cal program, County agrees to meet with Contractor to discuss renegotiating the services required by this Agreement.

Section 4.7 is hereby added to Exhibit A, “Scope of Services” to state as follows:

4. DESCRIPTION OF SERVICES.

4.7 Authorization for 5150 Hold Writing by Contracted LCSW

A. Authorization Scope

The Contractor, as an LCSW licensed in the State of California, is hereby authorized by Lake County Behavioral Health Services (LCBHS) to initiate and complete a 5150 hold for clients seen under this contract, provided that:

- There is a shared client relationship with LCBHS;
- The client presents a significant safety concern posing an immediate danger to self, others, or is gravely disabled; and
- Barriers exist that would reasonably prevent the client from completing the standard LCBHS evaluation process in a timely or effective manner.

Program	CTP Code Name	CPT Code
FSP (Full-Service Partnership)	Case Management (15 min units)	H2015
	Assessment	H0031
	Individual Therapy	H0004
	Crisis Intervention	H2011
Case Conferencing	Case Management (15 min units)	H2015
Assessments	Mental Health Assessment	H0031
5150 Assessments	Crisis Intervention (15min units)	H2011
Individual Therapy	Individual Therapy (15 min units)	H0004
Conjoint Family Therapy	Family Therapy with Patient Present	90847
	Family Therapy without Patient Present	90846
Plan Development	Plan Development	H0032

B. Regulatory Requirements

The Contractor’s authority under this section is subject to:

- Compliance with California Welfare & Institutions Code (WIC) §§ 5150–5152;

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- Compliance with any related state and local regulations, including SB 43 provisions regarding substance use disorder (SUD) and expanded conservatorship criteria; and
- Adherence to the LCBHS policies and procedures governing 5150 holds.

C. Designation and Training

The Contractor must:

- Be formally designated in writing by the LCBHS Behavioral Health Director as an individual authorized to write 5150 holds under the department's delegated authority;
- Complete all LCBHS-required training specific to 5150 hold initiation and documentation, including current department training modules;
- Complete SB 43 SUD-specific training prior to writing any holds.

D. Limitations and Exclusions

- This authorization applies strictly to initial 5150 holds; it does not extend to 5152 certifications, reassessments, or any continuation or renewal of the original hold.
- Once the client has arrived at the hospital or facility under the initial hold, the Contractor must immediately notify LCBHS and request a designated LCBHS department evaluator to complete the formal 5150 assessment or any subsequent determinations.
- All holds initiated by the Contractor remain subject to department review and oversight.

E. Director's Right to Rescind Authorization

The LCBHS Behavioral Health Director retains the sole discretion to rescind or suspend this authorization at any time, with or without cause, including but not limited to concerns regarding clinical appropriateness, misuse of authority, noncompliance with policy, or legal/regulatory violations.

County and Contractor have executed this Agreement on the day and year first written above.

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COUNTY OF LAKE

JUNE WILSON-CLARKIN, LMFT

Chair
Board of Supervisors

Date: _____

June Wilson-Clarkin
June Wilson-Clarkin (Jul-28, 2025 09:28 PDT)
June Wilson-Clarkin, LMFT

Date: 07/28/2025

APPROVED AS TO FORM:
LLOYD GUINTIVANO
County Counsel

By: 

Date: July 24, 2025

ATTEST:
SUSAN PARKER
Clerk to the Board of Supervisors

By: _____

Date: _____