

AGREEMENT FOR SERVICES #162-S0711  
AMENDMENT I

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This Amendment I to that Agreement for Services #162-S0711, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and South Lake Tahoe Family Resource Center, a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 3501 Spruce Avenue, Suite B, South Lake Tahoe, CA 96150; (hereinafter referred to as "Contractor");

**WITNESSETH**

**WHEREAS**, Contractor has been engaged by County to provide bicultural and bilingual supports and services to members of the El Dorado County Latino community who are in need of mental health services as requested by the County for the Mental Health Services Act (MHSA) Latino Engagement Program in the South Lake Tahoe Region of El Dorado County, in accordance with Agreement for Services #162-S0711, dated October 10, 2006, incorporated herein and made by reference a part hereof; and

**WHEREAS**, the parties hereto have mutually agreed to increase compensation by \$46,176.00, hereby amending **ARTICLE III – Compensation for Services**; and

**WHEREAS**, the parties hereto have mutually agreed to amend **ARTICLE XVIII – Notice to Parties** and **ARTICLE XXV – Administrator**.

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services #162-S0711 shall be amended a first time as follows:

**ARTICLE III**

**Compensation for Services:** For services provided herein, County agrees to pay Contractor monthly in arrears. Contractor shall submit monthly invoices no later than thirty (30) days following the end of a "service month." For billing purposes, a "service month" shall be defined as a calendar month during which Contractor provides services in accordance with "Scope of Services."

For the purpose of this Agreement, payments shall be made in accordance with Exhibit "B", marked "Contract Billing Rates FY 06/07 – FY 07/08", incorporated herein and made by reference a part hereof.

If it is determined that a program participant has private insurance which covers the services,

Contractor shall bill the appropriate insurance carrier. If the participant's insurance covers the service at a rate less than the rate set forth in this Agreement, Contractor shall only bill the County for the difference. If the participant has no insurance for the service, Contractor shall bill the County at the rate set forth in this Agreement.

County will provide relevant startup training for program staff employed by Contractor. Such training will be conducted at the sole expense of the County. This training will be mandatory.

Travel expenses will be paid by the County in accordance with Exhibit "T", marked "Board of Supervisors Policy D-1", incorporated herein and made by reference a part hereof.

The total amount of this Agreement, as amended, shall not exceed \$151,801.00, inclusive of all expenses.

#### **ARTICLE XVIII**

**Notice to Parties:** All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested.

Notices to County shall be addressed as follows:

COUNTY OF EL DORADO  
DEPARTMENT OF MENTAL HEALTH  
670 PLACERVILLE DRIVE, SUITE 3  
PLACERVILLE, CA 95667  
ATTN: LAURA EAKIN, UTILIZATION REVIEW MANAGER

or to such other location as the County directs.

Notices to Contractor shall be addressed as follows:

SOUTH LAKE TAHOE FAMILY RESOURCE CENTER  
3501 SPRUCE AVENUE, SUITE B  
SOUTH LAKE TAHOE, CA 96150  
ATTN: DELICIA SPEES, DIRECTOR

or to such other location as the Contractor directs.

#### **ARTICLE XXV**

**Administrator:** The County Officer or employee with responsibility for administering this Agreement is Laura Eakin, Utilization Review Manager, Mental Health Department, or successor.

Except as herein amended, all other parts and sections of that Agreement #162-S0711 shall remain unchanged and in full force and effect.

**REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:**

By: Laura Eakin, MFT Dated: 3-10-08  
Laura Eakin  
Utilization Review Manager  
Mental Health Department

**REQUESTING DEPARTMENT HEAD CONCURRENCE:**

By: John Bachman Dated: 3/11/08  
John Bachman  
Director  
Mental Health Department

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IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to that Agreement for Services #162-S0711 on the dates indicated below, the latest of which shall be deemed to be the effective date of this Amendment.

**— COUNTY OF EL DORADO —**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Chairman  
Board of Supervisors  
"County"

ATTEST:  
Cindy Keck, Clerk  
of the Board of Supervisors

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Clerk

**-- CONTRACTOR --**

Dated: 3-21-08

SOUTH LAKE TAHOE FAMILY RESOURCE CENTER  
A CALIFORNIA CORPORATION

By: Rh Meyer  
Rick Meyer  
President  
"Contractor"

By: JM Conway  
Corporate Secretary

Dated: 3-24-08

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DTB

## **EXHIBIT "B"**

### **CONTRACT BILLING RATES - FY 06/07**

Executive Director	\$31.80 per hour
Licensed Clinical Psychologist	\$75.00 per hour
Mental Health Masters Degree Intern	\$29.40 per hour
Depression Group Advocate	\$22.79 per hour
Travel Expenses	\$1,215 per year
Flex funds *	\$3,000 per year
Not to exceed amount for FY 06/07 is \$43,975	

### **CONTRACT BILLING RATES - FY 07/08**

Executive Director	\$32.75 per hour
Licensed Clinical Psychologist	\$75.00 per hour
Mental Health Masters Degree Intern	\$30.28 per hour
Depression Group Advocate	\$23.47 per hour
Travel Expenses	\$1,156 per year
Flex funds *	\$3,000 per year
Child care for family members of participants	\$15,600 per year
Not to exceed amount for FY 07/08 is \$107,826	

\* Flex funds are discretionary funds to be used to provide services and goods for clients on an as needed basis. Amounts less than \$250 may be used at the discretion of the Contractor; amounts in excess of \$250 must be authorized by County Program Coordinator