

AGREEMENT FOR SERVICES #176-S0711
AMENDMENT I

This Amendment I to that Agreement for Services #176-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 Family Connections El Dorado, Inc., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 344 Placerville Drive, Suite 10, Placerville, CA 95667; (hereinafter referred to as "Contractor");

WITNESSETH

WHEREAS, Contractor has been engaged by County to provide outreach and engagement as well as 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 County for the Mental Health Services Act (MHSA) Latino Engagement Program on the Western Slope of El Dorado County for the Mental Health Department, in accordance with Agreement for Services #176-S0711, dated October 3, 2006, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to increase compensation by \$34,913.00, 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 #176-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 Revised Exhibit "B", marked "Contract Rates", 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.

Contractor shall submit a single monthly invoice identifying charges as identified in Revised Exhibit "B". For services provided, supporting documentation must include applicable timesheets. For reimbursement of other expenses, supporting documentation must include a copy of the receipt or invoice.

For mental health services provided by the Contractor, the Contractor will provide supporting documentation for each service provided identifying the name of the client, the date of service, the type of service and the number of service minutes.

Payment shall be made within thirty (30) days following the County's receipt of approved invoice(s). Contractor shall submit only original invoices. Photocopied or faxed invoices will not be accepted. Contractor shall ensure only billing information is included on the invoice.

County agrees to reimburse Contractor up to \$22,500.00 for the purchase of a vehicle to serve the program. A separate invoice will be submitted to County for the purchase of this vehicle, and this invoice shall be paid within fifteen (15) days of receipt by County. This vehicle will be kept by Contractor after the expiration of this Agreement. If this Agreement is terminated prior to the date of expiration, the vehicle will be returned to the County.

County will provide training that is deemed relevant by County for program staff employed by Contractor. Such training will be conducted at the sole expense of the County, including any associated travel expenses. Any training costs and associated travel expenses will not be applied to the total not to exceed amount of this Agreement and will be authorized under a separate purchase order. This training will be mandatory. Contractor will be reimbursed for training costs and associated travel expenses in accordance with Exhibit "I", 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 \$207,718.00, excluding any training and associated travel 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:

FAMILY CONNECTIONS EL DORADO, INC.
344 PLACERVILLE DRIVE, SUITE 10
PLACERVILLE, CA 95667
ATTN: WENDY WOOD, CHIEF EXECUTIVE OFFICER

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 #176-S0711 shall remain unchanged and in full force and effect.

REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:

By: Laura Eakin, MFT Dated: 4.4.08
Laura Eakin
Utilization Review Manager
Mental Health Department

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: John Bachman Dated: 4/4/08
John Bachman
Director
Mental Health Department

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to that Agreement for Services #176-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: 4/10/08

FAMILY CONNECTIONS EL DORADO, INC.
A CALIFORNIA CORPORATION

By: Wendy Wood
Wendy Wood
Chief Executive Officer
"Contractor"

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Revised Exhibit "B"
Contract Rates

FY 07/08

Promotora	\$22.88 per hour
Therapist	\$40.04 per hour
Psychologist	\$110.00 per hour
Supervisor (MFT)	\$42.90 per hour

Reimbursable Expenses

Auto insurance and maintenance	Not to exceed \$3,100.00 per year of the contract
Mileage	Not to exceed \$7,500.00 per year of the contract
Materials, supplies, signage & advertising	Not to exceed \$1,500 in FY 07/08

Not to exceed amount for FY 07/08 is \$117,370.00