

AGREEMENT FOR SERVICES #706-S0711  
AMENDMENT II

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This Amendment II to that Agreement for Services #706-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 Sierra Child and Family Services, Inc., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 6692-B Merchandise Way, Diamond Springs, CA 95619, and whose licensed community care facility is located at 4300 Forni Road, Placerville, CA 95667; (hereinafter referred to as "Contractor");

**WITNESSETH**

**WHEREAS**, Contractor has been engaged by County to provide Specialty Mental Health Services for children (hereinafter referred to as "Beneficiaries") on an "as requested" basis for the El Dorado County Health Services Department, Mental Health Division, in accordance with Agreement for Services #706-S0711, dated June 26, 2007, and Amendment I dated March 11, 2008, incorporated herein and made by reference a part hereof; and

**WHEREAS**, the Department of Mental Health has been reorganized and is now known as the Mental Health Division of the Health Services Department; and

**WHEREAS**, the parties hereto have mutually agreed to modify the compensation and update the notice to parties of said Agreement, hereby amending **ARTICLE III – Compensation for Services, and ARTICLE XIX, Notice to Parties**; and

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services #706-S0711 shall be amended a second time as follows:

All references in the original agreement to the "County Mental Health Department" or "MHD" shall be deemed to refer to the Mental Health Division of the Health Services Department.

**ARTICLE III**

**Compensation for Services:** County shall pay Contractor for services as set forth herein, not to exceed the Statewide Maximum Allowance (SMA) determined by the State. Contractor shall provide invoices to the County on a monthly basis in arrears, within 30 calendar days following the end of the month. Payment will be made for actual services rendered and will not be made for service units the beneficiary did not attend or receive. Each claim shall describe: a) units of service by individual beneficiary served, and b) dates of service detail for each beneficiary. County shall review, approve and pay all complete and valid invoices within 45 days of receipt.

Contractor reserves the right to increase rates to reflect cost increases over those listed below by giving County 30 days written notice of such change in accordance with ARTICLE XIX – Notice to Parties herein. County Mental Health Director must approve such rate changes in writing.

**PROVISIONAL RATES:**

**Specialty Mental Health Services**

Mental Health Services	\$1.75 per minute
Mental Health Case Management	\$1.75 per minute
Therapeutic Behavioral Services	\$1.00 per minute
Crisis Intervention	\$1.00 per minute
Parent Partner	\$0.50 per minute
Non-Medi-Cal Reimbursable SB 163 Services	\$1.00 per minute
Psychological Testing	\$2.44 per minute
Equine Assisted Psychotherapy	
Individual	\$2.00 per minute
Family/Group	\$2.00 per minute
Total cost of Mental Health Services provided	\$1,585,000.00
SB 163 Stabilization Funds – not to exceed*	\$15,000.00
Total Net to Sierra Child and Family Services	\$1,600,000.00

\*SB 163 Stabilization Funds – Purchase of goods and services for SB 163 clients – purchases up to \$500.00 must be approved by Health Services Department, Mental Health Division Program Coordinator and Department of Human Services SB 163 Program Manager; purchases over \$500.00 must also be approved by Deputy Director or Director of the Department of Human Services. Stabilization Funds must be shown separately on invoices and Contractor must provide supporting documentation.

**Cost Limitations:**

The total amount of this Agreement, as amended, shall not exceed \$1,600,000.00.

**ARTICLE XIX**

**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  
HEALTH SERVICES DEPARTMENT  
931 SPRING STREET  
PLACERVILLE, CA 95667  
ATTN: NEDA WEST, DIRECTOR

with a carbon copy to:

COUNTY OF EL DORADO  
CHIEF ADMINISTRATIVE OFFICE  
PROCUREMENT AND CONTRACTS DIVISION  
330 FAIR LANE  
PLACERVILLE, CA 95667

or to such other location as the County directs.

Notices to Contractor shall be addressed as follows:

SIERRA CHILD AND FAMILY SERVICES  
6692-B MERCHANDISE WAY  
DIAMOND SPRINGS, CA 95619  
ATTN: BARRY HARWELL, CHILDREN'S SERVICES PROGRAM MANAGER

or to such other location as the Contractor directs.

Except as herein amended, all other parts and sections of that Agreement #706-S0711 shall remain unchanged and in full force and effect.

**REQUESTING DEPARTMENT HEAD CONCURRENCE:**

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Neda West, Director  
Health Services Department

**IN WITNESS WHEREOF**, the parties hereto have executed this Second Amendment to that Agreement for Services #706-S0711 on the dates indicated below.

**-- COUNTY OF EL DORADO --**

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

By: \_\_\_\_\_

Chairman  
Board of Supervisors  
"County"

ATTEST:

Suzanne Allen de Sanchez, Clerk  
of the Board of Supervisors

By: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Clerk

**-- CONTRACTOR --**

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

SIERRA CHILD AND FAMILY SERVICES, INC.  
A CALIFORNIA CORPORATION

By: \_\_\_\_\_

Barry Harwell  
Executive Director  
"Contractor"