

**AMENDMENT NO. 3 TO THE AGREEMENT BETWEEN COUNTY OF LAKE AND
NATIVE AMERICAN MENTAL HEALTH SERVICES DBA NORTH AMERICAN
MENTAL HEALTH SERVICES FOR TELEPSYCHIATRY SERVICES
FOR FISCAL YEAR 2018-19**

This Amendment No. 3 to the Agreement is made and entered into this 10th day of April, 2019 by and between the County of Lake, a political subdivision of the State of California (hereinafter referred to as "County") and North American Mental Health Services (hereinafter referred to as "Contractor").

RECITALS

WHEREAS, the parties hereto have entered into an Agreement dated July 1, 2018 under which Contractor will provide telepsychiatry services for County; and

WHEREAS, due to the relocation of the provider, the parties first amended the Agreement on or about October 12, 2018 to update the address; and

WHEREAS, due to an increase in the utilization of telepsychiatry services, the parties amended the Agreement a second time on or about December 28, 2019; and

WHEREAS, in order to ensure Lake County Behavioral Health Services (LCBHS) is in compliance with state mandated Network Adequacy requirements, the parties now desire to amend the Agreement a third time to increase the total compensation payable under the Agreement by \$745,840 for a new contract maximum of \$1,045,840.

NOW, THEREFORE, the parties hereby agree as follows:

Section 3 – COMPENSATION is hereby amended to read:

"Contractor has been selected by County to provide the services described hereunder in **Exhibit A "Scope of Services"**, attached hereto, and incorporated herein. Compensation to Contractor shall not exceed **One Million Forty Five Thousand Eight Hundred Forty Dollars (\$1,045,840)**.

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."

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The Parties agree that all other terms and conditions of the original Agreement shall remain in full force and effect.

COUNTY OF LAKE


By: _____
Chair


Board of Supervisors
DATE: _____

APPROVED AS TO FORM:
ANITA L. GRANT
County Counsel

By: 
Date: 4-19-19

NORTH AMERICAN MENTAL HEALTH
SERVICES

By: 
Thomas Andrews, MD, Owner
Date: 4/29/19

By: 
Benton Kinney, PA-C, Owner
Date: 4.30.19

ATTEST:
CAROL J. HUCHINGSON
Clerk to the Board of Supervisors

By: _____
Date: _____