

**FIRST AMENDMENT TO THE AGREEMENT BETWEEN
COUNTY OF LAKE AND NATIVE AMERICAN MENTAL HEALTH SERVICES DBA
NORTH AMERICAN MENTAL HEALTH SERVICES (NAMHS)
FOR FISCAL YEAR 2016-2017**

THIS FIRST AMENDMENT to the AGREEMENT is made this 5th day of May, 2017 by and between the County of Lake (hereinafter referred to as "COUNTY") and Native American Mental Health Services dba North American Mental Health Services (hereinafter referred to as "CONTRACTOR").

WHEREAS, COUNTY and CONTRACTOR entered into an AGREEMENT for the provision of behavioral health services via a teleconferencing modality and for the clinical supervision of Lake County Behavioral Health's (LCBH) Physician's Assistant on July 1, 2016; and

WHEREAS, due to increased utilization of the teleconferencing modality, the parties now desire to amend that AGREEMENT to increase the total compensation payable under the AGREEMENT by \$92,000 for a new contract maximum of \$392,000; and

NOW THEREFORE, the parties hereto agree as follows:

The paragraph under the article entitled "**COUNTY'S RESPONSIBILITIES**" – **Section #3 Compensation**" is hereby amended to read as follows:

"3. Compensation. COUNTY OF LAKE agrees to provide compensation to NORTH AMERICAN MENTAL HEALTH SERVICES and NORTH AMERICAN MENTAL HEALTH SERVICES agrees to accept as compensation as described in **EXHIBIT B**, as follows: **\$260 an hour for psychiatrist services; \$220 an hour for nurse practitioner services; and \$220 an hour for physician assistant services.** COUNTY OF LAKE will also provide compensation to NORTH AMERICAN MENTAL HEALTH SERVICES for the supervision of **COUNTY OF LAKE'S physician assistant at the rate of \$260 per hour for a minimum of four (4) hours per month.** COUNTY OF LAKE will also provide compensation to NORTH AMERICAN MENTAL HEALTH SERVICES for conservatorship evaluations at the rate of \$220 per hour. NORTH AMERICAN MENTAL HEALTH SERVICES will provide an invoice to COUNTY OF LAKE on a monthly basis. COUNTY OF LAKE shall pay invoices within thirty (30) days of receipt of invoice. The total amount paid by COUNTY OF LAKE to NORTH AMERICAN MENTAL HEALTH SERVICES under this Agreement shall not exceed **Three Hundred Ninety Two Thousand Dollars (\$392,000).**"


EXCEPT AS SPECIFICALLY MODIFIED HEREIN, all other terms and conditions of the July 1st, 2016 AGREEMENT and subsequent amendments shall remain in full force and effect.

EXECUTED at Lakeport, California, on the day and year written above.

COUNTY OF LAKE

NORTH AMERICAN MENTAL HEALTH SERVICES

**Board of Supervisors
Chairman**


**Thomas Andrews, MD
Owner**

ATTEST: **CAROL J. HUCHINGSON**
 Clerk of the Board
 Of Supervisors

By: _____

APPROVED AS TO FORM:

ANITA L. GRANT
County Counsel

By: 