

**Amendment No. 1 TO THE AGREEMENT BETWEEN COUNTY OF LAKE AND
REDWOOD COMMUNITY SERVICES, INC. FOR THE LAKE COUNTY WRAP
PROGRAM, FOSTER CARE PROGRAM, AND INTENSIVE SERVICES FOSTER
CARE (ISFC) PROGRAM FOR SPECIALTY MENTAL HEALTH SERVICES FOR
FISCAL YEAR 2020-21**

This Amendment No 1 to Agreement is made and entered into this 10th day of September, 2020 by and between the County of Lake, a political subdivision of the State of California (hereinafter referred to as "County") and Redwood Community Services, Inc. (hereinafter referred to as "Contractor").

RECITALS

WHEREAS, the parties hereto have entered into an Agreement dated July 1, 2020 under which Contractor will provide specialized mental health services to County; and

WHEREAS, Contractor has appropriate staffing and facilities necessary to provide such specialized mental health services to children and Transitional-Aged Youth (TAY) aged 16 to 24 and desires to enter into this Agreement with County upon the provisions hereinafter set forth; and

WHEREAS, County has appropriate staffing and facilities necessary to provide such specialized mental health services to eligible Adults aged 18 and over; and

WHEREAS, the parties now desire to amend that agreement to adjust the payment terms and fee schedule.

NOW, THEREFORE, the parties hereto agree to the following amendments to be effective September 10, 2020:

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EXHIBIT B – FISCAL PROVISIONS

4. **PAYMENT TERMS.** County shall reimburse Contractor for services provided to Lake County Medi-Cal beneficiaries per the schedule below:

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|-----|--|--------------------------|
| 4.1 | Specialty Mental Health Services (MS/SF 15/30, 15/10) | \$2.70 per minute |
| | Case Management (MS/SF 15/01) | \$2.35 per minute |
| | Therapeutic Behavioral Services (MS/SF 15/58) | \$2.70 per minute |

COUNTY OF LAKE

REDWOOD COMMUNITY SERVICES

Victoria Kelly
Victoria Kelly (Nov 6, 2020 11:27 PST)


Chair
Board of Supervisors
Date: _____

Victoria Kelly
Executive Director
Date: 11/06/2020

APPROVED AS TO FORM:

ANITA L. GRANT

County Counsel

By: 
Date: 9-14-2020

ATTEST:

CAROL J. HUCHINGSON

Clerk to the Board of Supervisors

By: _____
Date: _____