

**AMENDMENT I TO AGREEMENT**

THIS AMENDMENT, hereinafter referred to as Amendment I, is made and entered into this 11th day of July, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereafter referred to as “**COUNTY**”, and each provider listed in Revised Exhibit A, attached to this Agreement and by this reference incorporated herein, and collectively hereinafter referred to as “**CONTRACTOR(S)**” (collectively the “parties”).

WHEREAS, the parties entered into that certain Agreement identified as COUNTY Agreement No. A-14-313, effective July 1, 2014 whereby, **CONTRACTOR(S)** agreed to provide specialized mental health services in the form of level 12, 13, 14, and Community Treatment Facility (CTF) placement and other levels of placements and desires to place clients in treatment programs for said services for adolescents ages six (6) to eighteen (18) with serious emotional disorders sufficient to put them at risk of being admitted to a State Hospital; and

WHEREAS, the parties desire to amend COUNTY Agreement No. 14-313 effective upon execution, regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is acknowledged, the parties agree as follows:

**1.** This Agreement shall be extended for two (2) additional years, beginning July 1, 2017 through and including June 30, 2019 upon the same terms and conditions herein set forth.

**2.** That the existing COUNTY Agreement No. A-14-313, page Six (6), beginning with line Twenty-One (21), with the word “In” and ending on page Six (6), line Twenty-Five (25), with the word “**CONTRACTOR(S)**” be deleted and the following inserted in its place:

“In no event shall services performed under this Agreement for all **CONTRACTOR(S)** combined be in excess of Nine Hundred Thousand and No/100 Dollars (\$900,000.00), for each twelve (12) month period during which this Agreement is in effect. The maximum compensation amount shall not exceed Four Million, Five Hundred Thousand,

1 and No/100 Dollars (\$4,500,000.00) during the five year term of this Agreement. It is  
2 understood that all expenses incidental to CONTRACTOR(S)' performance of services under  
3 this Agreement shall be borne by CONTRACTOR(S).”

4 3. That the following be added to existing COUNTY Agreement No. A-14-313,  
5 Page Twelve (12), after Line Eleven (11):

6 “E. Sexual Abuse/Molestation Liability

7 Sexual Abuse / Molestation Liability Insurance (including but not limited to  
8 corporal punishment liability, sexual abuse and molestation liability, and child abduction  
9 liability) with limits of not less than One Million Dollar (\$1,000,000.00) per occurrence, Two  
10 Million Dollars (\$2,000,000.00) annual aggregate. This policy shall be issued on a per  
11 occurrence basis.”

12 4. COUNTY and CONTRACTORS agree that this Amendment I is sufficient to  
13 amend the Agreement; and that upon execution of this Amendment I, the Agreement and  
14 Amendment I together shall be considered the Agreement.

15 5. Except as otherwise provided in this Amendment I, all other provisions of  
16 COUNTY Agreement No. A-14-313 remain unchanged and in full force and effect. This  
17 Amendment I shall become effective retro to July 1, 2017.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to  
2 Agreement as of the day and year first hereinabove written.  
3

4 ATTEST:

5 CONTRACTOR(S):

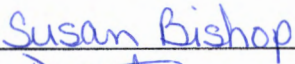
COUNTY OF FRESNO

7 PLEASE SEE SIGNATURE  
8 PAGES ATTACHED

9 By   
10 Brian Pacheco  
11 Chairman, Board of Supervisors

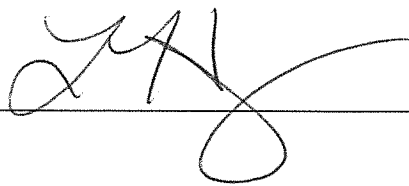
12 Date: 7-11-17

14 BERNICE E. SEIDEL, Clerk  
15 Board of Supervisors

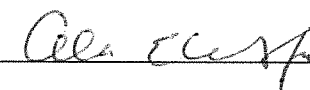
16 By:   
17 Deputy

19 PLEASE SEE ADDITIONAL  
20 SIGNATURE PAGE ATTACHED

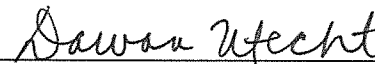
1 APPROVED AS TO LEGAL FORM:  
2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3  
4 By:  \_\_\_\_\_  
5

6 APPROVED AS TO ACCOUNTING FORM:  
7 OSCAR J. GARCIA, CPA, AUDITOR-CONTROLLER/  
8 TREASURER-TAX COLLECTOR

9  
10 By:  \_\_\_\_\_

11 REVIEWED AND RECOMMENDED FOR  
12 APPROVAL:

13  
14 By:  \_\_\_\_\_  
15 Dawan Utecht, Director  
16 Department of Behavioral Health

17  
18  
19 Fund/Subclass: 0001/10000  
20 Organization: 56302227  
21 Account/Program: 7294/0

22 FY 2017-18 \$900,000  
23 FY 2018-19 \$900,000  
24  
25  
26  
27  
28

1 **Mountain Valley Child and Family Services, Inc.**

2  
3 By: Teresa Petrie

4  
5 Print Name: Teresa Petrie

6  
7 Title: Director of Contracts

8 Chairman of the Board, or  
9 President, or any Vice President or  
10 Director of Operations

11  
12 Date: 6-8-17

13  
14 By: \_\_\_\_\_

15  
16 Print Name: \_\_\_\_\_

17  
18 Title: \_\_\_\_\_

19 Secretary (of Corporation), or  
20 Any Assistant Secretary, or  
21 Chief Financial Officer, or  
22 Any Assistant Treasurer/Facility  
23 Administrator

24  
25 Date: \_\_\_\_\_

26 Mailing Address:  
27 Mountain Valley Child and Family Services, Inc  
28 24077 State Hwy. 49  
Nevada City, CA 95959  
Phone No.: (530)265-9057

Contact: Teresa Petrie, Director of Contracts

1 **HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES**

2  
3 By: Debbie Manners

4  
5 Print Name: Debbie Manners

6  
7 Title: President/CEO  
8 Chairman of the Board, or  
9 President, or any Vice President or  
10 Director of Operations

11  
12 Date: June 13, 2017

13  
14 By: Jim Huser

15  
16 Print Name: Jim Huser


17  
18 Title: CFO  
19 Secretary (of Corporation), or  
20 Any Assistant Secretary, or  
21 Chief Financial Officer, or  
22 Any Assistant Treasurer/Facility  
23 Administrator

24  
25 Date: June 16, 2017

26  
27 Mailing Address:  
28 HATHAWAY-SYCAMORES CFS/RCL 14 EL NIDO  
210 S. De Lacey Avenue, Suite 110  
Pasadena, CA 91105  
Phone Number: (626) 395-7100  
Fax Number : (626) 395-7270

Contact: Paulette Banuelos, Executive Administrative Assistant

1 **CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES**

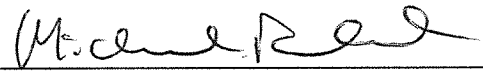
2  
3 By: 

4 Print Name: \_\_\_\_\_  
5 Steven Elson, Ph.D.

6 Title: \_\_\_\_\_  
7 Chief Executive Officer

8 Date: 6/13/17

9  
10 By: \_\_\_\_\_

11  
12 Print Name:   
13 Michael Redard

14 Title: \_\_\_\_\_  
15 Chief Financial Officer

16 Date: 6/14/17

17  
18  
19 Mailing Address:  
20 CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES  
21 1722 S. Lewis Road  
22 Camarillo, CA 93012  
23 Phone Number: (805) 445-7800

24 Contact: Steven Elson, CEO  
25  
26  
27  
28

1 **CHARIS YOUTH CENTER**

2  
3 By: Andrea Marshall

4 Print Name: Andrea Marshall

5  
6 Title: Executive Director  
7 Chairman of the Board, or  
8 President, or any Vice President or  
9 Director of Operations

10 Date: 6/13/17

11  
12 By: Heidi Hodges

13  
14 Print Name: Heidi Hodges

15  
16 Title: Finance Manager  
17 Secretary (of Corporation), or  
18 Any Assistant Secretary, or  
19 Chief Financial Officer, or  
20 Any Assistant Treasurer/Facility  
21 Administrator

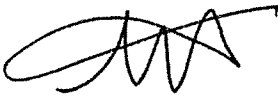
22  
23 Date: 6/13/17

24 Mailing Address:  
25 CHARIS YOUTH CENTER  
26 714 West Main Street  
27 Grass Valley, CA 95945  
28 Phone No.: (530) 477-9800  
FAX No.: (530) 477-9803

Contact: Erica Chun – Mental Health Administrative Assistant



1 **EDGEWOOD CENTER FOR CHILDREN AND FAMILIES**

2  
3 By: 

4 Melek Totah  
5 Print Name: \_\_\_\_\_

6 Chief of Finance and Administration  
7 Title: \_\_\_\_\_

8 Date: 6/21/17  
9 \_\_\_\_\_

10  
11 By: \_\_\_\_\_

12  
13 Print Name: \_\_\_\_\_

14  
15 Title: \_\_\_\_\_


16 Secretary (of Corporation), or  
17 Any Assistant Secretary, or  
18 Chief Financial Officer, or  
19 Any Assistant Treasurer/Facility  
20 Administrator

21 Date: \_\_\_\_\_

22 Mailing Address:  
23 EDGEWOOD CENTER FOR CHILDREN AND FAMILIES  
24 Contracts Department  
25 1801 Vicente Street  
26 San Francisco, CA 94116  
27 Phone No.: (415) 681-3211  
28 Fax No.: (415) 664-7094

Contact: Mahal Williams, Contracts Administrator

1 **Star View Adolescent Center/Star View Psychiatric Health Facility**

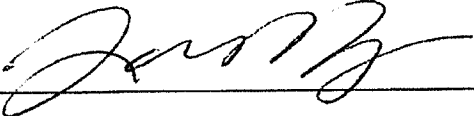
2  
3 By: 

4  
5 Print Name: Kent Dunlap

6  
7 Title: President

8 Chairman of the Board, or  
9 President, or any Vice President or  
10 Director of Operations

11 Date: 6/13/17

12  
13 By: 

14  
15 Print Name: Tara Morgan

16  
17 Title: Secretary

18 Secretary (of Corporation), or  
19 Any Assistant Secretary, or  
20 Chief Financial Officer, or  
21 Any Assistant Treasurer/Facility  
22 Administrator

23  
24 Date: 6/13/17

25 **Mailing Address:**

26 1501 Hughes Way, Suite 150  
27 Long Beach, CA 9080  
28 Phone No.: (310) 221-6336  
FAX: No.: (310) 221-6350

Contact: Kent Dunlap, President and CEO

## **CONTRACTOR(S)**

The following is the list of CONTRACTOR(S) providing specialized mental health services by level of placement:

1. Mountain Valley Child and Family Services, Inc.
2. Hathaway Sycamores Children and Family Services
3. Casa Pacifica Center for Children & Families
4. Charis Youth Center
5. Edgewood Center for Children and Families
6. Star View Adolescent Center/Star View Psychiatric Health Facility