

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

MEETING DATE: June 18, 2019	TYPE OF AGENDA ITEM: <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent
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DEPARTMENT: Behavioral Health APPROVING PARTY: Lea Salas, Administrative Director PHONE NUMBER: (530) 993-6746

AGENDA ITEM: Amendment to Professional Services Agreement 2019-031 between Barbara Coffman, MFT and County of Sierra

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION: Please see attached memo

FUNDING SOURCE: 0515670
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND: 5671
AMOUNT: \$ 29,120.00 Annually

ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No	IS THIS ITEM ALLOCATED IN THE BUDGET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPACE BELOW FOR CLERK'S USE

BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2019- _____ Agreement 2019- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
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COMMENTS:

CLERK TO THE BOARD _____	DATE _____
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Memorandum

To: Sierra County Board of Supervisors
From: Lea Salas, Administrative Director
Reference: Agenda Item
Date of memo: June 7, 2019
Date of Board Meeting: June 18, 2019

Requested Action: Amendment to Professional Services Agreement 2019-031 between Barbara Coffman, MFT and County of Sierra

Mandated by: what authority?

Funding

Budgeted? Yes No

Revenue	\$29,120.00	MHSA
Expenses	\$29,120.00	MHSA
Difference	0	

Background Information: This amendment increases the hours for this contractor to be available to see clients. This contract will be used as needed to meet the Network Adequacy Certification requirements set forth by state and federal mandates.

Potential Issues to consider: None

Alternatives or Impacts of disapproval: Sierra County would not meet the requirements for Network Adequacy Certification set forth by State and Federal Mandates.

AMENDMENT
TO
AGREEMENT FOR
PROFESSIONAL SERVICES

The following is an amendment to that certain Agreement No. 2019-031 (“Agreement”) with an effective date of May 1, 2019, by and between the County of Sierra, a political subdivision of the State of California (“the COUNTY”) and Barbara Coffman, MFT (“the CONTRACTOR”).

1. Attachment B of the Agreement, B.1 shall be amended to read:

B.1 BASE CONTRACT FEE. COUNTY shall pay CONTRACTOR a contract fee of seventy dollars (\$70.00) per hour. CONTRACTOR shall provide COUNTY with a maximum not to exceed one hundred forty four (144) hours per contract period for fiscal year (2018/19) and one thousand two hundred seventy two (1272) hours per contract period for fiscal year (2019/20). CONTRACTOR shall submit requests for payment (“Invoice”) on a monthly basis, invoicing for all work completed and delivered to the Auditor. Invoice shall be substantially in the form of the invoice attached hereto as Attachment E. Payment shall be made within sixty (60) days after the invoice is approved by the County Contract Administrator. In no event shall total compensation paid to CONTRACTOR under this Provision B.1 exceed ninety-nine thousand one hundred twenty dollars (\$99,120.00) without an amendment to this Agreement approved by the Sierra County Board of Supervisors.

2. Attachment B of the Agreement, B.6 shall be amended to read:

MAXIMUM CONTRACT AMOUNT. The maximum amount payable to CONTRACTOR under this Agreement shall not exceed the following:

B.1	Base Contract Fee	\$ 99,120.00
B.2	Mileage	\$ N/A
B.3	Travel Costs	\$ N/A
B.4	Authorization Required	\$ -0-
B.5	Special Circumstances	\$ 1,000.00
MAXIMUM CONTRACT AMOUNT		\$ 100,120.00

3. All other terms and conditions of the Agreement are to remain the same.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date set forth above.

COUNTY OF SIERRA

“CONTRACTOR”

PAUL ROEN
Chairman, Board of Supervisors

BARBARA COFFMAN, MFT

ATTEST:

APPROVED AS TO FORM:

HEATHER FOSTER
Clerk of the Board

DAVID PRENTICE
County Counsel