

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENT NO. 17-131, 17-131-A1, 17-131-A2, 17-131-A3, 17-131-A4**

This Fifth Amendment to BOS Agreement No. 17-131 is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and NaphCare, Inc., hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 17-131 was entered into on October 17, 2017; BOS Agreement No. 17-131-A1 was entered into on July 23, 2019; BOS Agreement No. 17-131-A2 was entered into on May 4, 2021; BOS Agreement No. 17-131-A3 was entered into on May 25, 2021; and BOS Agreement No. 17-131-A4 was entered into on June 22, 2021; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, the parties wish to amend the Agreement in relation to Medication-Assisted Treatment (MAT) services and to extend the contract by one year.

NOW, THEREFORE, parties agree as follows:

1. CONTRACTOR agrees to expand the MAT program where feasible with current staffing and pricing. This includes collaborating with local community agencies, as well as providing pre-release dosing when a patient meets clinical criteria with adequate notice of inmate release is given to CONTRACTOR. CONTRACTOR will make best efforts to assist COUNTY in pursuing grant funding to support additional staffing for MAT initiation.
2. Pursuant to the original Agreement, the parties agree that amended compensation for the renewal year beginning January 1, 2022, and ending December 31, 2022, shall include a cost-of-living adjustment (COLA) increase in the current compensation payable to CONTRACTOR in the amount of 3.5%. Compensation payable by COUNTY to CONTRACTOR as of January 1, 2022, shall be made in equal monthly installments of \$290,403.98.
3. Exhibit A, Scope of Work, is amended to include Exhibit A-5.
4. Exhibit B, Payment Terms, is amended to include Exhibit B-5.

All other terms and conditions of BOS Agreement No. 17-131, 17-131-A1, 17-131-A2, 17-131-A3, and 17-131-A4 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

D. B. [Signature] Oct 7, 2021  
DEPARTMENT HEAD DATE  
Budgeted:  Yes  No  
Budget Unit: 2510  
Line Item: JA - 862185  
Grant:  Yes  No  
Grant No.: n/a

COUNTY OF MENDOCINO

By: \_\_\_\_\_  
DAN GJERDE , Chair  
BOARD OF SUPERVISORS

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: \_\_\_\_\_  
Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: \_\_\_\_\_  
Deputy

INSURANCE REVIEW:

By: [Signature]  
Risk Management

**10/04/2021**

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: [Signature]  
Deputy CEO

**10/04/2021**

CONTRACTOR/COMPANY NAME:

Bradford McLane

By: Bradford McLane (Oct 7, 2021 11:05 CDT) Oct 7, 2021

NAME AND ADDRESS OF CONTRACTOR:

NaphCare Inc.  
2090 Columbiana Rd, Suite 4000  
Birmingham, AL 35216

Bradford T. McLane  
Ph: 205-536-8400  
Em: [bradford.mclane@naphcare.com](mailto:bradford.mclane@naphcare.com)

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,  
County Counsel

[Signature]

By: \_\_\_\_\_  
Deputy

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed  RFP#SO-2017-002

Mendocino County Business License:  Exempt

Exempt Pursuant to MCC Section: March 21, 2017, Approval of Exemption, Item No. 4(p)

**EXHIBIT A-5**  
**Scope of Work**

5. **Detoxification from Drugs and Alcohol.** CONTRACTOR shall provide detoxification services in accordance with the applicable standards. CONTRACTOR shall assure that pregnant women with histories of drug dependency are evaluated on-site by registered nurse immediately and referred within a reasonable amount of time for high-risk obstetrical evaluation. CONTRACTOR shall coordinate and pay enrollment and assessment services of pregnant opiate addicted women for methadone maintenance program.
- a. CONTRACTOR agrees to expand the Medication-Assisted Treatment (MAT) program where feasible with current staffing and pricing. This includes collaborating with local community agencies, as well as providing pre-release dosing when a patient meets clinical criteria with adequate notice of inmate release is given to CONTRACTOR. CONTRACTOR will make best efforts to assist COUNTY in pursuing grant funding to support additional staffing for MAT initiation

[END OF EXHIBIT A-5 SCOPE OF WORK]

**EXHIBIT B-5  
Payment Terms**

**1. EXTENSION YEAR ONE (1) INVOICING AND PAYMENT:**

5. CONTRACTOR shall receive the following fixed, one-year renewal term pricing for services provided. The parties agree to a base fee adjustment of 3.5% COLA and CONTRACTOR'S pricing is based on same.

A.

<b>NaphCare, Inc. - Fixed Term Pricing</b>	<b>Renewal Year Beginning 1/1/2022</b>
Medical Personnel	\$2,080,134.06
Mental Health Personnel	\$570,865.96
Off-site Costs (\$25k Per Inmate Per Inpatient Episode)	\$349,270.27
Pharmacy Services	\$174,635.14
HIV Medication Cap	\$10,350.00
On-site Ancillary Services	\$37,639.69
Medical Supplies	\$29,105.86
Administrative Overhead	\$232,846.79
<b>Annual Cost</b>	<b>\$3,484,847.76</b>
<b>Monthly Amount</b>	<b>\$290,403.98</b>

- B. CONTRACTOR shall invoice the COUNTY on the first of each month for an amount equal to one-twelfth (1/12) of the annual cost specified in pricing sheet above, as well as any separately itemized costs payable under this Agreement. COUNTY shall make payment within (15) days of receipt of invoice.

- C. CONTRACTOR will submit invoices addressed to:

Mendocino County  
 Sheriff's Office  
 951 Low Gap Rd.  
 Ukiah, CA 95482  
 Attn. Accounts Payable

Or

Email invoices to [mcso-accounting@mendocinocounty.org](mailto:mcso-accounting@mendocinocounty.org)

**CONTRACTOR will include their County Vendor# (42080) and this Amendment# on each invoice.**

[END OF EXHIBIT B-5 PAYMENT TERMS]