

ADAMS COUNTY, COLORADO  
SERVICE AGREEMENT  
ADDENDUM FOUR

THIS ADDENDUM FOUR ("Addendum") is made this 14<sup>th</sup> day of July 2015, by and between the Adams County Board of County Commissioners, located at 4430 South Adams County Parkway, Brighton, Colorado 80601, hereinafter referred to as the "County," and **AURORA MENTAL HEALTH CENTER**, located at 11059 Bethany Drive, Suite 200, Aurora, Colorado 80014, hereinafter referred to as the "Contractor." The County and the Contractor may be collectively referred to herein as the "Parties".

RECITALS

WHEREAS, on August 12, 2014, the County entered into Addendum Three #2014.137-02 with **Aurora Mental Health Center**, to provide Mental Health Services, Substance Abuse and Day Treatment for families referred by the Adams County Human Services Department, pursuant to the Colorado Family Preservation Act §§ 26-5-101, et seq., C.R.S. and in compliance with the state rules and County Plan, policies, and procedures and CDHS Volume VII 7.303, and,

WHEREAS, the County and the Contractor mutually desire to amend the Agreement to add language for change orders and extensions, in addition to extending the last renewal of the Service Agreement effective June 1, 2015.

NOW, THEREFORE, for the consideration set forth herein, the sufficiency of which is mutually acknowledged by the parties, the County and the Contractor agree as follows:

1. **Section III-Term. The below two paragraphs are added and read as follows:**

**Change Orders or Extensions:** The County may, from time to time, require changes in the scope of the services of the Contractor to be performed herein including, but not limited to, additional instructions, additional work, and the omission of work previously ordered. The Contractor shall be compensated for all authorized changes in services, pursuant to the applicable provision, or if no provision exists, pursuant to the terms of the Change Order.

**Extensions:** The County may, upon mutual written agreement by the parties, extend the time of completion of services to be performed by the Contractor.

2. The County shall pay the Contractor for the services furnished under this Addendum in accordance with **Section IV Payment and Attached Fee Schedule of the Service Agreement #1022298** for a sum not to exceed twenty-five thousand dollars and no cents (\$25,000.00).
3. The term of the Service Agreement is extended for the last renewal year effective through May 31, 2016.
4. The Service Agreement, Addendum One, Addendum Two, Addendum Three and Addendum Four contain the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by both parties. Any terms, conditions, or provisions of the Service Agreement that are not amended or modified by Addendum Four shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement, Addendum One, Addendum Two, Addendum Three and Addendum Four the terms, conditions, and provisions of Addendum Four shall prevail.

5. The Recitals contained in Addendum Four are incorporated into the body hereof, and accurately reflect the intent and agreement of the parties.
6. Addendum Four may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.
7. Nothing expressed or implied in Addendum Four is intended or shall be construed to confer upon or to give to, any person other than the parties, any right, remedy, or claim under or by reason of Addendum Four or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in Addendum Four by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.
8. If any provision of Addendum Four is determined to be unenforceable or invalid for any reason, the remainder of Addendum Four shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.
9. Each party represents and warrants that it has the power and ability to enter into Addendum Four, to grant the rights granted herein, and to perform the duties and obligations herein described.

IN WITNESS WHEREOF, the County and the Contractor have caused their names to be affixed.

**BOARD OF COUNTY COMMISSIONERS  
ADAMS COUNTY, COLORADO**

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

County Manager

Date

**CONTRACTOR:**

**AURORA MENTAL HEALTH CENTER**

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

Name (Print or Type)

Date

Authorized Signature

Title

**ATTEST:**

Stan Martin

Clerk and Recorder

**APPROVED AS TO FORM**

Adams County Attorney's Office

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

Attorney Signature

**NOTARIZATION:**

COUNTY OF Arapahoe )  
 )SS.

STATE OF COLORADO )

Signed and sworn to before me this 26 day of May, 2015,

by Tawney E Bass,  
Notary Public

My commission expires on: 11/29/15

**TAWNEY E BASS  
Notary Public  
State of Colorado**

My Commission Expires November 29, 2015



**Aurora Mental Health Center**  
FEE SCHEDULE June 2015 through May 2016

<b>Routine Mental Health Treatment</b>	<b>Fee</b>
Mental Health Evaluation	\$150 per hour
Trauma-informed Assessment	\$150 per hour
Individual Treatment	\$105 per hour
Family Treatment	\$105 per hour
Group Treatment	\$60 per hour
Psychiatric Services	\$150 per hour
Home Based Treatment	\$105 per hour
Anger Reduction Treatment	\$105 per hour
Domestic Violence Victims Treatment	\$105 per hour
Mental Health Treatment Coordination	\$105 per hour
Emergency Child Protection Assessment	\$105 per hour
Psychological Evaluation	\$800 per episode
Neuropsychological Screening	\$600 per episode
Neuropsychological Evaluation	\$1400 per episode
Interactional Evaluation	\$300 per episode
Client Feedback Session	\$60 per episode

<b>Substance Abuse Treatment</b>	<b>Fee</b>
Substance Use Evaluation	\$150 per episode
Individual Psychotherapy	\$60 per hour
Group Psychotherapy	\$30 per hour
Urine Test	\$15 per episode
ETG Confirmation	\$30 per episode
LC/MS/MS Confirmation	\$20 per episode
Breathalyzer	\$5 per episode
Monitored Antabuse	\$25 a month

<b>Day Treatment</b>	<b>Fee</b>
Day Treatment Services	\$1500 per month/ \$49.32 per day

<b>Fostering Healthy Futures</b>	<b>Fee</b>
Mentoring for children 9-11 in out of home care	\$7,000 per child case rate