



togetherforbetter

**AMENDMENT NO. 1
CBE NO. 606370-22
SUPERVISED VISITATION PROGRAM**

THIS AMENDMENT is made and entered into this _____ day of _____ 2024, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and M. HARRIS & ASSOCIATES LLC, DBA THE THERAPEUTIC SOLUTION (hereinafter referred to as "PROVIDER").

WITNESSETH:

WHEREAS, the parties entered into an agreement under CBE Number 606370-22, entitled "Supervised Visitation Program" dated February 16, 2023 (hereinafter referred to as CONTRACT); and

WHEREAS, the parties desire to amend the CONTRACT.

NOW, THEREFORE, the parties agree to amend the CONTRACT as follows:

1. SECTION 1, TERM OF CONTRACT, PAGE 1

ORIGINALLY WRITTEN

"COUNTY agrees to retain PROVIDER for the period from date of award through June 30, 2023, with the option to renew for 3, one-year periods subject to the provisions of Sections II and VIII herein. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract"

REVISED TO READ

"COUNTY agrees to retain PROVIDER for the period from date of award through June 30, 2023, with the option to renew for 3, one-year periods subject to the provisions of Sections II and VIII herein. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract. COUNTY reserves the right to extend the Contract for up to an additional eight (8) months for its convenience."

2. EXHIBIT A, SECTION 4, COMPENSATION AND TERMS OF PAYMENT, SUB-SECTION B, PAGE A-2

ORIGINALLY WRITTEN

"COUNTY agrees to reimburse PROVIDER based on the line-item expense category identified in Exhibit A-2."

REVISED TO READ

"COUNTY shall reimburse PROVIDER based on the agreed fee-for-service rate below.

Description of Services	Rate
Supervision staff	\$45 per hour
Clinical therapeutic staff	\$90 per hour
Monthly administration fee	\$4,500 monthly

3. EXHIBIT A, SECTION 4, COMPENSATION AND TERMS OF PAYMENT, PAGE A-2, SUBSECTION F

ORIGINALLY WRITTEN

“Invoices shall be submitted via email to Department of Family Services at DFSfiscalunit@ClarkcountyNV.gov.

Invoices must include:

- a) Invoice #
- b) Date(s) of service
- c) Date of invoice
- d) UNITY case number (if applicable)
- e) Client's name
- f) Provider Name, Address, Business phone
- g) Services provided
- h) Practitioner Name & Licensure (if applicable)
- i) Invoice amount”

REVISED TO READ

“Invoices shall be submitted on a monthly basis to the Department of Family Services, Attn: Fiscal Unit, 500 South Grand Central Parkway, 3rd Floor, Las Vegas, Nevada 89155.

Invoices must include:

- a. Invoice #
- b. Date(s) of service
- c. Date of invoice
- d. UNITY case number (if applicable)
- e. Client's name
- f. Provider Name, Address, Business phone
- g. Services provided
- h. Practitioner Name & Licensure (if applicable)
- i. Invoice amount
- j. Documentation of hours worked with timesheets and a list of youth/dates/hours for youth receiving clinical therapeutic visitation services”

4. EXHIBIT A-2, LINE-ITEM EXPENSE CATEGORY, PAGE A-5; REMOVE IN ITS ENTIRETY.

5. The revisions contained herein are effective as of February 16, 2023.

This Amendment No. 1 represents no increase to the contract.

Except as expressly amended herein, the terms and conditions of the CONTRACT shall remain in full force and effect.

COUNTY:
COUNTY OF CLARK, NEVADA

PROVIDER:
M HARRIS & ASSOCIATE DBA
THE THERAPEUTIC SOLUTIONS

By: _____
JESSICA COLVIN
Chief Financial Officer

By: 
MONIQUE HARRIS
Authorized Agent

APPROVED AS TO FORM:
STEVEN B. WOLFSON, District Attorney

By: Jason Patchett
Jason Patchett (Jun 3, 2024 09:29 PDT)

JASON B. PATCHETT
Deputy District Attorney