

**SECOND AMENDMENT
TO THE INMATE MENTAL HEALTH SERVICES FOR COMMUNITY CORRECTIONS AGREEMENT
Between
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT
DIVISION OF COMMUNITY CORRECTIONS
And
NEW VISTA**

THE SECOND AMENDMENT TO THE INMATE MENTAL HEALTH SERVICES FOR COMMUNITY CORRECTIONS AGREEMENT by and between the Lexington-Fayette Urban County government, Division of Community Corrections (the "Division") and New Vista (herein collectively referred to as the "Parties"), is effective as of the ____ day of the month of _____, 2020.

WITNESSETH:

WHEREAS, the Parties entered into an agreement on November 1, 2017 (the "Agreement") where New Vista assumed responsibility for the provision of mental health services to inmates of the county.

WHEREAS, the Parties now desire to amend the Agreement with respect to staffing; and

WHEREAS, the Parties desire to amend the Agreement to effectuate the following changes;

NOW, THEREFORE, with the intent to be legally bound, and in consideration of the covenants and promises hereinafter made, the Parties hereto agree as follows:

1. The Parties agree to change one (1) Jail Clinician Associate position to a Jail Clinician/LPN position.
2. The Parties agree to amend the Agreement, Part B-Scope of Services, Section 4.b as stated below to reflect this staffing change.
Part B. 4.b. "7.0 FTE Master's or professional equivalent, i.e., B.S. plus experience."
3. The parties agree to amend the Agreement, Part B- Scope of Services, Section 4 to add the following to reflect this staffing change.
Part B. 4.i. 1.0 FTE "Licensed Practical Nurse."
4. All other terms and conditions of the Agreement shall remain in full force and effect except as modified herein.

IN WITNESS WHEREOF, the Parties have set their hands and seals hereto as of the day and year first above written.

**Lexington-Fayette Urban County Government,
Division of Community Corrections**

Attest: _____

By: _____

Title: _____

New Vista

Attest: _____

By: _____

Title: CEO _____