

AMENDMENT 1 2008-2009

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 09-012**, by and between the **County of Santa Barbara** (County) and **Mental Health Association in Santa Barbara County** (Contractor), for the continued provision of **Rehabilitation services to Adults with Mental Illness**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2008, except as modified by this First Amended Contract.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

I. Delete Exhibit A-2 header and replace with the following:

Exhibit A-2
STATEMENT OF WORK
Casa Juana Maria – August 1, 2008 through June 30, 2009
Lyons House – August 1 through November 30, 2008

II. Delete Item II of Exhibit B, Financial Provisions, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed \$587788 Dollars. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

III. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:

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EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Mental Health Association in Santa Barbara **FISCAL YEAR:** 2008-09

	PROGRAM				TOTAL
	Fellowship Club	Casa Juana Maria	Lyon's House	Family Advocate	
	Aug. 1 through Dec. 31, 2008	Aug. 1 through June 30, 2009	Aug. 1 through Nov 30, 2008	Aug. 1, 2008 to Jun. 30, 2009	
DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):				
Outpatient - Placement/Brokerage (15/01-09)	-	151	55	40	247
Outpatient Mental Health Services (15/10-59)	-	130,219	47,630	34,495	212,344
Outpatient - Crisis Intervention (15/70-79)	-	35	13	9	57
SERVICE TYPE: M/C, NON M/C	NON M/C	M/C	M/C	M/C	
UNIT REIMBURSEMENT	cost	minute	minute	minute	
COST PER UNIT/PROVISIONAL RATE:					
Outpatient - Placement/Brokerage (15/01-09)			\$1.42		
Outpatient Mental Health Services (15/10-59)			\$1.83		
Outpatient - Crisis Intervention (15/70-79)			\$2.73		

GROSS COST:	\$ 210,434	\$ 315,948	\$ 118,759	\$ 68,033	\$ 713,174
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)					
A PATIENT FEES					\$0
B PATIENT INSURANCE					\$0
C CONTRIBUTIONS		\$ 18,212	\$ 4,950	\$ 3,825	\$26,987
D FOUNDATIONS/TRUSTS	\$ 11,741				\$11,741
E SPECIAL EVENTS					\$0
F OTHER (LIST): Board & Care		\$ 59,125	\$ 26,533		\$85,658
OTHER (LIST): Membership Dues				\$ 1,000	\$1,000
TOTAL CONTRACTOR REVENUES	\$ 11,741	\$ 77,337	\$ 31,483	\$ 4,825	\$125,386
MAXIMUM CONTRACT AMOUNT:	\$ 198,693	\$ 238,611	\$ 87,276	\$ 63,208	\$ 587,788

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT					
A MEDI-CAL/FFP		\$ 119,306	\$ 43,638	\$ 15,802	\$ 178,746
B OTHER FEDERAL FUNDS					\$ -
C REALIGNMENT/VLF FUNDS		\$ 119,306	\$ 43,638	\$ 15,802	\$ 178,746
D STATE GENERAL FUNDS					\$ -
E COUNTY FUNDS	\$ 198,693			\$ 31,604	\$ 230,297
F HEALTHY FAMILIES					\$ -
G TITLE 4E					\$ -
H AB 3632					\$ -
I EPSDT					\$ -
J FIRST 5 GRANT					\$ -
K MHSA					\$ -
L OTHER (LIST):					\$ -
TOTAL (SOURCES OF FUNDING)	\$ 198,693	\$ 238,611	\$ 87,276	\$ 63,208	\$ 587,788

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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IV. Delete Exhibit B-2, Contractor Budget and replace with the following:

LINE #	COLUMN #	1	2	3	4	5	6	7
		I. REVENUE SOURCES:	TOTAL AGENCY ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Enter PROGRAM NAME Fellowship Club 5/12	Enter PROGRAM NAME Casa Juana Maria 11/12	Enter PROGRAM NAME Lyons House 4/12	Enter PROGRAM NAME Family Advocate 11/12
1		Contributions	\$ 104,800	\$ 26,987		\$ 18,212	\$ 4,950	\$ 3,825
2		Foundations/Trusts	\$ 36,356	\$ 11,741	\$ 11,741			
3		Special Events		\$ -				
4		Legacies/Bequests		\$ -				
5		Associated Organizations		\$ -				
6		Membership Dues	\$ 1,000	\$ 1,000				\$ 1,000
7		Sales of Materials		\$ -				
8		Investment Income		\$ -				
9		Miscellaneous Revenue	\$ 1,851	\$ -				
10		ADMHS Funding	\$ 587,788	\$ 587,788	\$ 198,693	\$ 238,611	\$ 87,276	\$ 63,208
11		Other Government Funding	\$ 13,332	\$ -				
12								
13		Rental Income	\$ 90,160	\$ -				
14		Board & Care)	\$ 151,500	\$ 85,658		\$ 59,125	\$ 26,533	
15		Other (specify)		\$ -				
16		Other (specify)		\$ -				
17		Other (specify)		\$ -				
18		Total Other Revenue (Sum of lines 1 through 17)	\$ 986,787	\$ 713,174	\$ 210,434	\$ 315,948	\$ 118,759	\$ 68,033
		I.B. Client and Third Party Revenues:						
19		Medicare		-				
20		Client Fees		-				
21		Insurance		-				
22		SSI		-				
23		Other (specify)		-				
24		Total Client and Third Party Revenues (Sum of lines 19 through 23)	-	-	-	-	-	-
25		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	986,787	713,174	210,434	315,948	118,759	68,033

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LINE #	COLUMN #	1	2	3	4	5	6	7
		III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Enter PROGRAM NAME Fellowship Club 5/12	Enter PROGRAM NAME Calle Juana Maria 11/12	Enter PROGRAM NAME Lyons House 4/12	Enter PROGRAM NAME Family Advocats 11/12
26		Salaries (Complete Staffing Schedule)	639,348	\$ 340,052	\$ 76,098	\$ 163,973	\$ 59,626	\$ 38,355
27		Employee Benefits	140,655	\$ 74,809	\$ 17,181	\$ 36,073	\$ 13,117	\$ 8,438
28		Consultants		\$ -				
29		Payroll Taxes		\$ -				
30		Personnel Costs Total (Sum of lines 26 through 29)	\$ 780,003	\$ 414,861	\$ 95,279	\$ 200,046	\$ 72,743	\$ 46,793
31		Professional Fees	13,800	\$ -				
32		Supplies	54,812	\$ 42,624	\$ 15,745	\$ 18,333	\$ 8,000	\$ 546
33		Telephone	8,949	\$ 5,095	\$ 2,288	\$ 1,738	\$ 632	\$ 437
34		Postage & Shipping	15,620	\$ 2,320	\$ 500			\$ 1,820
35		Occupancy (Facility Lease/Rent/Costs)	232,859	\$ 90,691	\$ 48,870	\$ 29,755	\$ 8,790	\$ 3,276
36		Rental/Maintenance Equipment	26,121	\$ 11,681	\$ 2,704	\$ 5,500	\$ 3,366	\$ 91
37		Printing/Publications	17,541	\$ 4,071	\$ 1,250			\$ 2,821
38		Transportation	9,987	\$ 8,922	\$ 2,912	\$ 4,270	\$ 830	\$ 910
39		Conferences, Meetings, Etc	10,569	\$ 291	\$ 291			
40		Insurance	38,077	\$ 9,536	\$ 3,485	\$ 2,086	\$ 3,965	
41		Social & Recreation	2,476	\$ 2,781	\$ 1,206	\$ 1,155	\$ 420	
42		Miscellaneous	6,142	\$ 832	\$ 832			
43		License	607	\$ 607		\$ 407	\$ 200	
44		NAMI	2,783	\$ -				
45		Special Events	9,200	\$ -				
46		SUBTOTAL DIRECT COSTS	\$ 1,231,546	\$ 594,312	\$ 175,362	\$ 263,290	\$ 98,966	\$ 56,694
		III. INDIRECT COSTS						
47		Administrative Indirect Costs	(118,862)	\$ 118,862	\$ 35,072	\$ 52,658	\$ 19,793	\$ 11,339
48		GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 1,112,684	\$ 713,174	\$ 210,434	\$ 315,948	\$ 118,759	\$ 68,033

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Mental Health Association in Santa Barbara County.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: _____
SALUD CARBAJAL, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-1962659.
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel
Date: _____

By _____
Deputy
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ANN DETRICK, PH.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 09-012

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year..... 08-09
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name Alcohol, Drug, & Mental Health Services
 D5. Contact Person Erin Jeffery
 D6. Telephone..... (805) 681-5168

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Rehabilitation services to Adults
 K3. Contract Amount..... \$587788
 K4. Contract Begin Date 8/1/2008
 K5. Original Contract End Date 6/30/09
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	11/1/08	\$195354	\$195354	\$565969	6/30/09	Extend Casa Juana Maria & Lyons House, add funds

B1. Is this a Board Contract? (Yes/No)..... True
 B2. Number of Workers Displaced (if any) N/A
 B3. Number of Competitive Bids (if any)..... N/A
 B4. Lowest Bid Amount (if bid) N/A
 B5. If Board waived bids, show Agenda Date..... N/A
 and Agenda Item Number

B6. Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph) ... Yes

F1. Encumbrance Transaction Code..... 1701
 F2. Current Year Encumbrance Amount \$587788
 F3. Fund Number..... 0044
 F4. Department Number 043
 F5. Division Number (if applicable).....
 F6. Account Number..... 7460
 F7. Cost Center number (if applicable)..... 4741
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=712758
 V2. Payee/Contractor Name Mental Health Association in
 V3. Mailing Address 16 W. Mission St. Ste. T.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93105
 V5. Telephone Number..... 8058980129
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-1962659
 V7. Contact Person Annmarie Cameron Executive
 V8. Workers Comp Insurance Expiration Date 4/1/2009
 V9. Liability Insurance Expiration Date[s] G=7/1/2009; P=7/1/2009
 V10. Professional License Number CCLD 421703121
 V11. Verified by (name of county staff)..... Erin Jeffery
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____