

SECOND AMENDMENT 2006-2007

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is a second amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent **CONTRACTOR**, number **BC 05-033** by and between the **COUNTY of Santa Barbara (COUNTY)** and **Family Service Agency (CONTRACTOR)**, for the continued provision of Children's Mental Health Services.

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the **COUNTY** Board of Supervisors, July, 2004, and the First Amended contract, approved by the **COUNTY** Board of Supervisors, June, 2006, except as modified by this Second 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. Add Items 2. B. 4. and 3 to Exhibit A, Statement of Work, and renumber subsequent paragraphs accordingly:

2. DESCRIPTION OF SERVICES.

B. Services to be provided:

- 4) Carpinteria School Based Mental Health program, to include but not limited to:
 - a) Provide staff members for the Support, Treatment, Advocacy and Referral Team (START) program, who are equipped to provide services to those with co-occurring substance abuse and mental health issues.
 - i) This team will be comprised of staff from Family Service Agency and the Council on Alcoholism and Drug Abuse. This service intends to address mental health and substance abuse issues in the Carpinteria schools.
 - ii) The START program will establish a comprehensive, multifaceted approach to help ensure schools are caring and supportive places that maximize learning and well-being and strengthen students, families, schools, and the Carpinteria community.
 - iii) Three START teams will provide services to all Carpinteria Schools. Each START team will be comprised of an FSA and a CADA staff member. Each school is assigned a unique START team comprised of expertise in substance abuse and mental health education, prevention and treatment.
 - iv) START is available to provide intervention, linkage, programs and services to intervene as early after the onset of learning, behavior, substance abuse and emotional problems as is feasible.
 - v) START will work to enhance the mental health and address substance abuse issues of families.

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- vi) START will build on the capacity of all school staff to address barriers to learning and promote healthy development. START is skilled to address systemic matters at schools that affect mental health and prevention, such as testing anxiety and other practices that engender bullying, alienation, and student disengagement from classroom learning.
- vii) START shall be knowledgeable of other services and supports in the community and through referral and linkage, aim to develop a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development.
- b) Provider will be responsible for actively assisting families to access Medi-Cal benefits whenever possible.
- c) Provider will be responsible for participating in a monthly program steering/oversight committee. Part of this committee focus will be upon monitoring the fiscal health of the START program including Medi-Cal and other incoming revenue. This committee will consist of the following groups:
 - i. Parent Partners representative(s),
 - ii. Principals of the participating schools,
 - iii. The Superintendent of Schools,
 - iv. Special Education Coordinator,
 - v. Carp Cares Organization representative(s),
 - vi. Community-at-large representative(s),
 - vii. Contract agencies representatives, and
 - viii. Board of Supervisors member in the First District, and
 - ix. ADMHS Children's Division Manager.

3. **OUTCOME AND PERFORMANCE MEASURES**

ix. Program Goal

- 1) Provide a cohesive continuum of family-school-community interventions to facilitate learning and promote healthy development of youth.

B. Objectives

- 1) Improve the mental health of youth and families through school-based mental health and substance abuse services.
- 2) Improve the capacity of school staff to promote healthy development.

C. Outcomes

- 1) Increase the resiliency and social-emotional development of youth and families.

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- 2) Increase EPSDT/Medicaid revenue and AB3632 services.
- 3) Increase the ability of youth to remain in school and be successfully engaged in the classroom.
- 4) Decrease the mental health crises and psychosocial problems of youth in START.
- 5) Increase the ability of all school staff to identify youth and families that may need mental health services.

D. Measures/Data Elements

- 1) Number of youth and families enrolled in START mental health and substance abuse services.
- 2) Number of previously unserved youth and families enrolled in START.
- 3) Number of referrals to long-term mental health and substance abuse services.
- 4) Number of beneficiaries enrolled in services.
- 5) Classroom attendance records.
- 6) Number of suspensions.
- 7) Number of expulsions.
- 8) Number of days in juvenile hall.
- 9) Number of hospital admissions.
- 10) Number of out-of-home placements and out-of-county placements.
- 11) Number of incidents of school violence between youth.
- 12) Number of crisis events responded to at schools.
- 13) Number of trainings, presentations and education events provided to school staff.

II. Delete Item 1, (Paragraph 1 and 2) of Exhibit B, Payment Arrangements, and replace with the following:

EXHIBIT B PAYMENT ARRANGEMENTS

1. **CONTRACTOR SERVICES.** For **CONTRACTOR** services to be rendered under this Agreement, **CONTRACTOR** shall be paid at the rate specified in the Schedule of Fees (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed \$1,196,400.

III. Delete Exhibit B-1, Payment Arrangements, and replace with the following:

EXHIBIT B-1 SCHEDULE OF RATES:

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FY0607

FAMILY SERVICE AGENCY		Amount
<u>TOTAL CONTRACT GROSS VALUE</u>		\$ 1,196,400
<u>Children System of Care</u>		
Intensive In Home & Manged Care:	511,000	
Crisis Hotline Support:	52,000	
GROSS CONTRACT SUBTOTAL:	563,000	
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School Based Services FFS:	231,000	
SAFE School FFS:	221,000	
Subtotal:	452,000	
Less Administrative Fee (15%)	67,800	
NET CONTRACT AMOUNT FFS:	384,200	
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SAFE School - AB3632 Funded:	61,400	
 STARTS: Carpinteria School Based:	 120,000	
NET TOTAL CONTRACT AMOUNT	1,128,600	
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<u>MEDI-CAL PRODUCTIVITY TARGET</u>		\$ 1,031,500
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Intensive In Home & Manged Care:	511,000	
School Based Services FFS:	231,000	
SAFE School FFS:	221,000	
STARTS: Carpinteria School Based - M-Cal	30,000	
STARTS: Carpinteria School Based - Healthy Families	38,500	
Total:	1,031,500	
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<u>COUNTY SUBSIDY AND OTHER FUNDING</u>		\$ 360,530
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Intensive In Home & Manged Care(33%):	168,630	
Crisis Hotline Support :	52,000	
SAFE School - AB3632 Funded:	61,400	
STARTS: AB3632	65,000	
STARTS: Realignment (including Healthy Families match)	13,500	
Total:	360,530	
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Location	Reporting Unit	Name
9123	21302	Family Service Agency - SB
9123	21303	Family Service Agency - SM
9123	21304	FSA School Based - SB
9123	21306	FSA Safe School - SB
9149	21301	Family Service Agency - LOM
9149	21305	FSA School Based - LOM
		N/A

NEGOTIATED RATES FY 0506

Category	Mode of Service	Service Function Code	Negotiated Rates / Per min FY 0506 **
Case Management, Brokerage	15	01 - 09	1.22
Mental Health Services	15	10 - 19	1.56
Mental Health Services	15	30 - 59	1.56
Crisis Intervention	15	70 - 79	2.33

**** To be revised upon receipt of State approved rates for FY 0607**

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SIGNATURE PAGE

Amended Contract for Services of Independent Contractor between the County of Santa Barbara and **Family Service Agency** for FY 2006-2007.

IN WITNESS WHEREOF, the parties have executed this Amended Contract to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA

By:

Chair, Board of Supervisors

Date: _____

CONTRACTOR:

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

By: _____
Tax ID No. 95-1644031

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

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

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By: _____
Director

By: _____
Risk Program Administrator

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CONTRACT SUMMARY PAGE

BC05-033

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 06-07
 D2. Budget Unit Number 043
 D3. Requisition Number
 D4. Department Name..... Alcohol, Drug, & Mental Health Services
 D5. Contact Person Jack Juntunen
 D6. Telephone (805) 681-4090

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose..... Children's Mental Health
 K3. Contract Amount \$1,196,400
 K4. Contract Begin Date..... 7/1/2006
 K5. Contract End Date 6/30/2007
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/06	\$1,009,300	\$1,009,300	\$1,009,300	6/30/07	Add funds and change date
2	8/1/06	120,000	1,129,300	1,129,300	6/30/07	Add START funds

B1. Is this a Board Contract? (Yes/No) Yes
 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

F1. Encumbrance Transaction Code..... 1701
 F2. Current Year Encumbrance Amount \$1,196,400
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (if applicable)
 F6. Account Number 7460
 F7. Cost Center number (if applicable)
 F8. Payment Terms.....

V1. Vendor Numbers (A=Auditor; P=Purchasing)
 V2. Payee/Contractor Name..... Family Service Agency
 V3. Mailing Address 123 W. Gutierrez
 V4. City, State (two-letter) Zip (include +4 if known)..... Santa Barbara, CA 93101
 V5. Telephone Number 8059651001
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-1644031
 V7. Contact Person Bill Batty.
 V8. Workers Comp Insurance Expiration Date..... 1/1/2007
 V9. Liability Insurance Expiration Date[s] (G=Genl; GL12/1/2006, PL 12/1/2006
 V10. Professional License Number
 V11. Verified by (name of county staff) Jack Juntunen
 V12. Company Type (Check one): Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____