

FIFTH AMENDMENT 2008-2009

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fifth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 05-085**, by and between the **County of Santa Barbara** (County) and **Council on Alcoholism and Drug Abuse** (Contractor), for the continued provision of **NNA Treatment and Prevention Services**.

Whereas, this Fifth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in August 2004, the First Amendment approved by the County Board of Supervisors in July 2005, the Second Amendment approved by the County Board of Supervisors in June 2006, the Third Amendment approved by the County Board of Supervisors in July 2007, and the Fourth Amendment approved by the County Board of Supervisors in June 2008, except as modified by this Fifth 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 Item 1, Paragraph 1, of Exhibit B, Payment Arrangements, and replace with the following:**
 1. **CONTRACTOR SERVICES.** For Contractor services to be rendered under this Agreement, Contractor shall be paid at the rate specified in the Schedule of Services (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$678230**.
- II. **Delete Exhibit B-1, Schedule of Services, and replace with the following:**

FIFTH AMENDMENT 2008-2009

EXHIBIT B-1 SCHEDULE OF SERVICES

The program services, as listed below, described in Exhibit A and the Provider Workbook, will be reimbursed according to rates shown on County's invoice and in the Provider Workbook. County and Contractor have mutually agreed to the program services as outlined in the Provider Workbook; County shall provide Contractor with a signed copy of the Provider Workbook.

Specific services shall conform to California Department of Alcohol and Drug Programs service code as defined in Exhibit A.

TYPE OF SERVICE	Total Annual Provisional Amount
NON-RESIDENTIAL	
Outpatient Drug Free (ODF) services – (Adult) consisting of individual (including crisis visits) and group counseling (including family counseling), and SATTA Drug Testing (NNA, SACPA and SATTA)	\$537,690
Youth and Family Treatment Program, includes Outpatient Drug Free Treatment (ODF) services, Case Management, Family Services, Parenting Activities and Drug Testing (NNA and NNA Drug Testing)	
RESIDENTIAL	
Residential Detox (NNA, SACPA and ADP CalWORKs)	
PERINATAL TREATMENT SERVICES	
Perinatal Day Care Rehabilitative (PN DCR) and SATTA Drug Testing (SACPA and SATTA)	\$70,540
Outpatient Drug Free (ODF) services for pregnant & parenting women (beyond 60 days postpartum), consisting of individual and group counseling (NNA)	
Transportation – for perinatal clients to and from treatment services (NNA only)	
Perinatal Child Care services (NNA only)	
PREVENTION SERVICES	
Primary Prevention – Environmental Approaches	\$70,000
Primary Prevention – Friday Night Live and Club Live Alternatives and Environmental Approaches	
Total Funding in FY 08-09	
\$678230	
The negotiated rate, units of service and maximum monthly billable amount is reflected on the invoice form and based upon Contractor's program budget and contract negotiations with County, all contained in the Provider Workbook.	
<u>ESTIMATE OF FEES COLLECTED</u>	
When appropriate, Contractor agrees to assess and charge program fees for NNA and SACPA clients, as outlined in Exhibit B (Section 7) and Exhibit B-2. All fees collected by Contractor shall	

FIFTH AMENDMENT 2008-2009

be reported to County on Contractor's monthly invoice form.

MATCH FUNDS

Contractor's program may require Matching Funds as outlined in Contractor's proposal and in the Provider Workbook. Any modification in the amount, method or source of match funds need to be approved by County.

FIFTH AMENDMENT 2008-2009

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Council on Alcoholism and Drug Abuse.

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 95-1878858.
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: _____

FIFTH AMENDMENT 2008-2009

CONTRACT SUMMARY PAGE

BC 05-085

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 NNA Treatment and Prevention
 K3. Contract Amount..... \$678230
 K4. Contract Begin Date 7/1/2008
 K5. Original Contract End Date 6/30/05
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/08	548969		548969	6/30/09	Renew for 08-09
2	7/1/08	129261	678230	678230	6/30/09	Add expansion 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 \$678230
 F3. Fund Number..... 0044
 F4. Department Number..... 043
 F5. Division Number (if applicable).....
 F6. Account Number..... 7460
 F7. Cost Center number (if applicable)..... 6240
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A = 710170
 V2. Payee/Contractor Name Council on Alcoholism and Drug
 V3. Mailing Address PO Box 28.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93102
 V5. Telephone Number..... 8059631433
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-1878858
 V7. Contact Person..... Penny Jenkins Executive Director
 V8. Workers Comp Insurance Expiration Date 3/12/2009
 V9. Liability Insurance Expiration Date[s] G-4/1/2009 P-4/1/2009
 V10. Professional License Number Project Recovery Detox -
 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: _____