

SECOND AMENDMENT 2009-2010

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 09-015**, by and between the **County of Santa Barbara** (County) and **PathPoint** (Contractor), for the continued provision of **Residential & Rehabilitation Services**.

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2008 and the First Amendment approved by the County Board of Supervisors in September 2008, 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. Delete Item 4, Term, from Agreement and replace with the following:

4. **TERM.** Contractor shall commence performance on **July 1, 2009**, and end performance upon completion, but no later than **June 30, 2010**, unless otherwise directed by County or unless earlier terminated.

II. Delete Item 35, Nonappropriation, from Agreement and replace with the following:

35. **NONAPPROPRIATION OF FUNDS.** Notwithstanding any other provision of this Agreement, in the event that no funds or insufficient funds are appropriated or budgeted by federal, state or County governments, or funds are not otherwise available for payments in the fiscal year(s) covered by the term of this Agreement, then County will notify Contractor of such occurrence and County may terminate or suspend this Agreement in whole or in part, with or without a prior notice period. Subsequent to termination of this Agreement under this provision, County shall have no obligation to make payments with regard to the remainder of the term.

III. Delete Item 8.B.4.c from Section 8 Staffing Requirements, from Exhibit A-10 – Supported Housing South, and replace with the following:

- c. One (1.0) FTE Rehabilitation Specialist comprised of one full-time or several part-time staff shall provide on-site rehabilitation and support services for some period of time each day (e.g. 4:00 PM to 10:00 PM) to approximately eight (8) adults living at Casa Del Mural, a County-owned housing facility located on North San Antonio Road, Santa Barbara, CA. The need for this on-site rehabilitation and support capacity shall be continuously assessed by the Supported Housing Team Leader and County Psychiatrist. On-site services can be "flexed" and reduced or increased according to need, as approved by County. This Personal Service Coordinator shall be employed as a staff member of the Program, and when not working on-site at Casa Del Mural, shall offer outreach and community support services to Casa Del Mural residents or other clients of the Program.

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IV. Delete Item II, Maximum Contract Amount, from 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 **\$1129478**. 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.

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V. Delete Exhibit B-1, and replace with the following:

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

CONTRACTOR NAME: PathPoint **FISCAL YEAR:** 2009-2010

	PROGRAM			TOTAL
	El Carrillo	Paths To Recovery (Supported Housing - South)	Vocational Rehab	
DESCRIPTION/MODE/SERVICE FUNCTION:				
Outpatient - Placement/Brokerage (15/01-09)	853	8,590	-	9,443
Outpatient Mental Health Services (15/10-59)	64,962	415,963	5,000	485,925
Med Support (15/60-69)	-	8,331	-	8,331
Outpatient Crisis Intervention (15/70-79)	177	2,977	-	3,154
SERVICE TYPE: M/C, NON M/C	M/C	M/C	M/C	
UNIT REIMBURSEMENT	minute	minute	minute	
COST PER UNIT/PROVISIONAL RATE:				
Outpatient - Placement/Brokerage (15/01-09)		\$1.70		
Outpatient Mental Health Services (15/10-59)		\$2.20		
Med Support (15/60-69)		\$4.09		
Outpatient Crisis Intervention (15/70-79)		\$3.27		

GROSS COST:	\$ 175,887	\$ 1,020,908	\$ 11,000	\$ 1,207,795
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)				
A PATIENT FEES				\$0
B PATIENT INSURANCE				\$0
C CONTRIBUTIONS				\$0
D FOUNDATIONS/TRUSTS	\$ 30,941	\$ 47,377		\$78,318
E SPECIAL EVENTS				\$0
F OTHER (LIST):				\$0
TOTAL CONTRACTOR REVENUES	\$ 30,941	\$ 47,377	\$ -	\$78,318
MAXIMUM CONTRACT AMOUNT:	\$ 144,946	\$ 973,531	\$ 11,000	\$ 1,129,477

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT				
A MEDI-CAL/FFP	\$ 72,473	\$ 438,089	\$ 5,500	\$ 516,062
B OTHER FEDERAL FUNDS				\$ -
C REALIGNMENT/VLF FUNDS	\$ 72,473		\$ 5,500	\$ 77,973
D STATE GENERAL FUNDS				\$ -
E COUNTY FUNDS				\$ -
F HEALTHY FAMILIES				\$ -
G TITLE 4E				\$ -
H AB 3632				\$ -
I EPSDT				\$ -
J FIRST 5 GRANT				\$ -
K MHSA*		\$ 97,353		\$ 97,353
L MHSA MEDI-CAL MATCH		\$ 438,089		\$ 438,089
TOTAL (SOURCES OF FUNDING)	\$ 144,946	\$ 973,532	\$ 11,000	\$ 1,129,478

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*MHSA funds to pay for services provided to non-Medi-Cal clients

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VI. Insert Exhibit B-2, Contractor Budget Packet:

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet
Entity Budget By Program

AGENCY NAME: PathPoint

COUNTY FISCAL YEAR: 2009-10

Gray Shaded cells contain formulas, do not overwrite

LINE	CATEGORY	1	2	3	4	5	6	7
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	PATHS TO RECOVERY	EL CARRILLO	VOCATIONAL	Enter PROGRAM NAME (Fac/Prog)
1	Contributions			\$ -				
2	Foundations/Trusts			\$ 78,318	\$ 47,377	\$ 30,941		
3	Special Events			\$ -				
4	Legacies/Bequests			\$ -				
5	Associated Organizations			\$ -				
6	Membership Dues			\$ -				
7	Sales of Materials			\$ -				
8	Investment Income			\$ -				
9	Miscellaneous Revenue			\$ -				
10	ADMHS Funding			\$ 1,129,478	\$ 973,532	\$ 144,946	\$ 11,000	
11	Other Government Funding			\$ -				
12	Other (specify)			\$ -				
13	Other (specify)			\$ -				
14	Other (specify)			\$ -				
15	Other (specify)			\$ -				
16	Other (specify)			\$ -				
17	Other (specify)			\$ -				
18	Total Other Revenue (Sum of lines 1 through 17)		\$ -	\$ 1,207,796	\$ 1,020,909	\$ 175,887	\$ 11,000	\$ -
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)		-	1,207,796	1,020,909	175,887	11,000	-

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LINE	COLUMN#	1	2	3	4	5	6	7
		III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMNS PROGRAMS TOTALS	PATHS TO RECOVERY	EL CARRILLO	VOCATIONAL	Enter PROGRAM NAME (Fac/Prog)
26		Salaries (Complete Staffing Schedule)		\$ 696,803	\$ 571,253	\$ 119,966	\$ 7,584	
27		Employee Benefits		\$ 134,461	\$ 118,531	\$ 14,589	\$ 1,341	
28		Consultants		\$ 10,000	\$ 10,000	\$ -	\$ -	
29		Payroll Taxes		\$ 58,405	\$ 47,774	\$ 9,991	\$ 640	
30		Personnel Costs Total (Sum of lines 26 through 29)	\$ -	\$ 901,669	\$ 747,558	\$ 144,546	\$ 9,565	\$ -
31		Professional Fees		\$ 3,570	\$ 2,610	\$ 760	\$ -	
32		Supplies		\$ 9,360	\$ 8,160	\$ 1,200	\$ -	
33		Telephone		\$ 14,549	\$ 13,980	\$ 569	\$ -	
34		Postage & Shipping		\$ 720	\$ 600	\$ 120	\$ -	
35		Occupancy (Facility Lease/Rent/Costs)		\$ 60,093	\$ 59,723	\$ 370	\$ -	
36		Rental/Maintenance Equipment		\$ 11,367	\$ 9,995	\$ 1,372	\$ -	
37		Printing/Publications		\$ 2,374	\$ 2,070	\$ 304	\$ -	
38		Transportation		\$ 28,891	\$ 27,379	\$ 1,512	\$ -	
39		Conferences, Meetings, Etc		\$ 3,370	\$ 2,800	\$ 570	\$ -	
40		Insurance		\$ 3,066	\$ 2,785	\$ 280	\$ -	
41		Vehicle/Equipment Depreciation		\$ 7,322	\$ 6,643	\$ 679	\$ -	
42		Payroll Processing		\$ 1,405	\$ 1,242	\$ 163	\$ -	
43		Personnel Recruitment		\$ 2,500	\$ 2,000	\$ 500	\$ -	
44		Other (specify)		\$ -				
45		Other (specify)		\$ -				
46		SUBTOTAL DIRECT COSTS	\$ -	\$ 1,050,256	\$ 887,746	\$ 152,945	\$ 9,565	\$ -
		III. INDIRECT COSTS						
47		Administrative Indirect Costs		\$ 157,539	\$ 133,162	\$ 22,942	\$ 1,435	
48		GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ -	\$ 1,207,795	\$ 1,020,908	\$ 175,887	\$ 11,000	\$ -

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and PathPoint.

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

COUNTY OF SANTA BARBARA

By: _____
JOSEPH CENTENO
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

Contractor

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-2371668.
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 09-015

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 09-10
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name Alcohol, Drug, & Mental Health
 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..... Residential & Rehabilitation
 K3. Contract Amount \$1129478
 K4. Contract Begin Date 7/1/2009
 K5. Original Contract End Date 6/30/2010
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09			1129478	6/30/10	Renew for 09-10

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

F1. Encumbrance Transaction Code..... 1701
 F2. Current Year Encumbrance Amount \$1129478
 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=891620
 V2. Payee/Contractor Name..... PathPoint
 V3. Mailing Address..... 315 W. Haley St. #102.
 V4. City, State (two-letter) Zip (include +4 if known)..... Santa Barbara, CA 93101
 V5. Telephone Number..... 8059663310
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-2371668
 V7. Contact Person..... Cindy Burton Executive Director
 V8. Workers Comp Insurance Expiration Date 10/1/2009
 V9. Liability Insurance Expiration Date[s] G=7/1/2009,P=7/1/2009
 V10. Professional License Number 1437229937
 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: _____