

**AGREEMENT  
PROFESSIONAL SERVICES CONTRACT  
BETWEEN SANTA BARBARA COUNTY ALCOHOL, DRUG & MENTAL HEALTH  
SERVICES  
AND  
JEANIE SLEIGH, MS., LMHP, CADC II.**

**BC # 07-123**  
COP more than half-time

The County of Santa Barbara, a political subdivision of the State of California, hereinafter called "**COUNTY**", does hereby enter into agreement with **Jeanie Sleigh, MS., LMHP, CADC II** hereinafter called "**CONTRACTOR**", as follows:

1. **TERM**

The term of this Agreement shall be **2/26/07** through **6/30/2007**, subject to extension or termination as hereinafter provided.

2. **DIRECTION AND SUPERVISION**

**CONTRACTOR** will report to the Director of Alcohol, Drug & Mental Health Services or his designee(s). Designee(s) will be named in writing and may be changed from time-to-time, as necessary.

3. **CONTRACTOR DUTIES.** Specific duties are listed in Exhibit A, which is attached hereto and made a part of this Agreement by reference.

4. **COMPENSATION OF CONTRACTOR.** **CONTRACTOR** shall be paid for performance under this Agreement in accordance with the terms of EXHIBIT B attached hereto and incorporated herein by reference. The maximum payment under this Agreement shall not be exceeded without a written notice from **COUNTY**.

5. **CONTRACTOR ON PAYROLL STATUS.** **CONTRACTOR** understands and agrees that **CONTRACTOR'S** term of employment is governed solely by this Agreement; and that no right of tenure is created hereby; and that **CONTRACTOR** does not and will not, by virtue of this Agreement, hold a position in any department or office of the **COUNTY** under this Agreement; and that **CONTRACTOR'S** services to the **COUNTY** under this Agreement are authorized pursuant to Government Code §31000. **CONTRACTOR** warrants that **CONTRACTOR** is fully licensed to perform all work contemplated in this Agreement, and **CONTRACTOR** agrees to submit verification of licensure.

6. **BENEFITS**

Benefits payable to **CONTRACTOR** pursuant to this Agreement are limited to:

A. Standard benefits: Employer's share of either Social Security (aka FICA) or the Social Security alternative Plan (aka SSAP); employer's share of federal Medicare health insurance; County workers' compensation insurance; State unemployment insurance; and travel expense reimbursement for mileage claims with prior written authorization.

## AGREEMENT

- B. Paid leave: **CONTRACTOR** shall receive paid leave as specified in Exhibit B. Paid leave shall be taken at a time determined and agreed upon in advance between **CONTRACTOR** and **COUNTY'S** designated representative. Accumulated paid leave must be taken within the contract period, as paid leave cannot be accrued to subsequent agreements; unused paid leave will be lost upon expiration of the Agreement. Prorated unused paid leave will be paid out if the contract is terminated early by **COUNTY**. **CONTRACTOR** may use the paid leave specified in Exhibit B for holidays, vacations, sickness, jury duty, and any other absence from work, and is not otherwise entitled to any additional paid holidays, vacation, sick leave or other leave. Special requirements may apply to **CONTRACTOR'S** coding of their time card in order to be able to receive paid leave.
- C. Retirement: **CONTRACTOR** shall be a member of the Santa Barbara County Employees Retirement System ONLY if both of these conditions are true: 1) **CONTRACTOR** is required to work at least forty (40) hours per bi-weekly pay period; and 2) **CONTRACTOR's** assignment is not deemed by **COUNTY** to be temporary or seasonal. Retirement benefits shall be pro-rated in eighths of a full-time equivalent (i.e. 4/8, 5/8, 6/8, 7/8, 8/8ths).
- D. Other: **CONTRACTOR** understands and agrees that **CONTRACTOR** is not and will not be eligible for membership in or any benefits from any **COUNTY** group plan or hospital, surgical or medical insurance.
7. VEHICLE OPERATION. **CONTRACTOR** may be permitted to use **COUNTY** vehicles as part of **CONTRACTOR's** assignment and shall maintain a valid California Driver's License.
8. BILLING AND CONFLICTS. **CONTRACTOR** shall not bill patients or third parties for any services which **CONTRACTOR** provides to **COUNTY**. **CONTRACTOR** shall comply with any written departmental policy on the subject of conflicts of interest.
9. INDEMNITY AND INSURANCE. While performing services under this Agreement, **CONTRACTOR** will be covered for Worker's Compensation by such policy held by **COUNTY**.
10. LICENSURE. **CONTRACTOR** is responsible for licensure fees, subscriptions to journals and other professional expenses not specifically detailed in this Agreement.
11. NOTICES

Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing. Any such notice so mailed shall be deemed to have been served upon and received by the addressee five (5) days after deposit in the mail. Notices and consents under this section, shall be served by Registered or Certified Mail, Return Receipt Requested, and addressed as follows:

A. To **CONTRACTOR** Jeanie Sleigh, MS., LMHP, CADC II

**AGREEMENT**

3083 Buckthorn Lane  
Lompoc, CA 93436

B. To **COUNTY**

Director  
Alcohol, Drug & Mental Health Services  
300 N. San Antonio Road  
Santa Barbara, Ca 93110

**16. APPLICABLE LEGISLATION**

**CONTRACTOR** agrees to provide services in accordance with all applicable provisions of the Welfare and Institutions Code sections 5000-5550 (Lanterman-Petris-Short Act), Title 9 of the California Code of Regulations, and Short-Doyle Medi-Cal policies pursuant to the requirements of the Community Mental Health Services plan and policy as administered by the **COUNTY'S** Director of Alcohol, Drug & Mental Health Services.

**25. CONSERVATORSHIPS**

**CONTRACTOR** agrees to appear for testimony for court and jury trials as determined necessary by the Conservator for purposes of establishing or reestablishing Conservatorships for clients they have previously or are currently serving.

**AGREEMENT**

Agreement for Services of Independent **CONTRACTOR** between the County of Santa Barbara and **Jeanie Sleigh, MS., LMHP, CADC II.**

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

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_

Chair, Board of Supervisors

Date: \_\_\_\_\_

**CONTRACTOR:**

By: \_\_\_\_\_

Tax Id No.

ATTEST:  
MICHAEL F. BROWN  
CLERK OF THE BOARD

By: \_\_\_\_\_  
Deputy

APPROVED AS TO FORM:  
STEPHEN SHANE STARK  
COUNTY COUNSEL

By: \_\_\_\_\_  
Deputy County Counsel

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

By: \_\_\_\_\_  
Deputy

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

By: \_\_\_\_\_  
Director

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK PROGRAM ADMINISTRATOR

By: \_\_\_\_\_

## EXHIBIT A

JEANIE SLEIGH, MS., LMHP, CADC II

### CONTRACTOR'S SPECIFIC DUTIES

#### Statement of Work

1. **CONTRACTOR** agrees to provide the following services:
  - A. Project management of training duties, 40 hours per week, to include, but not limited to:
    1. Model of care Implementation,
    2. Training responsibilities to include:
      - a) Departmental and partner documentation and compliance according to State and Federal regulations,
      - b) Oversight/coordination of MHSA implementation activities.
    3. Internship Programs,
    4. Co-occurring Conditions Certification Program and Oversight Committee
  - B. **CONTRACTOR** will work both from ADMHS facility and from her home office on projects. She will report weekly to the Assistant Director of Programs. Day-to-day support will come from the Division Chief of Crisis and Customer Care. A support staff will be assigned to help with support functions related to the areas of Project Management.
  - C. The duties will include training budget monitoring, providing and coordinating training, updating training calendar, liaison to Universities and Colleges, Model of Care Training, Co-Occurring Conditions Certification Oversight committee facilitation, internal monthly internship training forums, Capacitar training enrollment, develop a Model of Care Implementation work plan and assurance of placement and supervision for external interns.
  - D. **CONTRACTOR** will provide regular written progress reports to the Executive team on a bi-monthly basis.

## EXHIBIT B

### EXHIBIT B

**COUNTY** shall pay **CONTRACTOR** for professional services pursuant to this Agreement upon biweekly submission by **CONTRACTOR** of a timesheet, and such payment shall be subject to deductions and include withholding of state and federal taxes. In no event shall the compensation payable exceed the total sum of \$ 31,000 without written amendment. This not to exceed amount includes the following:

- \$31,000 for 720 hours of work by **CONTRACTOR** at a rate of \$42.15 per hour.

Including:

- \$2,318.25 for 55 hours of paid leave paid via payroll.

**CSR TOTAL HOURS:** 665

**CPL TOTAL HOURS:** 55

## CONTRACTOR ON PAYROLL

### CONTRACT SUMMARY PAGE

**BC 07-123**

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  
 D5. Contact Person ..... Dana Fahey  
 D6. Telephone..... (805) 681-4090

K1. Contract Type (*check one*):  Personal Service  Capital  
 K2. Brief Summary of Contract Description/Purpose ..... COP Training consultant  
 K3. Original Contract Amount..... \$31,000  
 K4. Contract Begin Date ..... 2/26/2007  
 K5. Original Contract End Date ..... 6/30/2007  
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose

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..... \$31,000  
 F3. Fund Number..... 0044  
 F4. Department Number ..... 043  
 F5. Division Number (*if applicable*) .....  
 F6. Account Number ..... 6177  
 F7. Cost Center number (*if applicable*) ..... 2100  
 F8. Payment Terms .....

V1. Vendor Numbers (A=Auditor; P=Purchasing) .....  
 V2. Payee/Contractor Name ..... Jeanie Sleigh, MS., LMHP,  
 V3. Mailing Address ..... 3083 Buckthorn Lane  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Lompoc, CA 93436  
 V5. Telephone Number ..... 8057461542  
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) .....  
 V7. Contact Person ..... Jeanie Sleigh, MS., LMHP,  
 V8. Workers Comp Insurance Expiration Date..... N/A  
 V9. Liability Insurance Expiration Date[s] ..... N/A  
 V10. Professional License Number .....  
 V11. Verified by (name of county staff) ..... Cathy Fox  
 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.