

**AMENDMENT 2006-2007**

**TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR**

This is an amendment (hereafter referred to as the "Amended Contract") to the Agreement for Services of Independent **CONTRACTOR**, number **BC05-033**, 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, **COUNTY** intends to extend the term of the existing contract through Fiscal Year 06-07 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the **COUNTY** Board of Supervisors on 8/03/04, except as modified by this 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, of the Agreement and replace with the following:**
  - 4. **TERM. CONTRACTOR** shall commence performance on July 1, 2006, and end performance upon completion, but no later than June 30, 2007, unless otherwise directed by **COUNTY** or unless earlier terminated.
  
- 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 \$1,009,000.

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

**EXHIBIT B-1  
SCHEDULE OF RATES:**

**AMENDMENT 2006-2007**  
**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:

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

Tax ID No. 95-1644031

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 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: \_\_\_\_\_  
Risk Program Administrator

**AMENDMENT 2006-2007**

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 ..... 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..... \$1,009,000  
 K4. Contract Begin Date ..... 7/1/2006  
 K5. Original Contract End Date ..... 6/30/2006  
 K6. Amendment ..... History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/06	\$1,009,000	\$1,009,000	\$1,009,000	6/30/07	Change term; add 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..... \$1,009,000  
 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; GL 12/1/2005 PL 12/1/2005  
 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: \_\_\_\_\_

**ALCOHOL DRUG AND MENTAL HEALTH SERVICES  
EXHIBIT B-1  
SCHEDULE OF RATES & CONTRACT MAXIMUM  
FY0607**

FAMILY SERVICE AGENCY	Amount																					
<p style="text-align: center;"><b><u>TOTAL CONTRACT GROSS VALUE</u></b></p> <p style="text-align: center;"><u>Children System of Care</u></p> <p style="text-align: right;">Intensive In Home &amp; Manged Care: 508,900</p> <p style="text-align: right;">Crisis Hotline Support: 54,000</p> <p style="text-align: right;"><b>GROSS CONTRACT SUBTOTAL: <u>562,900</u></b></p> <p style="text-align: right;">School Based Services FFS: 200,900</p> <p style="text-align: right;">Less Administrative Fee (15%): 30,135</p> <p style="text-align: right;"><b>NET CONTRACT AMOUNT FFS: <u>170,765</u></b></p> <p style="text-align: right;">Safe School Grant Funded: 245,500</p> <p style="text-align: right;"><b>NET TOTAL CONTRACT AMOUNT: <u>979,165</u></b></p>	\$ 1,009,300																					
<p style="text-align: center;"><b><u>MEDI-CAL PRODUCTIVITY TARGET</u></b></p> <p style="text-align: right;">Intensive In Home &amp; Manged Care: 508,900</p> <p style="text-align: right;">School Based Services FFS: 200,900</p> <p style="text-align: right;"><b>Total: <u>709,800</u></b></p>	\$ 709,800																					
<p style="text-align: center;"><b><u>COUNTY SUBSIDY ALLOWANCE</u></b></p> <p style="text-align: right;">Intensive In Home &amp; Manged Care(25%): 127,225</p> <p style="text-align: right;">Crisis Hotline Support : 54,000</p> <p style="text-align: right;"><b>Total: <u>181,225</u></b></p>	\$ 181,225																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Location</u></th> <th style="text-align: left;"><u>Reporting Unit</u></th> <th style="text-align: left;"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>9123</td> <td>21302</td> <td>Family Service Agency - SB</td> </tr> <tr> <td>9123</td> <td>21303</td> <td>Family Service Agency - SM</td> </tr> <tr> <td>9123</td> <td>21304</td> <td>FSA School Based - SB</td> </tr> <tr> <td>9123</td> <td>21306</td> <td>FSA Safe School Grant - SB</td> </tr> <tr> <td>9149</td> <td>21301</td> <td>Family Service Agency - LOM</td> </tr> <tr> <td>9149</td> <td>21305</td> <td>FSA School Based - LOM</td> </tr> </tbody> </table>	<u>Location</u>	<u>Reporting Unit</u>	<u>Name</u>	9123	21302	Family Service Agency - SB	9123	21303	Family Service Agency - SM	9123	21304	FSA School Based - SB	9123	21306	FSA Safe School Grant - SB	9149	21301	Family Service Agency - LOM	9149	21305	FSA School Based - LOM	N/A
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**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**