

## SEVENTH AMENDMENT

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Seventh Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 05-100**, by and between the **County of Santa Barbara** (County) and **Mental Health Systems, Inc.** (Contractor), for the continued provision of NNA substance abuse services.

Whereas, this Seventh Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in September 2004, the First Amendment approved by the County Board of Supervisors in July 2005, the Second Amendment approved by the ADMHS Director in June 2006, the Third Amendment approved by the County Board of Supervisors in June 2006, the Fourth Amendment approved by the County Board of Supervisors in June 2007, the Fifth Amendment approved by the County Board of Supervisors in July 2008, and the Sixth Amendment approved by the County Board of Supervisors in October 2008, except as modified by this Seventh 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 Section C to Item 1 of Exhibit A, Statement of Work, as follows:

##### C. **Methamphetamine Recovery Services (MARS) Treatment Drug Court Grant.**

The MARS program will serve clients referred by the Substance Abuse Treatment Court (SATC) in Santa Maria who have co-occurring methamphetamine dependence and mental health disorders.

- i. Contractor shall provide the following services, defined by the State of California Alcohol and Drug Programs (State ADP) and as described in the Provider Workbook:
  - a. **Outpatient Drug Free (ODF)** – Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]
    - i. **ODF – Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four or more clients, up to a total of ten clients, at the same time, focusing on the needs of the individuals served.
    - ii. **ODF – Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention.

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- ii. Services will be provided at the following site:
  - a. 201 S. Miller St, Suites 101 and 102, Santa Maria, CA 93454

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**II. Delete Exhibit B-1, Schedule of Services, and replace with the following:**

**EXHIBIT B-1  
SCHEDULE OF SERVICES**

The program services, as listed below, described in Exhibit A and the Provider Workbook shall be reimbursed according to rates shown on the 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.

<b>TYPE OF SERVICE</b>	<b>Total Annual Provisional Amount*</b>
<b>NON-RESIDENTIAL</b>	
Outpatient Drug Free (ODF) Substance Abuse Treatment Court (Negotiated Net Amount and Drug Court funds) includes individual and group counseling	\$ 330,532
SACPA-Prop 36, Level 1-3 Services and Support Services (In accordance with the Program Workbook) includes SATTA-Drug Testing Funds	
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) GRANT FUNDS	
<b>Methamphetamine Recovery Services (MARS) Treatment Drug Court Grant</b>	\$79,789
<b>Total Funding in FY 08-09</b>	<b>\$410321</b>
*Specific Program (Project) Maximums are Defined in the Provider Workbook	

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**SIGNATURE PAGE**

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Mental Health Systems, Inc..

**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: \_\_\_\_\_

ATTEST:  
MICHAEL F. BROWN  
CLERK OF THE BOARD

**CONTRACTOR**

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

By: \_\_\_\_\_  
Tax Id No 95-3302967.  
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 05-100**

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 substance abuse services  
 K3. Contract Amount..... \$410321  
 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	300532		300532	6/30/09	Renew for 0809
2	11/1/08	0	300532	300532	6/30/09	Replace Exhibit B
3	1/13/09	109789	410321	410321	6/30/09	Add SAMHSA 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 ..... \$410321  
 F3. Fund Number..... 0049  
 F4. Department Number ..... 043  
 F5. Division Number (if applicable).....  
 F6. Account Number ..... 7460  
 F7. Cost Center number (if applicable)..... 6100  
 F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID ..... A=258737  
 V2. Payee/Contractor Name ..... Mental Health Systems, Inc.  
 V3. Mailing Address ..... 9465 Farnham St..  
 V4. City, State (two-letter) Zip (include +4 if known) ..... San Diego, CA 92123  
 V5. Telephone Number..... 8585732600  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... 95-3302967  
 V7. Contact Person..... Kimberly Bond Executive Director  
 V8. Workers Comp Insurance Expiration Date ..... 4/1/2009  
 V9. Liability Insurance Expiration Date[s] ..... GL=10/1/2009,PL=10/1/2009  
 V10. Professional License Number ..... N/A  
 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: \_\_\_\_\_