

## 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 BC 05-094, by and between the **County of Santa Barbara (COUNTY)** and **Santa Maria Valley Youth and Family Center (CONTRACTOR)**, for the continued provision of **NNA Treatment Services**.

Whereas, **COUNTY** intends to extend the term of the existing contract through the 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 Executive Office with authority from the County Board of Supervisors on 9/10/04, 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.** This Amended Contract is effective **July 1, 2006**. **CONTRACTOR** shall commence performance on that date and shall 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  
NEGOTIATED NET AMOUNT (NNA)**

- 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 **\$175,000**.

**III. 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, will 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** has provided **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>TERM: 7/01/06 to 6/30/07</b>
<b>NON-RESIDENTIAL</b>	<b>Total Annual Provisional Amount</b>
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)	\$145,000
Early Intervention & Outreach Services (Service Code 19)	\$ 30,000
<b>Total Funding in FY 06-07</b>	<b>\$175,000</b>
The negotiated rate, units of service and maximum monthly billable amount is reflected on the invoice form and based upon <b>CONTRACTOR's</b> program budget, prior year cost report, and contract negotiations with <b>COUNTY</b> , all contained in the Provider Workbook.	
<b><u>ESTIMATE OF FEES COLLECTED</u></b>	
When appropriate, <b>CONTRACTOR</b> agrees to assess and charge program fees for NNA and SACPA clients, as outlined in <u>Exhibit B</u> (Paragraph 7) and <u>Exhibit B-2</u> . All fees collected by <b>CONTRACTOR</b> shall be reported to <b>COUNTY</b> on the <b>CONTRACTOR's</b> monthly invoice form.	
<b><u>MATCH FUNDS</u></b>	
<b>CONTRACTOR's</b> program may require Matching Funds as outlined in <u>Exhibit B</u> (Paragraph 8) and in the Provider Workbook. Any modification in the amount, method or source of match funds needs to be approved by <b>COUNTY</b> .	

**IV. Add Exhibit B-2, Fee Schedule (Sliding Scale) for the period 07/01/06 to 06/30/07:**

**EXHIBIT B-2**

**COUNTY OF SANTA BARBARA  
ALCOHOL & DRUG PROGRAM  
FEE SCHEDULE  
FY 2006-2007**

**ANNUAL GROSS FAMILY INCOME  
NUMBER OF DEPENDENTS**

<b>FEE PER VISIT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>5</b>	9,800	13,200	16,600	20,000	23,400	26,800	30,200	33,600
<b>10</b>	13,400	16,300	19,200	22,100	25,000	27,900	30,800	33,700
<b>15</b>	17,000	19,900	22,800	25,700	28,600	31,500	34,400	37,300
<b>20</b>	20,600	23,500	26,400	29,300	32,200	35,100	38,000	40,900
<b>25</b>	24,200	27,100	30,000	32,900	35,800	38,700	41,600	44,500
<b>30</b>	27,800	30,700	33,600	36,500	39,400	42,300	45,200	48,100
<b>35</b>	31,400	34,300	37,200	40,100	43,000	45,900	48,800	51,700
<b>40</b>	35,000	37,900	40,800	43,700	46,600	49,500	52,400	55,300
<b>45</b>	38,600	41,500	44,400	47,300	50,200	53,100	56,000	58,900
<b>50</b>	42,200	45,100	48,000	50,900	53,800	56,700	59,600	62,500
<b>55</b>	45,800	48,700	51,600	54,500	57,400	60,300	63,200	66,100
<b>60</b>	49,400	52,300	55,200	58,100	61,000	63,900	66,800	69,700
<b>65</b>	53,000	55,900	58,800	61,700	64,600	67,500	70,400	73,300
<b>70</b>	56,600	59,500	62,400	65,300	68,200	71,100	74,000	76,900
<b>75</b>	60,200	63,100	66,000	68,900	71,800	74,700	77,600	80,500
<b>80</b>	63,800	66,700	69,600	72,500	75,400	78,300	81,200	84,100
<b>85</b>	67,400	70,300	73,200	76,100	79,000	81,900	84,800	87,700
<b>90</b>	71,000	73,900	76,800	79,700	82,600	85,500	88,400	91,300

**MONTHLY GROSS FAMILY INCOME  
NUMBER OF DEPENDENTS**

<b>FEE PER VISIT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>5</b>	817	1,100	1,383	1,667	1,950	2,233	2,517	2,800
<b>10</b>	1,117	1,358	1,600	1,842	2,083	2,325	2,567	2,808
<b>15</b>	1,417	1,658	1,900	2,142	2,383	2,625	2,867	3,108
<b>20</b>	1,717	1,958	2,200	2,442	2,683	2,925	3,167	3,408
<b>25</b>	2,017	2,258	2,500	2,742	2,983	3,225	3,467	3,708
<b>30</b>	2,317	2,558	2,800	3,042	3,283	3,525	3,767	4,008
<b>35</b>	2,617	2,858	3,100	3,342	3,583	3,825	4,067	4,308
<b>40</b>	2,917	3,158	3,400	3,642	3,883	4,125	4,367	4,608
<b>45</b>	3,217	3,458	3,700	3,942	4,183	4,425	4,667	4,908
<b>50</b>	3,517	3,758	4,000	4,242	4,483	4,725	4,967	5,208
<b>55</b>	3,817	4,058	4,300	4,542	4,783	5,025	5,267	5,508
<b>60</b>	4,117	4,358	4,600	4,842	5,083	5,325	5,567	5,808
<b>65</b>	4,417	4,658	4,900	5,142	5,383	5,625	5,867	6,108
<b>70</b>	4,717	4,958	5,200	5,442	5,683	5,925	6,167	6,408
<b>75</b>	5,017	5,258	5,500	5,742	5,983	6,225	6,467	6,708
<b>80</b>	5,317	5,558	5,800	6,042	6,283	6,525	6,767	7,008
<b>85</b>	5,617	5,858	6,100	6,342	6,583	6,825	7,067	7,308
<b>90</b>	5,917	6,158	6,400	6,642	6,883	7,125	7,367	7,608

**SIGNATURE PAGE**

Amended Contract for Services of Independent **CONTRACTOR** between the County of Santa Barbara and **Santa Maria Valley Youth and Family Center.**

**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.95-3144808

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

# CONTRACT SUMMARY PAGE

BC \_\_\_\_\_

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 ..... Amended Contract for NNA  
 K3. Contract Amount..... \$ 175,000  
 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	7/01/06	175,000		\$175,000	06/30/07	06-07 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..... \$175,000  
 F3. Fund Number..... 0044  
 F4. Department Number ..... 043  
 F5. Division Number (if applicable) ..... 6  
 F6. Account Number ..... 7460  
 F7. Cost Center number (if applicable) ..... 6243,6352 (Program Code)  
 F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) .....  
 V2. Payee/Contractor Name ..... Santa Maria Valley Youth and Family Center  
 V3. Mailing Address ..... 105 North Lincoln Street  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Santa Maria, CA 93454  
 V5. Telephone Number ..... 805-928-1707  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... 95-3144808  
 V7. Contact Person ..... William Rogers  
 V8. Workers Comp Insurance Expiration Date..... 07/01/06  
 V9. Liability Insurance Expiration Date[s] (G=Genl; GL=07/01/06, Auto=07/01/06  
 V10. Professional License Number ..... N/A  
 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: \_\_\_\_\_