

SECOND AMENDMENT 2010-2011

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 10-020**, by and between the **County of Santa Barbara** (County) and **Child Abuse Listening & Mediation, Inc.** (Contractor), for the continued provision of **Children's Mental Health Services**.

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2009, the First Amendment approved by the County Board of Supervisors in June 2010, 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 section "This Agreement Includes," of Agreement and replace with the following:

THIS AGREEMENT INCLUDES:

- A. EXHIBIT A, A-1, A-2, A-3, A-4, A-5, A-6 – Statements of Work
 - 1. Attachment A - SANTA BARBARA COUNTY MENTAL HEALTH PLAN, QUALITY MANAGEMENT STANDARDS
- B. EXHIBIT B - Financial Provisions
- C. EXHIBIT B-1 – Schedule of Rates and Contract Maximum
- D. EXHIBIT B-2 – Contractor Budget Packet
- E. EXHIBIT C – Standard Indemnification and Insurance Provisions
- F. EXHIBIT D – Organizational Service Provider Site Certification
- G. EXHIBIT E – Program Goals, Outcomes and Measures

II. Delete Section 1, Program Summary, of Exhibit A-5, Statement of Work - Early Childhood Mental Health, and replace with the following:

- 1. **PROGRAM SUMMARY.** The Program, funded through the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Early Childhood Mental Health Services component, shall provide mental health services to address early childhood mental health issues for children aged birth to five years and their families, through a comprehensive array of services provided primarily in client's homes. The Program will apply the Healthy Families America model, which includes multidisciplinary teams providing home visitation and mental health services to young children who are at-risk

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for social emotional issues and abuse and their parents. The Program will serve the Santa Barbara, Lompoc, and Santa Maria regions of Santa Barbara County and will be headquartered at 1236 Chapala St., Santa Barbara, California. The Lompoc and Santa Maria programs will be co-located with the Lompoc and Santa Maria Children's clinics, respectively.

III. **Delete Section 4, Service Intensity/ Treatment Location, of Exhibit A-5, Statement of Work - Early Childhood Mental Health, and replace with the following:**

4. **SERVICE INTENSITY/ TREATMENT LOCATION**

- A. **Length of Stay.** The average length of treatment for children/families enrolled in the Program is 6-12 months, although treatment plan and duration is individually based on the unique needs of the child and family.
- B. **Treatment Location.** Program services will be provided in the community and primarily in client's homes. The Lompoc and Santa Maria programs will be co-located with the Lompoc and Santa Maria Children's clinics, respectively.

IV. **Add Exhibit A-6, Statement of Work – Early Childhood Specialty Mental Health:**

Exhibit A-6 Statement of Work Early Childhood Specialty Mental Health

- 1. **PROGRAM SUMMARY.** The Early Childhood Specialty Mental Health Services program (hereafter "the Program") provides mental health services to Medi-Cal beneficiaries aged birth through five years of age (hereafter "clients") who are experiencing emotional, social and behavioral difficulties, and their families. These services provide family focused early intervention to low-income families who may not otherwise have access to these services. The Program serves North and South Santa Barbara County. The Program headquarters shall be 218 W. Carmen Lane Suite 107-108, Santa Maria, California.
- 2. **PROGRAM GOALS.**
 - A. Diminish impairment or prevent significant deterioration in an important area of life functioning;
 - B. Allow the client to progress developmentally as individually appropriate;
- 3. **SERVICES.** Contractor shall provide the following services as defined in California Code of Regulations (CCR), Title 9:
 - A. **Case Management:** Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community

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services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.

- B. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in Title 9 CCR Section 1810.204.
 - C. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in Title 9 CCR Section 1810.232.
 - D. **Rehabilitation.** Rehabilitation is defined as a service activity that includes but is not limited to, assistance in improving, maintaining or restoring a client's or a group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources, and/or medication education, as defined in Title 9 CCR Section 1810.243.
 - E. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's treatment plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
 - F. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
4. **LENGTH OF STAY/ TREATMENT LOCATION/STAFF CASELOAD.**
- A. **Length of Stay.** The anticipated length of stay in the Program will be six (6) months, or as otherwise authorized in advance by the ADMHS QA Division. Clients identified as having specialty mental health needs at the end of this period will be assessed by QA to determine most appropriate services such as continued treatment in the Program or referral to other services.

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- B. **Treatment Location.** The primary service location shall be the Contractor's facility, client's home or in the community.
- C. **Staff Caseload Ratio.** The Program shall operate with a staff to client ratio of approximately 1 to 15 (15 clients to 1.0 FTE staff member) or higher as approved by County.

5. CLIENTS/PROGRAM CAPACITY.

- A. Contractor shall provide Program services to clients aged birth through five years who are Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, Chapter 11, CCR and their families.
- B. Contractor shall provide the services described in Section 3 to up to 130 clients.
- C. During the first six months of Program operation, County will continue to assess the client volume, service levels and staffing needs and may adjust client volume, service intensity and staffing accordingly.

6. AUTHORIZATION.

- A. ADMHS Quality Assurance Division (QA) will determine the appropriate level, frequency and duration of services for Program clients. Contractor will adhere to the QA established requirements regarding authorization and reauthorization of services.
- B. Upon Program implementation, initial authorizations for existing clients will be as specified by ADMHS Quality Assurance (QA) Division.
- C. For new clients and for reauthorizations, Contractor shall submit an Authorization Request and medical necessity attestation prior to service delivery to ADMHS Quality Assurance Division (QA). The first authorization shall be up to twelve (12) sessions, or as otherwise authorized by the ADMHS QA Division upon receipt of the required documentation. Reauthorizations will be considered based upon Medical Necessity (in accordance with Title 9, Chapter 11, CCR).
- D. Contractor shall verify whether clients have a case file open with an agency that provides similar services and, in such cases, Contractor shall provide justification to the QA Division, as an attachment to the Authorization Request, for the services Contractor proposes to provide to the client.

7. REFERRALS.

- A. Contractor shall admit clients referred by the County or community resources who are authorized to receive services as described in the Section 6, Authorization.
- B. Client Documentation. Contractor shall maintain the following client documentation within its files (hard copy or electronic), for each client referred and treated:

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1. Client assessment;
 2. Client Service Plan;
 3. Supporting progress note documentation.
8. **DISCHARGE CRITERIA.** The appropriateness for client discharge shall be determined on a case by case basis. Criteria for discharge include:
- A. Treatment goals have been sufficiently met;
 - B. The determination that the treatment goals have not been met as determined by Contractor. The client and family shall be provided with referrals to more appropriate treatment;
 - C. The determination that significant progress has been made, even if not all the goals have been met, such that the client and family no longer require the level of services provided by the Program;
 - D. The client's request to terminate services;
 - E. Client and family relocating from the Program's service area.
9. **STAFFING REQUIREMENTS.** Initially, the Program shall be staffed, as follows:
- A. 8.0 FTE Child Specialists who shall be Qualified Mental Health Workers (QMHW). QMHWs are individuals who have a Bachelor's, Master's or Doctoral degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined by the ADMHS Director. QMHWs must have one of the following combinations of education and experience: i) Bachelor's degree and the equivalent of four (4) years full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, and/or vocational adjustment, ii) Master's degree and the equivalent of two (2) years of such experience, or iii) Doctoral degree.

Up to 4.0 FTE of the Child Specialists shall be Licensed Clinicians who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR.
 - B. 1.0 FTE Clinical Supervisor shall be a Licensed Clinician who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR. The Clinical Supervisor shall be responsible to provide some direct service to clients, but shall not be responsible to carry an individual client caseload.
 - C. 0.2 FTE Psychology Director who shall be a Licensed Clinician licensed/waivered/registered mental health professionals as described in Title 9, CCR to supervise doctoral students who work in the program as child and family

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specialists, and oversee the gathering, interpretation and dissemination of standardized psychological assessments.

- D. 0.4 FTE Psychology Assistant, who is at minimum a QMHW, will score and interpret the standardized assessment measures utilized in the program generate comprehensive, strength-based written reports to assist case planning and insure treatment goals are being met.
- E. 1.0 Administrative Support Staff.

10. DOCUMENTATION REQUIREMENTS.

- A. Treatment Plan. Contractor shall complete a treatment plan for each client receiving Program services within thirty (30) days of enrollment into the Program. For clients with an active ADMHS Treatment Plan, Contractor shall follow the requirements of the Treatment Plan. The Treatment Plan shall provide overall direction for the collaborative work of the client, family, and the Program. The Treatment Plan shall include:
 - 1. Client's recovery goals or recovery vision, which guides the service delivery process;
 - 2. Objectives describing the skills and behaviors that the client will be able to learn as a result of the Program's behavioral interventions;
 - 3. Interventions planned to help the client reach their goals.

V. Add the following to Section I, Payment for Services, of Exhibit B, Financial Provisions:

- F. Startup Costs. Contractor shall be reimbursed for expenses associated with Program startup as described in Exhibit B-1 and in Contractor's approved budget.

VI. Delete Section II, of 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 **\$2410163**. 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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VII. Delete Section III.B, Provisional Rate, of Exhibit B, Financial Provisions, and replace with the following:

- B. Provisional Rate. For Medi-Cal services, County agrees to reimburse Contractor at a Provisional Rate (the "Provisional Rate") during the term of this Agreement. The Provisional Rate shall be established by using the rates from the Contractor's most recently filed cost report, as set forth in Exhibit B-1. At any time during the term of this agreement, Director shall have the option to adjust the Provisional Rate to a rate based on allowable costs less all applicable revenues, as reflected in Contractor's approved Operating Budget. Payment will be based on the UOS accepted into the County's MIS system on a monthly basis.

VIII. Delete Section VI, Billing and Payment Procedures and Limitations, of Exhibit B, Financial Provisions, and replace with the following:

VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS:

- A. Submission of Claims and Invoices. Claims for Medi-Cal services are to be entered into the County's Management Information System (MIS) within 10 calendar days of the end of the month in which mental health services are delivered, although late claims may be submitted as needed in accordance with State and federal regulations. In addition to claims submitted into MIS, Contractor shall submit a written invoice within 10 calendar days of the end of the month in which mental health services are delivered that: i) summarizes the information submitted into MIS, including the UOS provided for the month, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered electronically to the County designated representative or to:

Santa Barbara County Alcohol, Drug, and Mental Health Services
ATTN: Accounts Payable
300 North San Antonio Road Bldg. 3
Santa Barbara, CA 93110 -1316

Contractor agrees that it shall be solely liable and responsible for all data and information submitted by the County to the State on behalf of Contractor. Payment will be based on the UOS accepted into MIS on a monthly basis.

For all other services, Contractor shall submit a written invoice within 10 calendar days of the end of the month in which services are delivered that: i) states the amount owed by County, and ii) includes the Agreement number and signature of Contractor's authorized representative. Invoices for payments that are based upon Exhibit B-1 must contain sufficient detail and supporting documentation to enable an audit of the charges. Invoices shall be delivered electronically to the County designated representative or to the address above.

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Startup Costs. Contractor shall submit a written invoice within 30 calendar days of the end of the month in which startup costs are incurred that: i) states the amount owed by County, and ii) includes the Agreement number and signature of Contractor's authorized representative. Invoices submitted for payments that are based upon Exhibit B-1 must contain sufficient detail and supporting documentation to enable an audit of the charges.

The Director or designee shall review the monthly claim(s) and invoice to confirm accuracy of the data submitted. With the exception of the final month's payment under this Agreement, County shall make provisional payment for approved claims within thirty (30) calendar days of the receipt of said claim(s) and invoice by County subject to the contractual limitations set forth below.

- B. Monthly Expenditure and Revenue Report and Projection Report. Contractor shall submit a monthly Expenditure and Revenue Report and Projection Report as described in the Reports Section of Exhibit A to this Agreement.
- C. Withholding Of Payment for Non-submission of MIS and Other Information. If any required MIS data, invoice or report(s) is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by Director or designee. Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.
- D. Withholding Of Payment for Unsatisfactory Clinical Documentation. Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum State and County written standards.
- E. Claims Submission Restrictions.
 - 1. Six-Month Billing Limit. For Medi-Cal services, unless otherwise determined by State or federal regulations (e.g. Medi-Medi cross-over), all original (or initial) claims for eligible individual persons under this Agreement must be received by County within six (6) months from the date of service to avoid possible payment reduction or denial for late billing. Original (or initial) claims received after this six month billing limit without an acceptable delay reason code are subject to reduction and/or denial by either the State or County. Exceptions to the six month billing limit can be made for months seven through twelve following the month in which the services were rendered if the reason for the late billing is allowed by WIC Section 14115 and Title 22, California Code of Regulations section 51008.5.
 - 2. For all other services, claims must be received by County within 30 days from the end of the month in which services were provided to avoid possible denial of reimbursement for late billing.

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3. No Payment for Services Provided Following Expiration/ Termination of Agreement. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

- F. Claims Certification and Program Integrity. Contractor shall certify that all UOS entered by Contractor into MIS for any payor sources covered by this Agreement are true and accurate to the best of Contractor's knowledge.

- G. Tracking of Expenses. Contractor shall inform County when seventy-five percent (75%) of the Maximum Contract Amount has been incurred based upon Contractor's own billing records. Contractor shall send such notice to those persons and addresses which are set forth in the Agreement, Section 2 (NOTICES).

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

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

CONTRACTOR NAME: Child Abuse Listening & Mediation, Inc. FISCAL YEAR: 2010-2011

DESCRIPTION/MODE/SERVICE FUNCTION:	PROGRAM									TOTAL	
	Intensive In-Home	Managed Care	SPIRIT	HOPE	HOPE for Sober Women Healthy Families Clients	ECMH PEI - South County	ECMH PEI - North County	ECMH PEI - North County Startup	Early Childhood Specialty Mental Health		
NUMBER OF UNITS PROJECTED (based on history):											
Outpatient - Placement/Brokerage (15/01-09)	7,718	6,615	4,861	7,109	662	As Budgeted	As Budgeted			17,589	26,965
Outpatient Mental Health Services (15/10-59)	132,749	113,785	83,611	122,279	11,378	As Budgeted	As Budgeted			304,127	463,802
Outpatient Medication Support (15/60)	75	65	48	69	6						264
Outpatient Crisis Intervention (15/70)	374	321	236	345	32						1,308
SERVICE TYPE: M/C, NON M/C	M/C	M/C	M/C	M/C	M/C	MHSA	MHSA	MHSA	M/C		
UNIT REIMBURSEMENT	minute	minute	minute	minute	minute	cost	cost	cost	minute		
COST PER UNIT/PROVISIONAL RATE:											
Outpatient - Placement/Brokerage (15/01-09)	\$1.95										
Outpatient Mental Health Services (15/10-59)	\$2.51										
Outpatient Medication Support (15/60)	\$4.64										
Outpatient Crisis Intervention (15/70)	\$3.74										

GROSS COST:	\$ 350,835	\$ 301,515	\$ 221,817	\$ 324,068	\$ 82,708	\$ 478,984	\$ 256,408	\$ 20,700	\$ 807,257	\$ 2,844,292
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LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)

A PATIENT FEES											\$0
B PATIENT INSURANCE											\$0
C CONTRIBUTIONS	\$ 835	\$ 1,515	\$ 1,373	\$ 1,672	\$ 37,708	\$ 60,318	\$ 13,408	\$ 700	\$ 9,600		\$127,129
D FOUNDATIONS/TRUSTS						\$ 95,000					\$95,000
E SPECIAL EVENTS											\$0
F OTHER (LIST): CA. Victims of Crime						\$ 5,000					\$5,000
OTHER: Other Government Funding					\$ 15,000	\$ 192,000					\$207,000
OTHER: Program Service Fees											\$0
OTHER: Unrestricted contributions											\$0
TOTAL CONTRACTOR REVENUES	\$ 835	\$ 1,515	\$ 1,373	\$ 1,672	\$ 52,708	\$ 352,318	\$ 13,408	\$ 700	\$ 9,600		\$434,129
MAXIMUM CONTRACT AMOUNT:	\$ 350,000	\$ 300,000	\$ 220,444	\$ 322,396	\$ 30,000	\$ 126,666	\$ 243,000	\$ 20,000	\$ 797,657		\$ 2,410,163

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT

A MEDI-CAL/FFP	\$ 175,000	\$ 150,000	\$ 110,222	\$ 161,198	\$ 15,000					\$ 398,829	\$ 1,010,249
B OTHER FEDERAL FUNDS											\$ -
C REALIGNMENT/VLF FUNDS	\$ 17,500	\$ 15,000	\$ 11,022	\$ 16,120	\$ 1,500				\$ 39,883		\$ 101,025
D STATE GENERAL FUNDS											\$ -
E COUNTY FUNDS											\$ -
F HEALTHY FAMILIES**											\$ -
G TITLE 4E											\$ -
H AB 3632*											\$ -
I EPSDT	\$ 157,500	\$ 135,000	\$ 99,200	\$ 145,078	\$ 13,500				\$ 358,946		\$ 909,224
J FIRST 5 GRANT											\$ -
K MHSA						\$ 126,666	\$ 243,000	\$ 20,000			\$ 389,666
L OTHER (LIST):											\$ -
TOTAL (SOURCES OF FUNDING)	\$ 350,000	\$ 300,000	\$ 220,444	\$ 322,396	\$ 30,000	\$ 126,666	\$ 243,000	\$ 20,000	\$ 797,657		\$ 2,410,163

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

* Medi-Cal services may be offset by AB 3632 qualifying services (funding).

** Medi-Cal services may be offset by Healthy Families qualifying services (funding) with prior ADMHS approval.

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X. Delete Exhibit B-2, Contractor Budget Packet, and replace with the following:

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

AGENCY NAME: Child Abuse Listening & Mediation, Inc.

COUNTY FISCAL YEAR: 2010-2011

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	HOPE	HOPE for SWHF	Intensive in Home	Managed Care	SPIRIT	PEI EMCH South County	PEI ECMH North County	PEI ECMH North County Startup Costs	Early Childhood Specialty Mental Health Services
1	Contributions		\$ 200,000	\$ 127,129	\$ 1,672	\$ 37,708	\$ 835	\$ 1,515	\$ 1,373	\$ 60,318	\$ 13,408	\$ 700	\$ 9,600
2	Foundations/Trusts		\$ 248,600	\$ 95,000						\$ 95,000			
3	Special Events		\$ 100,000	\$ -									
4	Legacies/Bequests		\$ -	\$ -									
5	Associated Organizations		\$ 80,000	\$ -									
6	Membership Dues		\$ -	\$ -									
7	Other Support		\$ 3,726	\$ -									
8	Miscellaneous Revenue		\$ 33,500	\$ -									
9	ADMHS Funding		\$ 2,410,163	\$ 2,410,163	\$ 322,396	\$ 30,000	\$ 350,000	\$ 300,000	\$ 220,444	\$ 126,666	\$ 243,000	\$ 20,000	\$ 797,657
10	County of SB: ADP		\$ 15,000	\$ 15,000		\$ 15,000							
11	CAL EMA		\$ 191,000	\$ -									
12	Collaboratives		\$ 137,700	\$ -									
13	County of SB: DSS Front Porch		\$ 54,000	\$ -									
14	County of SB: SafeCare		\$ 130,000	\$ -									
15	City Grants (SB, Goleta)		\$ 23,500	\$ -									
16	County of SB: Human Services (SART)		\$ 6,122	\$ -									
17	County of SB: DSS CAP		\$ 192,000	\$ 192,000						\$ 192,000			
18	Total Other Revenue (Sum of lines 1 through 17)		\$ 3,825,311	\$ 2,839,292	\$ 324,068	\$ 82,708	\$ 350,835	\$ 301,515	\$ 221,817	\$ 473,984	\$ 256,408	\$ 20,700	\$ 807,257
	I.B Client and Third Party Revenues:												
19	Medicare		\$ -	\$ -									
20	Client Fees		\$ 50,000	\$ -									
21	Insurance		\$ 5,000	\$ -									
22	Third Party		\$ 40,500	\$ -									
23	California Victims of Crime		\$ 105,000	\$ 5,000						\$ 5,000			
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)		\$ 200,500	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)		\$ 4,025,811	\$ 2,844,292	\$ 324,068	\$ 82,708	\$ 350,835	\$ 301,515	\$ 221,817	\$ 478,984	\$ 256,408	\$ 20,700	\$ 807,257

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	HOPE	HOPE for SWHF	Intensive in Home	Managed Care	SPIRIT	PEI EMCH South County	PEI ECMH North County	PEI ECMH North County Startup Costs	Early Childhood Specialty Mental Health Services
26	Salaries (Complete Staffing Schedule)	2,433,193	\$ 1,730,849	\$ 214,306	\$ 53,179	\$ 239,359	\$ 206,742	\$ 148,579	\$ 261,126	\$ 185,340	\$ 5,300	\$ 416,918
27	Employee Benefits	442,084	\$ 330,131	\$ 33,402	\$ 8,291	\$ 36,939	\$ 32,454	\$ 23,053	\$ 40,465	\$ 26,374	\$ 742	\$ 128,411
28	Consultants	112,000	\$ 108,000						\$ 102,000	\$ -		\$ 6,000
29	Payroll Taxes	226,127	\$ 160,950	\$ 19,615	\$ 4,869	\$ 21,692	\$ 19,058	\$ 13,538	\$ 23,762	\$ 16,032	\$ 458	\$ 41,926
30	Personnel Costs Total (Sum of lines 26 through 29)	\$ 3,213,404	\$ 2,329,930	\$ 267,323	\$ 66,339	\$ 297,990	\$ 258,254	\$ 185,170	\$ 427,353	\$ 227,746	\$ 6,500	\$ 593,255
31	Professional Fees	70,200	\$ 44,987	\$ 7,722	\$ 2,106	\$ 7,722	\$ 8,424	\$ 4,914	\$ 8,424	\$ 5,675		
32	Supplies	50,320	\$ 32,920	\$ 5,250	\$ 1,470	\$ 6,750	\$ 3,870	\$ 1,750	\$ 4,030	\$ 300	\$ 2,000	\$ 7,500
33	Telephone	26,581	\$ 25,546	\$ 4,496	\$ 163	\$ 4,096	\$ 1,151	\$ 2,879	\$ 3,651	\$ 3,350		\$ 5,760
34	Postage & Shipping	4,500	\$ 1,941	\$ 330	\$ 90	\$ 330	\$ 360	\$ 210	\$ 360	\$ 261		
35	Occupancy (Facility Lease/Rent/Costs)	115,502	\$ 74,097	\$ 9,133	\$ 2,491	\$ 9,133	\$ 9,964	\$ 5,812	\$ 9,964			\$ 27,600
36	Rental/Maintenance Equipment	11,100	\$ 6,216	\$ 1,221	\$ 333	\$ 1,221	\$ 1,332	\$ 777	\$ 1,332			
37	Printing/Publications	19,500	\$ 2,912	\$ 495	\$ 135	\$ 495	\$ 540	\$ 315	\$ 540	\$ 392		
38	Transportation	97,225	\$ 90,300	\$ 13,500	\$ 5,600	\$ 8,500	\$ 1,695	\$ 10,700	\$ 6,405	\$ 4,500	\$ 1,000	\$ 38,400
39	Conferences, Meetings, Etc	21,800	\$ 8,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000			\$ 7,600
40	Insurance	19,500	\$ 12,617	\$ 2,145	\$ 585	\$ 2,145	\$ 2,340	\$ 1,365	\$ 2,340	\$ 1,697		
41	Advertising & Marketing	42,000	\$ -									
42	Computer Equipment		\$ 24,450							\$ 3,950	\$ 7,000	\$ 13,500
43	Cell Phones		\$ 1,000								\$ 1,000	
44	Office Supplies (setup)		\$ 2,500								\$ 2,500	
45	Client Reinforcement		\$ 9,600									\$ 9,600
46	SUBTOTAL DIRECT COSTS	\$ 3,691,632	\$ 2,667,616	\$ 311,615	\$ 79,312	\$ 338,382	\$ 287,930	\$ 213,892	\$ 465,399	\$ 247,871	\$ 20,000	\$ 703,215
III. INDIRECT COSTS												
47	Administrative Indirect Costs	324,253	\$ 176,814	\$ 12,453	\$ 3,396	\$ 12,453	\$ 13,585	\$ 7,925	\$ 13,585	\$ 8,675	\$ 700	\$ 104,042
48	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 4,015,885	\$ 2,844,430	\$ 324,068	\$ 82,708	\$ 350,835	\$ 301,515	\$ 221,817	\$ 478,984	\$ 256,546	\$ 20,700	\$ 807,257

SECOND AMENDMENT 2010-2011

Agreement for Services of Independent Contractor between the County of Santa Barbara and Child Abuse Listening & Mediation, Inc.

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

COUNTY OF SANTA BARBARA

By: _____
JANET WOLF
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 23-7097910.
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: _____

SECOND AMENDMENT 2010-2011

CONTRACT SUMMARY PAGE

BC 10-020

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..... 10-11
 D2. Budget Unit Number 043
 D3. Requisition Number N/A
 D4. Department Name Alcohol, Drug, & Mental Health
 D5. Contact Person Danielle Spahn
 D6. Telephone..... (805) 681-5229

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Children's Mental Health Services
 K3. Contract Amount..... \$2410163
 K4. Contract Begin Date 7/1/2010
 K5. Original Contract End Date..... 6/30/2011
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/10	1612506		1612506	6/30/11	Renew for 10-11
2	7/1/10	797657	2410163	2410163	6/30/11	Add new program

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) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount..... \$2410163
 F3. Fund Number..... 0044
 F4. Department Number 043
 F5. Division Number (if applicable)..... N/A
 F6. Account Number 7461
 F7. Cost Center number (if applicable)..... 5741
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID..... A=699493
 V2. Payee/Contractor Name Child Abuse Listening & Mediation,
 V3. Mailing Address 1236 Chapala Street.
 V4. City, State (two-letter) Zip (include +4 if known)..... Santa Barbara, CA 93101
 V5. Telephone Number..... 8059652376
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 23-7097910
 V7. Contact Person Cecilia Rodriguez Executive
 V8. Workers Comp Insurance Expiration Date 3/1/2011
 V9. Liability Insurance Expiration Date[s] G=3/1/2011,P=3/1/2011
 V10. Professional License Number..... I9910608
 V11. Verified by (name of county staff) Danielle Spahn
 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: _____