

FOURTH AMENDMENT

TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fourth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 10-031**, by and between the **County of Santa Barbara** (County) and **Coast Valley Substance Abuse Treatment Center** (Contractor), for the continued provision of **Substance Abuse Treatment Services**.

Whereas, this Fourth 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 November 2009, the Second Amendment approved by the ADMHS Director in June 2010, the Third Amendment approved by the County Board of Supervisors in July 2010, except as modified by this Fourth 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 SECTION INCLUDES from Agreement and replace with the following:

THIS AGREEMENT INCLUDES:

- A. EXHIBIT A, A-1, A-2 – Statement of Work
- B. EXHIBIT B – Financial Provisions
- C. EXHIBIT B-1 – Schedule of Rates
- D. EXHIBIT B-2 – Budget
- E. Exhibit B-3 – Sliding Fee Scale
- F. EXHIBIT C – Standard Indemnification and Insurance Provisions
- G. EXHIBIT E – Program Goals, Outcomes and Measures

II. Delete Item 1. PROGRAM SUMMARY from Exhibit A, Statement of Work, and replace with the following:

1. **PROGRAM SUMMARY:** The Coast Valley Substance Abuse Treatment Center (hereafter "the Program") provides outpatient alcohol and other drug (AOD) treatment to adult and adolescent clients to assist clients to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling and drug testing. The Program shall be certified to provide Outpatient AOD services. The Program will be located at 2320 Thompson Street, Suite D, Santa Maria, and 133 North F Street, Lompoc, California.

III. Delete Item 1. PROGRAM SUMMARY from Exhibit A-1, Statement of Work, Recovery Oriented System of Care (ROSC), and replace with the following:

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1. **PROGRAM SUMMARY.** Recovery-Oriented Systems of Care (ROSC) (hereafter “the Program”) support person-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families, and communities to achieve sustained health, wellness, and recovery from alcohol and drug problems¹. The establishment of peer supported self-help groups is fundamental to a ROSC. These ROSC groups are usually alternatives or additions to the current menu of 12-Step meetings that have been established throughout the community. Contractor will establish one or more of the following groups: SMART Recovery®, Double Trouble and/or Psycho-educational drug abuse intervention groups. The Program will be located at 2320 Thompson Street, Suite D, Santa Maria and 133 North F Street, Lompoc, California.

IV. Add Exhibit A-2 Statement of Work, Bridges to Recovery, as follows:

Exhibit A-2 Statement of Work Bridges to Recovery

1. **PROGRAM SUMMARY:** Coast Valley Substance Abuse Treatment Center (hereafter “Contractor”) provides outpatient alcohol and other drug (AOD) treatment to assist high-risk adolescent males who have substance abuse issues and/or co-occurring mental health issues (hereafter “clients”) obtain and maintain sobriety in the Bridges to Recovery Program (hereafter “the Program”) . The Program, funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) is designed to provide a collaborative multi-agency approach to juvenile re-entry for clients from Probation institutions throughout Santa Barbara County. Contractor, in conjunction with Community Action Commission (CAC), shall provide a comprehensive approach to juvenile substance use treatment and rehabilitation. Contractor will provide treatment services including best practice individual and group counseling and drug testing. Contractor shall be certified by the California Department of Alcohol and Drug Programs (ADP) to provide Outpatient AOD and Drug Medi-Cal services. The Program will be located at 113 North F Street, Lompoc CA 93436.
2. **PROGRAM GOALS.**
 - A. Promote recovery from alcohol and other drug problems of Program clients.
 - B. Reduce the recidivism rate of Program clients.
 - C. Improve the mental health and overall wellbeing of Program clients.
 - D. Create multi-agency collaboration between corrections institutions and Community Based Organizations to provide culturally competent substance abuse treatment services for clients.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA) “Working Definition of Recovery” available at http://pfr.samhsa.gov/docs/ROSCs_principles_elements_handout.pdf

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3. PROGRAM COLLABORATION.

- A. CAC shall receive client referrals from the Program Court Team while clients are incarcerated at the Los Prietos Boys Camp (LPBC) and/ or Los Prietos Boys Academy (LPBA). Prior to release from LPBC/LBPA, CAC shall administer client assessments and provide clients with referrals to regional AOD treatment providers in Lompoc, Santa Barbara and Santa Maria.
- B. Clients shall receive AOD treatment from the appropriate regional treatment provider and concurrent case management services from CAC. CAC shall provide ongoing services for a period of time after client has been discharged from the treatment program.

4. DEFINITIONS.

- A. **Drug Medi-Cal (DMC):** DMC benefits are optional Medi-Cal benefits as described in the California State Plan for Medicaid. DMC services provide medically necessary alcohol and other drug treatment to California's Medi-Cal eligible population. The services include Outpatient Drug-Free Treatment, Narcotic Treatment Program, and Naltrexone Treatment. In addition, Day Care Rehabilitative Treatment and Residential Treatment are available to pregnant and postpartum women who are full-scope Medi-Cal beneficiaries.
- B. **Minor Consent DMC:** Minor Consent is a State funded program which excludes parental income and resources from consideration as a condition of Medi-Cal eligibility for certain, limited services to youth under the age of 21 who are living with their parent(s) or guardian(s), as specified in Family Code Section 6929. State law and regulations prohibit Contractor from contacting the parent(s)/guardian(s) of the youth who is applying for Minor Consent services. If the minor is twelve (12) years of age or older, he/she is eligible for substance abuse services, primarily outpatient drug free counseling services, under Minor Consent DMC. To obtain Minor Consent DMC, the client must apply for benefits through the Department of Social Services.
- C. **Substance Abuse Mental Health Services Administration (SAMHSA):** SAMHSA is a division of the U.S. Department of Health and Human Services. SAMHSA aims to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders. SAMHSA provides funding to support substance abuse treatment.

5. SERVICES. Contractor shall provide the following:

- A. **Outpatient Drug Free (ODF)** is treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. ODF is also known as nonresidential services [Federal Definition].

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- i. **ODF – Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four (4) or more clients, up to a total of ten (10) clients, at the same time, focusing on the needs of the individuals served, in a 90 minute session.
 - ii. **For DMC clients, and all ODF-Group services:** Contractor shall ensure that each client receives a minimum of two group counseling sessions (minimum 90 minutes per group session) per thirty (30) day period depending on the client's needs and treatment plan or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided by appointment. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session.
 - iii. **ODF – Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention, subject to the limitations described in Title 22 CCR Section 51341.1.
 - B. Contractor shall provide ODF Youth and Family Treatment per Program grant guidelines:
 - i. Contractor shall provide youth and family treatment services in accordance with the Adolescent Community Reinforcement Approach (ACRA) as specified in the Program grant.
 - ii. Contractor shall provide celebratory activities, recognizing clients for their achievements in the recovery process through special activities in the facility or outings to events in the community. **A maximum of 2 sessions per month may be billed at the ODF - Individual rate for such activities.**
 - C. Contractor shall provide family engagement activities and services which initiate and encourage family participation in treatment, such as groups to provide an introduction and orientation to the treatment program.
 - D. Per grant requirements, Contractor shall be a member of the Program Oversight Committee and will attend monthly Program meetings for the duration of the contract period.
6. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide services to adolescent males who have substance abuse issues and/or co-occurring mental health issues discharged from LPBC and LPBA. Contractor shall provide services to an average caseload of 15 clients. Contractor is expected to serve 15 unduplicated clients during the period of January 1, 2011 through June 30, 2011 and will provide services to at least 100 unduplicated clients by the conclusion of the grant.

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7. **LENGTH OF STAY.** Clients shall receive treatment services from Contractor and concurrent case management services from CAC for six (6) months.
8. **STAFF.** Contractor shall use SAMHSA grant funds to provide a minimum 0.5 Full Time Equivalent (FTE) alcohol and other drug (AOD) counselor who meets the requirements as described in California Code of Regulations, Title 9, Division 4, Chapter 8 to provide the services described in Section 5.
9. **REFERRALS.**
 - A. Contractor shall receive Program referrals from CAC case manager(s).
 - i. Contractor shall receive referral via phone or written referral.
 - ii. Contractor shall coordinate the transition between CAC and Contractor.
 - iii. Contractor will ensure that each client will be immediately entered into treatment, unless client is excluded per Section 11.
 - B. Referral Packet. Contractor shall maintain a Referral Packet within its files (either hard copy or electronic) for each client referred and treated, which shall contain a copy of the Government Performance Reporting Assessment (GPRA) and Global Appraisal of Individual Needs (GAIN) assessments administered by CAC.
10. **ADMISSION PROCESS.**
 - A. All clients referred by CAC will be accepted by Contractor unless excluded per Section 11 below.
 - B. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:
 - i. All required consent and release forms with appropriate signatures;
 - ii. Financial assessment and contract for fees;
 - iii. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
 1. Social, economic and family background;
 2. Education;
 3. Vocational achievements;
 4. Criminal history, legal status;
 5. Medical history;

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6. Drug history;
 7. Previous treatment.
- iv. Emergency contact information for client.
- C. Contractor shall notify CAC if client is not accepted into the Program, based on Section 11, within one business day of receiving the initial referral.
 - D. Contractor shall complete and send a Verification of Enrollment form to CAC upon acceptance of client into Program, no later than 72 hours after admission.
11. **EXCLUSION CRITERIA.** On a case-by-case basis, the following may be cause for client exclusion from the program:
- A. Client threat of or actual violence toward staff or other clients;
 - B. Rude or disruptive behavior that cannot be redirected.
12. **DOCUMENTATION REQUIREMENTS.**
- A. Contractor shall enter all CalOMS treatment data and all other client data required by County into the County's MIS system no later than seven (7) days after client entry into Program. Contractor shall complete an annual update of the CalOMS treatment data on the anniversary of client's admission to the Program (for clients in the same treatment service for one year or more), and when the client is discharged from the treatment service.
 - B. No later than thirty (30) days after client entry into Program, Contractor shall complete:
 - i. Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results of the ASI shall be utilized for treatment and discharge planning;
 - ii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Treatment Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the assignment of a primary counselor. The Treatment Plan shall be consistent with the results of the client's ASI. The Treatment Plan is considered complete and effective on the date of the counselor's signature. Contractor shall periodically review and update the Treatment Plan every ninety (90) days.
13. **DISCHARGES.**
- A. Contractor shall develop a Discharge Plan for each client prior to discharge, in coordination with CAC and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:

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- i. Recommendations for post-discharge;
 - ii. Linkages to other services, if appropriate;
 - iii. Reason for discharge;
 - iv. Clinical discharge summary.
- B. The Discharge Plan shall include a referral to CAC for the follow up assessment. Contractor shall make efforts to obtain information from client which will assist in locating client for the follow up assessment and shall provide this information to CAC.
- C. Contractor shall provide client and CAC with a copy of the Discharge Plan, and place one copy in the client's file.
- D. Contractor shall document discharge information in CalOMS via the County MIS system no later than thirty (30) days following discharge.
- E. Any client that does not receive any service within a 30 day period shall be discharged, as of the date of last services, per CalOMS guidelines. The date of discharge shall be the last face to face contact.

V. Delete Section II. MAXIMUM CONTACT AMOUNT from 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 **\$348152**. 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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VI. Delete Exhibit B-1, Schedule of Rates, and replace with the following:

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

CONTRACTOR NAME: Coast Valley FISCAL YEAR: 2010-11

	Unit	PROGRAM						Total
		Outpatient Treatment - Lompoc	Outpatient Treatment - Santa Maria	Outpatient Treatment - ROSC	Outpatient Treatment - MARS	Outpatient Treatment - Bridges to Recovery Lompoc 1/11/11 - 6/30/11		
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):						
33-ODF Group	session	3630	4799			719	9,147	
34-ODF Individual	session	386	510			204	1,099	
85-SATTA (8 tests = 1 staff hour)	staff hour	75	148				223	
18-Recovery Oriented System of Care (ROSC)	cost reimbursed			\$ 17,200			\$ 17,200	
68-SAMHSA MARS Grant Services	cost reimbursed				\$ 7,500		\$ 7,500	
68-SAMHSA B2R Grant Services	cost reimbursed					\$ 16,822	\$ 16,822	
COST PER UNIT/PROVISIONAL RATE:								
33-ODF Group				\$28.69				
34-ODF Individual				\$67.53				
85-SATTA (8 tests = 1 staff hour)				\$67.53				
18-Recovery Oriented System of Care (ROSC)				as budgeted				
68-SAMHSA MARS Grant Services				as budgeted				
68-SAMHSA B2R Grant Services				as budgeted				
GROSS COST:		\$ 135,730	\$ 179,978	\$ 17,200	\$ 7,500	\$ 31,744	\$ 372,152	
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)								
A CLIENT FEES		\$ 12,000	\$ 12,000				\$ 24,000	
B CLIENT INSURANCE							\$ -	
C CONTRIBUTIONS/GRANTS (includes unsecured)							\$ -	
D FOUNDATIONS/TRUSTS							\$ -	
E SPECIAL EVENTS							\$ -	
F OTHER (LIST): OTHER GOVERNMENT							\$ -	
OTHER (LIST): INVESTMENT INCOME							\$ -	
TOTAL CONTRACTOR REVENUES*		\$ 12,000	\$ 12,000	\$ -	\$ -	\$ -	\$ 24,000	
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 123,730	\$ 167,978	\$ 17,200	\$ 7,500	\$ 31,744	\$ 348,152	
DM/C Administrative Fee (15%) **		\$ 11,484	\$ 14,118			\$ 2,633		
DM/C Gross Claim Maximum		\$ 76,562	\$ 94,118			\$ 17,555		

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT							
A Medi-Cal Treatment Services (6241)		\$ 65,078	\$ 80,000			\$ 14,922	\$ 160,000
B Medi-Cal Perinatal Services (6242)							\$ -
C Drug Testing SB 233/SATTA (6239)		\$ 5,050	\$ 10,000				\$ 15,050
D SACPA Treatment Services (6240)		\$ 53,802	\$ 77,978				\$ 131,580
E ADP Treatment Services - SAPT (6243)							\$ -
F Recovery Oriented System of Care (ROSC) (6243)				\$ 17,200			\$ 17,200
G Perinatal Non Drug Medi-Cal (6244)							\$ -
H SAMHSA SWHF Grant (6244)							\$ -
I Drug Court Services (6246)							\$ -
J SAMHSA MARS Grant (6246)					\$ 7,500		\$ 7,500
K SAMHSA CSDC Grant (6246)							\$ -
L CalWORKS (6249)							\$ -
M Youth Services (6250)							\$ -
N SAMHSA B2R Grant (6250)						\$ 16,822	\$ 16,822
O Prevention Services (6351)							\$ -
TOTAL (SOURCES OF FUNDING)		\$ 123,730	\$ 167,978	\$ 17,200	\$ 7,500	\$ 31,744	\$ 348,152

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*Total Contractor Revenues serve as a hard match for SAPT funds. The source of the hard match shall be non-ADMHS sources secured by Contractor. The match does not apply to DM/C.

** The 15% Administrative Fee is deducted from the Drug Medi-Cal portion of the DM/C Gross Claim Maximum.

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

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

AGENCY NAME: Coast Valley-SATC

COUNTY FISCAL YEAR: 2010-11

Gray Shaded cells contain formulas, do not overwrite

LINE#	COLUMN#	1	2	3	4	5	6	7	8	9
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley-SM	Coast Valley-LM	Bridge To Recovery	Enter PROGRAM NAME (FacProg)	Enter PROGRAM NAME (FacProg)	Enter PROGRAM NAME (FacProg)
1	Contributions			\$ -						
2	Foundations/Trusts			\$ -						
3	Special Events			\$ -						
4	Legacies/Bequests			\$ -						
5	Associated Organizations			\$ -						
6	Membership Dues			\$ -						
7	Sales of Materials			\$ -						
8	Investment Income			\$ -						
9	Miscellaneous Revenue			\$ -						
10	ADMHS Funding		\$ 146,630	\$ 146,630	\$ 87,978	\$ 58,652				
11	Other Government Funding			\$ -						
12	MARS		\$ 7,500	\$ 7,500	\$ 7,500					
13	ROSC		\$ 17,200	\$ 17,200	\$ 8,600	\$ 8,600				
14	MediCAL		\$ 160,000	\$ 160,000	\$ 80,000	\$ 65,078	\$ 14,922			
15	SAMHSA B2R Grant		\$ 16,822	\$ 16,822			\$ 16,822			
16	Other (specify)			\$ -						
17	Other (specify)			\$ -						
18	Total Other Revenue (Sum of lines 1 through 17)		\$ 348,152	\$ 348,152	\$ 184,078	\$ 132,330	\$ 31,744	\$ -	\$ -	\$ -
I.B. Client and Third Party Revenues:										
19	Medicare			-						
20	Client Fees		\$ 24,000	24,000	\$ 12,000	\$ 12,000				
21	Insurance			-						
22	SSI			-						
23	Other (specify)			-						
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)		24,000	24,000	12,000	12,000	-	-	-	-
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)		372,152	372,152	196,078	144,330	31,744	-	-	-

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LINE	COLUMN#	1	2	3	4	5	6	7	8	9
III. DIRECT COSTS			TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley-SM	Coast Valley-LM	Bridge To Recovery	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
26	Salaries (Complete Staffing Schedule)		208,158	\$ 208,158	\$ 108,900	\$ 76,878	\$ 22,380			
27	Employee Benefits		6,000	\$ 6,000	\$ 3,000	\$ 3,000				
28	Consultants		21,000	\$ 21,000	\$ 12,000	\$ 6,000	\$ 3,000			
29	Payroll Taxes		48,000	\$ 48,000	\$ 24,000	\$ 24,000				
30	Personnel Costs Total (Sum of lines 26 through 29)		\$ 283,158	\$ 283,158	\$ 147,900	\$ 109,878	\$ 25,380	\$ -	\$ -	\$ -
31	Professional Fees			\$ -						
32	Supplies			\$ -						
33	Telephone			\$ -						
34	Postage & Shipping			\$ -						
35	Occupancy (Facility Lease/Rent/Costs)		34,740	\$ 34,740	\$ 16,800	\$ 16,200	\$ 1,740			
36	Rental/Maintenance Equipment		4,200	\$ 4,200	\$ 2,100	\$ 2,100				
37	Printing/Publications			\$ -						
38	Transportation			\$ -						
39	Conferences, Meetings, Etc			\$ -						
40	Insurance		2,014	\$ 2,014	\$ 1,007	\$ 1,007				
41	Utilities		22,140	\$ 22,140	\$ 12,071	\$ 7,445	\$ 2,624			
42	Drug Testing Supplies		17,000	\$ 17,000	\$ 10,000	\$ 5,000	\$ 2,000			
43	License Fee		3,500	\$ 3,500	\$ 3,500					
44	Other (specify)			\$ -						
45	Other (specify)			\$ -						
46	SUBTOTAL DIRECT COSTS		\$ 366,752	\$ 366,752	\$ 193,378	\$ 141,630	\$ 31,744	\$ -	\$ -	\$ -
III. INDIRECT COSTS										
47	Administrative Indirect Costs		5,400	\$ 5,400	\$ 2,700	\$ 2,700				
48	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)		\$ 372,152	\$ 372,152	\$ 196,078	\$ 144,330	\$ 31,744	\$ -	\$ -	\$ -

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Coast Valley Substance Abuse Treatment Center.

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:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 77-0527812.
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 10-031

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
 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 Substance Abuse Treatment Services
 K3. Contract Amount..... \$348152
 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	7/1/2010	331330	331330	331330	6/30/2011	FY 10-11 funds
2	7/1/2010	16822	348152	348152	6/30/2011	Add program & 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 Paragraph)..... Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount..... \$348152
 F3. Fund Number..... 0049
 F4. Department Number 043
 F5. Division Number (if applicable).....
 F6. Account Number..... 7461
 F7. Cost Center number (if applicable)..... 6243
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID..... A=413009
 V2. Payee/Contractor Name Coast Valley Substance Abuse Treatment
 V3. Mailing Address 2320 Thompson St. Suite D.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Maria, CA 93454
 V5. Telephone Number..... 8057391512
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 77-0527812
 V7. Contact Person..... Matthew Hamlin Executive Director
 V8. Workers Comp Insurance Expiration Date 6/4/2011
 V9. Liability Insurance Expiration Date[s] G=6/1/2011, P=6/1/2011
 V10. Professional License Number..... 420030AN; 420030BN
 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: _____