

AMENDMENT

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, referenced as number **BC 14-030**, by and between the **County of Santa Barbara** (County) and **Mental Health Systems, Inc.** (Contractor), for the continued provision of Substance Abuse Treatment Services (previously referenced as number **BC 13-010**).

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2012, the First Amendment approved by the County Board of Supervisors in June 2013, except as modified by this Second Amended Contract.

Whereas, Contractor has been asked to provide additional treatment services to clients of the Veterans Entering Treatment Services (VETS) program, funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), and consequently, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds in the amount of **\$24375** to the Agreement so as to compensate Contractor for services rendered under this Agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

I. Delete the first paragraph from Exhibit A, Statement of Work, and replace with the following:

"The following terms shall apply to all programs operated under this Agreement, included as Exhibits A-1 through A-3."

II. Add item 15.D to Exhibit A, Statement of Work, as follows:

D. SAMHSA Veterans Entering Treatment Services (VETS): The VETS program will expand and enhance the existing Veterans Treatment Court (VTC) in North Santa Barbara County. The VTC was established in Santa Barbara County in November 2011 to provide treatment services to veterans involved in the justice system. The SAMHSA VETS grant program seeks to increase veterans' access to treatment by expanding and enhancing services to address Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), substance abuse and addiction. The VETS program will augment the current service delivery model by utilizing evidence-based practices in treatment and service delivery; increasing availability of outpatient treatment, detoxification services, transitional housing services, medically assisted treatment; and providing peer-support services such as veteran mentors and peer-led support groups. Veterans will receive 12 to 18 months of treatment and will include assessments, individualized treatment plans, peer mentoring, and alcohol and drug testing.

III. Add Exhibit A-3, Statement of Work - Veterans Entering Treatment Services (VETS), as follows:

**Exhibit A-3
Statement of Work
Veterans Entering Treatment Services (VETS)**

1. **PROGRAM SUMMARY:** Veterans Entering Treatment Services (VETS) (hereafter in this Exhibit A-3 "the Program"), funded by a grant from the Federal Substance Abuse and Mental Health

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Services Administration (SAMHSA), provides individualized mental health and substance abuse treatment including best practice individual and group counseling, and drug testing. The Program provides assessment, referral and treatment services to clients in Santa Maria, and will provide varying levels of service, depending on client's needs. Coast Valley Substance Abuse Treatment Centers, shall serve clients who require the most intensive co-occurring treatment services, Mental Health Systems – Santa Maria Center for Change will serve clients who require less intensive services and Good Samaritan Shelter will serve clients who require the least intensive treatment. The Program shall be certified by the State of California to provide Outpatient Alcohol and/or Other Drug Services. The Program shall be located at 201 South Miller St, Suite 101-102, Santa Maria.

2. **PROGRAM GOALS.**

- A. Assist clients to establish a clean and sober lifestyle;
- B. To help justice involved veterans reduce psychiatric symptoms including depression, PTSD and other trauma-related symptoms;
- C. Expand capacity in the Santa Maria Veterans Treatment Court and enhance treatment for justice involved veterans.

3. **PROGRAM COLLABORATION.** Contractor shall receive and screen referrals from the Santa Maria VETS Court Team. The VETS Court Team shall refer clients to appropriate providers based upon client's individual treatment needs. In addition to Contractor, Program services may be provided by other treatment providers.

4. **SERVICES.** Contractor will comply with Program requirements, including the grant proposal and the Notice of Grant Award, incorporated herein by reference, and shall provide services as described in the VETS treatment guidelines, accepted by the Therapeutic Justice Policy Council, as applicable. Contractor's services include:

- A. **Screening.** Contractor will screen all clients with the Addiction Severity Index (ASI) and a Mental Status Exam. Results of the screening shall be used to determine referrals to appropriate treatment providers.
- B. **Referral.** Contractor shall assign staff to screen and refer clients to appropriate treatment programs. Clients with co-occurring disorders beyond Contractor's scope of practice will be referred to providers who can accommodate the client's needs including the Veterans Administration (VA). Determination of the appropriate treatment program will be made by the VETS team which shall be comprised of a representative from the District Attorney's office, Court, Probation Department, client's attorney, ADMHS, and the Veterans Justice Outreach Specialist from the VA.
- C. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health, including substance use issues. 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. Contractor shall conduct assessments for each client deemed appropriate for Contractor's treatment program. Contractor's assessment of clients will include the SAMHSA Government Performance Reporting Assessment (GPRA), the Addiction Severity Index (ASI), a Mental Status Exam, and other assessments as required by the approved SAMHSA Grant Application.

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- D. **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].
1. **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.
 2. **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.
- E. Contractor shall use the Matrix Model, Community Reinforcement Approach (CRA), and Seeking Safety for all clients in accordance with SAMHSA grant requirements and specifications.
- F. Contractor shall provide referrals to vocational, literacy, education, and family counseling as applicable.
- G. Contractor shall refer VETS participants to the Veteran Mentor Program as applicable or as requested.
- H. Contractor shall provide random drug testing as described in the ADMHS Drug Testing Policy and Procedures, incorporated herein by reference, and VETS treatment guidelines.
- I. Contractor shall attend the VETS Project Oversight Committee once per month.
- J. Contractor shall attend VETS meetings in Santa Maria Superior Court.
- K. Contractor shall attend Substance Abuse Crime Prevention Act/ Substance Abuse Treatment Court (SACPA/SATC) Core Committee and Policy Council meetings and work with County ADP to develop recommendations, guidelines, and procedures for adult treatment services.
5. **STAFFING.** Contractor shall make available 0.5 full time equivalent (FTE) staff who shall meet the requirements of AOD Counselor(s) as described in California Code of Regulations, Title 9, Division 4, Chapter 8 to provide services as described in Section 4.
6. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide services to 25 VETS clients per year, identified as having co-occurring substance abuse and mental health issues and referred by the VETS Court Team.
7. **LENGTH OF TREATMENT.** Clients shall receive Program services for a minimum of 12 months.
8. **REFERRALS.**
- A. Contractor shall receive identified and eligible referrals from the VETS Court Team. Referrals shall be accompanied by written documentation.
 - B. Contractor shall contact the referral source within 72 hours with a verification of enrollment.

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9. **ADMISSION PROCESS.**

- A. Contractor shall admit clients referred by sources described in Section 8 and only those clients whose substance use issues and treatment needs are within the scope of the Contractor's practice.
 - 1. Admission criteria have been established by the VETS Guidelines; determination of client's eligibility for enrollment in the Program shall be made by the VETS Court Team.
 - 2. Contractor shall interview and screen client to confirm client's appropriateness for the Program.
- B. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:
 - 1. Consent to Treatment form, Program rules and guidelines, signed by client;
 - 2. Release of information form, signed by client;
 - 3. Financial assessment and contract for fees.
 - 4. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
 - a. Social, economic and family background;
 - b. Education;
 - c. Vocational achievements;
 - d. Criminal history, legal status;
 - e. Medical history;
 - f. Drug history;
 - g. Previous treatment.
 - 5. Emergency contact information for client.
- C. Contractor shall notify referral source if client is not accepted into the Program, based on Section 10, within one business day of receiving the initial referral.
- D. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.
- E. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.

10. **EXCLUSION CRITERIA.** In addition to exclusionary criteria specified in the VETS Guidelines, the following may be cause for client exclusion from the program on a case-by-case basis:

- A. Client threat of or actual violence toward staff or other clients;

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- B. Rude or disruptive behavior that cannot be redirected.

11. DOCUMENTATION REQUIREMENTS.

- A. Contractor shall enter all California Outcomes Measurement System (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 seven (7) days after client entry into Program, Contractor shall complete the GPRA;
- C. No later than 30 days after client entry into Program, Contractor shall complete:
 - 1. Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results of the ASI shall be utilized for treatment and discharge planning. Contractor shall report the results of the ASI and recommendations to the VETS Court Team;
 - 2. Mental Status Exam;
 - 3. 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 V), 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.
- D. Follow up Assessments:
 - 1. Per SAMHSA Grant requirements, Contractor shall administer a second ASI six (6) months after the initial ASI.
 - 2. Per SAMHSA Grant requirements, Contractor shall administer a follow up GPRA assessment with each client six (6) months after entry into the Program, at discharge and six (6) months after discharge.

12. **DISCHARGES.** Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:

- A. Recommendations for post-discharge;
- B. Linkages to other services, if appropriate;
- C. Reason for discharge;
- D. Clinical discharge summary.
- E. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.

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IV. Delete Section II, Maximum Contract Amount, from Exhibit B, Financial Provisions, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount shall not exceed **\$301775**, and 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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IV. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:

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

CONTRACTOR NAME: Mental Health Systems **Fiscal Year** 2013-14

	Unit	PROGRAM			
		Santa Maria Center for Change	Santa Maria Center for Change - ROSC	Outpatient Treatment - VETS (10/1/13 - 6/30/14)	Total
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):			
33-ODF Group	session	7320		-	7,320
34-ODF Individual	session	872		-	872
18-Recovery Oriented System of Care (ROSC)	cost reimbursed		\$ 8,600		\$ 8,600
SAMHSA Grant Treatment Services	cost reimbursed			\$ 24,375	\$ 24,375
COST PER UNIT/PROVISIONAL RATE:					
33-ODF Group		\$30.28			
34-ODF Individual		\$71.25			
18-Recovery Oriented System of Care (ROSC)			As Budgeted		
SAMHSA Grant Treatment Services				As Budgeted	
GROSS COST:		\$ 298,749	\$ 8,600	\$ 24,375	\$ 331,724
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)					
CLIENT FEES		\$ 29,949			\$ 29,949
CLIENT INSURANCE					\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)					\$ -
FOUNDATIONS/TRUSTS					\$ -
SPECIAL EVENTS					\$ -
OTHER (LIST): OTHER GOVERNMENT					\$ -
OTHER (LIST): INVESTMENT INCOME					\$ -
TOTAL CONTRACTOR REVENUES		\$ 29,949		\$ -	\$ 29,949
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 268,800	\$ 8,600	\$ 24,375	\$ 301,775
DMC Administrative Fee (15%) *		\$ 15,000			
DMC Gross Claim Maximum		\$ 100,000			

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**					
Drug Medi-Cal		\$ 85,000			\$ 85,000
Realignment/SAPT - Discretionary		\$ 183,800	\$ 8,600		\$ 192,400
Realignment/SAPT - Perinatal					\$ -
Realignment/SAPT - Adolescent Treatment					\$ -
Realignment/SAPT - Primary Prevention					\$ -
CalWORKS					\$ -
Other County Funds					\$ -
SAMHSA Federal Grant - VETS				\$ 24,375	\$ 24,375
TOTAL (SOURCES OF FUNDING)		\$ 268,800	\$ 8,600	\$ 24,375	\$ 301,775

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*The 15% Administrative Fee is deducted from the Drug Medi-Cal portion of the DM/C Gross Claim Maximum. Maximum (Net) Contract Amount is Less Administrative Fee of 15% (Drug Medi-Cal only)

** Funding sources are estimated at the time of contract execution and may be reallocated at ADMHS' discretion based on available funding sources

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

AGENCY NAME: Mental Health Systems, Inc.

COUNTY FISCAL YEAR: FY 2013-2014 July 1, 2013 to June 30, 2014

Gray Shaded cells contain formulas, do not overwrite

	COLUMN #	1	2	3	4	5	6
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATIO N BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Santa Maria Center for Change (E01-001)	Santa Maria Center for Change (E01-004 ROSC)	Santa Maria Center for Change (E01-006 VETS)
1		Contributions		\$ -			
2		Foundations/Events		\$ -			
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: DMC (6241)		\$ 85,000	\$ 85,000		
11		ADMHS Funding: SACPA (6240)		\$ 64,300	\$ 64,300		
12		ADMHS Funding: DRUG COURT (6246)		\$ 119,500	\$ 119,500		
13		ADMHS Funding: ROSC (6243)		\$ 8,600		8,600	
14		Other: (Various Sources)	\$ 74,000,000	\$ -			
15		SAMHSA Federal Grant - VETS		\$ 24,375			\$ 24,375
16		Other: (Specify)		\$ -			
17		Other: (Specify)		\$ -			
18		Total Other Revenue (Sum of lines 1 through 17)	\$ 74,000,000	\$ 301,775	\$ 268,800	\$ 8,600	\$ 24,375
		I.B Client and Third Party Revenues:					
19		Medicare		-			
20		Client Fees		29,949	\$ 29,949		
21		Insurance		-			
22		SSI		-			
23		Other Patient Insurance		-			
24		Medicare		-			
25		Total Client and Third Party Revenues (Sum of lines 19 through 24)	-	29,949	29,949	-	-
26		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 25)	74,000,000	331,724	298,749	8,600	24,375

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Santa Maria Center for Change (E01-001)	Santa Maria Center for Change (E01-004 ROSC)	Santa Maria Center for Change (E01-006 VETS)
	III. A. Salaries and Benefits Object Level					
27	Salaries (Complete Staffing Schedule)	29,398,000	\$ 143,340	\$ 128,208	\$ 2,278	\$ 12,854
28	Employee Benefits	7,077,000	\$ 40,135	\$ 35,898	\$ 638	\$ 3,599
29	Consultants	3,941,000	\$ 9,030	\$ 7,770	\$ -	\$ 1,260
30	Payroll Taxes (Insurance - WC/UI/Life)	1,449,000	\$ 10,034	\$ 8,975	\$ 159	\$ 900
31	Personnel Costs Total (Sum of lines 27 through 30)	\$41,865,000	\$ 202,539	\$ 180,851	\$ 3,075	\$ 18,613
	III. B. Services and Supplies Object Level					
32	Professional Fees	74,000	\$ 150	\$ 100	\$ 25	\$ 25
33	Supplies	1,930,000	\$ 6,039	\$ 2,935	\$ 739	\$ 2,365
34	Telephone	901,000	\$ 7,410	\$ 6,660	\$ 750	\$ -
35	Postage & Shipping (Included in Supplies)	61,000	\$ 650	\$ 600	\$ 50	\$ -
36	Occupancy (Facility Lease/Rent/Costs)	5,783,000	\$ 36,055	\$ 35,133	\$ 922	\$ -
37	Rental/Maintenance Equipment	803,000	\$ 6,231	\$ 5,700	\$ 531	\$ -
38	Printing/Publications	123,000	\$ 500	\$ 500	\$ -	\$ -
39	Transportation	1,101,000	\$ 10,802	\$ 9,298	\$ 1,304	\$ 200
40	Conferences, Meetings, Etc	254,000	\$ 1,000	\$ 1,000	\$ -	\$ -
41	Insurance	609,000	\$ 2,157	\$ 1,942	\$ 56	\$ 159
42	Other Business Services	18,958,000	\$ 1,839	\$ 1,600	\$ 125	\$ 114
43	Equipment	311,000	\$ 100	\$ 100	\$ -	\$ -
44	Licenses/Taxes	201,000	\$ 1,500	\$ 1,500	\$ -	\$ -
45	Urinalysis/Lab Fees	1,026,000	\$ 15,296	\$ 15,296	\$ -	\$ -
46			\$ -			
47			\$ -			
48	Services and Supplies Subtotal	\$ 32,135,000	\$ 89,729	\$ 82,364	\$ 4,502	\$ 2,863
49	III. C. Client Expense Object Level Total		\$ -			
50	SUBTOTAL DIRECT COSTS	\$74,000,000	\$ 292,268	\$263,215	\$7,577	\$21,476
	IV. INDIRECT COSTS					
51	Administrative Indirect Costs (limited to 15%)		\$ 39,456	\$ 35,534	\$ 1,023	\$ 2,899
52	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 50 + 51)	\$ 74,000,000	\$ 331,724	\$ 298,749	\$ 8,600	\$ 24,375

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VI. Add the following to Exhibit E, Program Goals, Outcomes and Measures:

Veterans Entering Treatment Services (VETS) Outcome Measures	
Program Goal	Outcome and Measure
❖ Reduce the harmful effects of substance abuse among justice involved veterans.	<ul style="list-style-type: none">✓ Participants will show a reduction in substance abuse domains as measured by changes in the ASI from intake to six (6) months after program entry.✓ Participants will show a reduction in arrests and jail days in the 12 months after program intake compared to 12 months prior to program intake.✓ Percentages of participants who complete VETS will increase over time.
<ul style="list-style-type: none">❖ Help justice involved veterans reduce psychiatric symptoms including depression, PTSD and other trauma-related symptoms.❖ Increase veterans' awareness of cognitive functioning problems related to traumatic brain injury and receive referrals for treatment.	<ul style="list-style-type: none">✓ Participants will show a reduction in depression as measured by the PHQ-9.✓ Participants will show a reduction in PTSD symptoms as measured by the PTSD Checklist.✓ Participants will show a reduction in psychiatric distress across domains as measured by the ASI.

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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.

ATTEST:

CHANDRA L. WALLAR
CLERK OF THE BOARD

By: _____
Deputy

Date: _____

RECOMMENDED FOR APPROVAL:

ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
TAKASHI WADA, MD, MPH
INTERIM DIRECTOR

By _____
Director

Date: _____

APPROVED AS TO FORM:

DENNIS A. MARSHALL
COUNTY COUNSEL

By _____
Deputy County Counsel

Date: _____

COUNTY OF SANTA BARBARA

By: _____
SALUD CARBAJAL, CHAIR
BOARD OF SUPERVISORS

Date: _____

CONTRACTOR:

By: _____
Tax Id No 95-3302967.

Date: _____

APPROVED AS TO ACCOUNTING FORM:

ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy

APPROVED AS TO FORM:

RAY AROMATORIO
RISK MANAGER

By: _____

Date: _____

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CONTRACT SUMMARY

BC 14-030

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or to Purchasing (<\$100,000). *See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.*

D1. Fiscal Year 13-14
D2. Department Name Alcohol, Drug, & Mental Health Services
D3. Contact Person..... Erin Jeffery
D4. Telephone (805) 681-5168

K1. Contract Type (check one): X Personal Service ρ Capital
K2. Brief Summary of Contract Description/Purpose Substance Abuse Treatment Services
K3. Department Project Number N/A
K4. Original Contract Amount \$ 277400
K5. Contract Begin Date 7/1/2013
K6. Original Contract End Date..... 6/30/2013
K7. Amendment? (Yes or No)..... Yes
K8. - Total Number of Amendments 1
K9. - This Amendment Amount..... \$24375
K10. - Total Previous Amendment Amounts N/A
K11. - Revised Total Contract Amount \$301775

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 Changed? (If Yes, cite Paragraph)..... No

F1. Fund Number 0049
F2. Department Number 043
F3. Line Item Account Number 7461
F4. Project Number (if applicable) N/A
F5. Program Number (if applicable) MULT
F6. Org Unit Number (if applicable) N/A
F7. Payment Terms Net 30

V1. Auditor-Controller Vendor Number 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
V7. Vendor Contact Person Kimberly Bond President & CEO
V8. Workers Comp Insurance Expiration Date 4/1/2014
V9. Liability Insurance Expiration Date[s] 10/1/2013
V10. Professional License Number..... 420031BN
V11. Verified by (name of county staff) Lindsay Walter
V12. Company Type (Check one): Individual ρ Sole Proprietorship ρ Partnership ☒ Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____