

SECOND AMENDMENT 2011-2012

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 10-019**, by and between the **County of Santa Barbara** (County) and **Community Action Commission** (Contractor), for the continued provision of **Children & Family Mental Health Services**.

Whereas, County intends to extend the term of the existing contract through Fiscal Year 11-12 and to compensate Contractor for the services to be provided during that Fiscal Year; and

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 4, Term, from Agreement and replace with the following:

4. **TERM.** Contractor shall commence performance on July 1, 2011, and end performance upon completion, but no later than June 30, 2012, unless otherwise directed by County or unless earlier terminated.

II. Delete Section 5, Clients/Program Capacity, of Exhibit A-1, Statement of Work – Parent Partner Services, and replace with the following:

5. CLIENTS/PROGRAM CAPACITY.

- A. Contractor shall provide Program services to clients aged 0 to 21 years, diagnosed with serious emotional disturbance (SED) and/or 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 an average capacity of 50 clients.

III. Delete Section 10, Staffing Requirements, of Exhibit A-1, Statement of Work - Parent Partner Services, and replace with the following:

10. **STAFFING REQUIREMENTS.** The Program shall be staffed by 3.8 full time equivalent (FTE) direct service staff, as follows:
 - A. 3.0 FTE Parent Partners who shall be Qualified Mental Health Workers (QMHW). QMHWs are individuals who hold a college degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services,

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social psychology, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application: i) Staff with an Associate's degree must have the equivalent of two years full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, and/or vocational adjustment; ii) Staff with a Bachelor's degree must have the equivalent of one year of such fulltime experience; iii) No experience is required for staff with a Master's or Doctoral degree. In addition to the above requirement, Parent Partners shall have a child who has been diagnosed with serious emotional disturbance (SED) and have become effective in working with various service systems (i.e. Child Welfare Services, Probation, mental health). The Parent Partners shall be assigned as follows:

1. Lompoc: one (1.0) FTE Parent Partner;
2. Santa Barbara: one (1.0) FTE Parent Partner;
3. Santa Maria: one (1.0) FTE Parent Partner.

- B. 0.8 FTE Mental Health Services Supervisor who shall be QMHW, as described above, or licensed/waivered/registered mental health professionals, as described in Title 9, CCR.

IV. Delete Section 5, Clients/Program Capacity, of Exhibit A-2, Statement of Work – Therapeutic Response Aid Services, and replace with the following:

5. CLIENTS/PROGRAM CAPACITY.

- A. Contractor shall provide Program services to clients aged 5 to 21 years, diagnosed with serious emotional disturbance (SED) and/or 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 an average capacity of 114 clients.

V. Delete Section 10, Staffing Requirements, of Exhibit A-2, Statement of Work – Therapeutic Response Aid Services, and replace with the following:

10. **STAFFING REQUIREMENTS.** The Program shall be staffed by 11.3 full time equivalent (FTE) direct service staff, as follows:
- A. 9.0 FTE Therapeutic Response Aids (TRA) who shall be Qualified Mental Health Workers (QMHW) or licensed/waivered/registered mental health professionals as described in Title 9, CCR. QMHWs are individuals who hold a college 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,

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social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application: i) Staff with an Associate's degree must have the equivalent of two years full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, and/or vocational adjustment; ii) Staff with a Bachelor's degree must have the equivalent of one year of such fulltime experience; iii) No experience is required for staff with a Master's or Doctoral degree. The TRAs shall be assigned as follows or as otherwise directed by County:

1. Lompoc: 2.0 FTE TRA;
2. Santa Barbara: 3.0 FTE TRA;
3. Santa Maria: 4.0 FTE TRA.

- B. 2.3 FTE Mental Health Services Supervisor who shall be QMHW, as described above, or licensed/waivered/registered mental health professionals, as described in Title 9, CCR.

VI. Delete Section 9, Staffing Requirements, of Exhibit A-3, Statement of Work – Family Wellness/HeadStart, and replace with the following:

9. **STAFFING REQUIREMENTS.** The Program shall be staffed by 6.5 full time equivalent (FTE) direct service staff, assigned to each of the three regions as determined by County, as described below.
- A. 3.5 FTE Case Workers who shall be Qualified Mental Health Workers (QMHW). QMHWs are individuals who hold a college 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 Mental Health Plan Director or designee to have mental health application: i) Staff with an Associate's degree must have the equivalent of two years full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, and/or vocational adjustment; ii) Staff with a Bachelor's degree must have the equivalent of one year of such fulltime experience; iii) No experience is required for staff with a Master's or Doctoral degree.
- B. 3.0 Licensed Clinicians who shall be licensed/waivered/registered mental health professionals, as described in Title 9, CCR.

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- VII. Delete Section II, Maximum Contract Amount, 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 **\$1647778**. 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.

- VIII. 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: Community Action Commission
FISCAL YEAR: 2011-2012

	PROGRAM					TOTAL
	Parent Partner	Therapeutic Aid	Client Expense/ WRAP Funds Children	Client Expense/ WRAP Funds Adult	Headstart (Family Wellness)	
DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):					
Outpatient - Placement/Brokerage (15/01-09)	19,955	31,509			5,983	57,447
Outpatient Mental Health Services (15/10-59)	147,030	461,893			256,025	864,948
SERVICE TYPE: M/C, NON M/C	M/C	M/C			M/C	
UNIT REIMBURSEMENT	minute	minute			minute	
COST PER UNIT/PROVISIONAL RATE:						
Outpatient - Placement/Brokerage (15/01-09)				\$1.39		
Outpatient Mental Health Services (15/10-59)				\$1.80		

GROSS COST:	\$ 292,392	\$ 875,205	\$ 5,510	\$ 5,510	\$ 618,480	\$1,797,097
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)						
PATIENT FEES						\$0
PATIENT INSURANCE						\$0
CONTRIBUTIONS						\$0
FOUNDATIONS/TRUSTS						\$0
SPECIAL EVENTS						\$0
OTHER (LIST):					\$ 149,319	\$149,319
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -	\$ 149,319	\$149,319
MAXIMUM CONTRACT AMOUNT:	\$ 292,392	\$ 875,205	\$ 5,510	\$ 5,510	\$ 469,161	\$ 1,647,778

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT*						
MEDI-CAL/FFP**	\$ 146,196	\$ 437,603			\$ 234,581	\$ 818,379
OTHER FEDERAL FUNDS						\$ -
REALIGNMENT/VLF FUNDS	\$ 14,620	\$ 43,760			\$ 23,458	\$ 81,838
STATE GENERAL FUNDS						\$ -
COUNTY FUNDS			\$ 5,510	\$ 5,510		\$ 11,020
EPSDT	\$ 131,576	\$ 393,842			\$ 211,122	\$ 736,541
MHSA						\$ -
OTHER (LIST):						\$ -
TOTAL (SOURCES OF FUNDING)	\$ 292,392	\$ 875,205	\$ 5,510	\$ 5,510	\$ 469,161	\$ 1,647,778

CONTRACTOR SIGNATURE: _____
 STAFF ANALYST SIGNATURE: _____
 FISCAL SERVICES SIGNATURE: _____

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

**Medi-Cal services may be offset by AB 3632, Healthy Families or Medicare qualifying services (funding), if approved by ADMHS.

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

AGENCY NAME: Community Action Commisison of Santa Barbara County

COUNTY FISCAL YEAR: 2011-12

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	TRA	Parent Partner	Head Start	WRAP Children	WRAP Adult	Sober Women	Bridges to Recovery
1		Contributions	\$ 235,609	\$ -							
2		Foundations/Trusts	\$ 75,000	\$ -							
3		Special Events	\$ 50,000	\$ -							
4		Legacies/Bequests		\$ -							
5		Associated Organizations		\$ -							
6		Membership Dues		\$ -							
7		Sales of Materials		\$ -							
8		Investment Income		\$ -							
9		Miscellaneous Revenue	\$ 198,973	\$ -							
10		ADMHS Funding	\$ 2,018,321	\$ 1,784,778	\$ 875,205	\$ 292,392	\$ 469,161	\$ 5,510	\$ 5,510	\$ 5,000	\$ 132,000
11		Other Government Funding	\$ 21,056,925	\$ 149,319			\$ 149,319				
12		Public Funding/So CA Gas	\$ 500,000	\$ -							
13		Back Door Deli	\$ 125,000	\$ -							
14		Rental Revenue	\$ 18,000	\$ -							
15		In-kind	\$ 1,626,899	\$ -							
16		Other (specify)		\$ -							
17		Other (specify)		\$ -							
18		Total Other Revenue (Sum of lines 1 through 17)	\$ 25,904,727	\$ 1,934,097	\$ 875,205	\$ 292,392	\$ 618,480	\$ 5,510	\$ 5,510	\$ 5,000	\$ 132,000
		I.B Client and Third Party Revenues:									
19		Medicare		\$ -							
20		Client Fees		\$ -							
21		Insurance		\$ -							
22		SSI		\$ -							
23		Other (specify)		\$ -							
24		Total Client and Third Party Revenues (Sum of lines 19 through 23)	-	-	-	-	-	-	-	-	-
25		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	25,904,727	1,934,097	875,205	292,392	618,480	5,510	5,510	5,000	132,000

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	TRA	Parent Partner	Head Start	WRAP Children	WRAP Adult	Sober Women	Bridges to Recovery
III.A. Salaries and Benefits Object Level										
26	Salaries (Complete Staffing Schedule)	10,396,202	\$ 1,155,915	\$ 535,820	\$ 165,987	\$ 373,413			\$ 3,376	\$ 77,319
27	Employee Benefits	3,794,613	\$ 295,336	\$ 136,902	\$ 42,410	\$ 95,407			\$ 863	\$ 19,755
28	Consultants	2,824,658	\$ -							
29	Payroll Taxes		\$ 126,572	\$ 58,673	\$ 18,176	\$ 40,889			\$ 370	\$ 8,465
30	Salaries and Benefits Subtotal	\$ 17,015,473	\$ 1,577,823	\$ 731,394	\$ 226,572	\$ 509,709	\$ -	\$ -	\$ 4,608	\$ 105,539
III.B Services and Supplies Object Level										
31	Professional Fees		\$ 1,000			\$ 1,000				
32	Supplies	2,709,511	\$ 28,405	\$ 3,450	\$ 4,750	\$ 18,855				\$ 1,350
33	Telephone	164,583	\$ 16,700	\$ 8,000	\$ 3,350	\$ 3,650				\$ 1,700
34	Postage & Shipping	14,866	\$ 200			\$ 200				
35	Occupancy (Facility Lease/Rent/Costs)	882,895	\$ 31,361	\$ 11,374	\$ 6,398	\$ 11,250				\$ 2,340
36	Rental/Maintenance Equipment	119,439	\$ 6,466	\$ 3,100	\$ 2,416	\$ 800				\$ 150
37	Printing/Publications	25,531	\$ 150			\$ 150				
38	Transportation	217,542	\$ 80,453	\$ 38,523	\$ 15,000	\$ 17,330				\$ 9,600
39	Conferences, Meetings, Etc	12,000	\$ -							
40	Insurance	118,380	\$ 4,625	\$ 1,800	\$ 800	\$ 1,800				\$ 225
41	In-Kind	1,626,899	\$ -							
42	Utilities	204,000	\$ -							
43	Miscellaneous Expenses	486,900	\$ 23,794	\$ 7,400	\$ 2,700	\$ 2,784	\$ 5,078	\$ 5,078		\$ 754
44	Training	166,678	\$ 5,100	\$ 1,600	\$ 1,000	\$ 2,500				
45	Services and Supplies Subtotal	\$ 6,749,224	\$ 198,254	\$ 75,247	\$ 36,413	\$ 60,319	\$ 5,078	\$ 5,078	\$ -	\$ 16,119
46	III.C. Client Expense Object Level Total		\$ -							
47	SUBTOTAL DIRECT COSTS	\$ 23,764,697	\$ 1,776,077	\$ 806,641	\$ 262,986	\$ 570,027	\$ 5,078	\$ 5,078	\$ 4,608	\$ 121,658
IV. INDIRECT COSTS										
48	Administrative Indirect Costs (limited to 15%)	2,140,030	\$ 151,519	\$ 68,564	\$ 22,906	\$ 48,452	\$ 432	\$ 432	\$ 392	\$ 10,341
49	GROSS DIRECT AND INDIRECT COSTS	\$ 25,904,727	\$ 1,927,597	\$ 875,206	\$ 285,892	\$ 618,480	\$ 5,510	\$ 5,510	\$ 5,000	\$ 132,000

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Agreement for Services of Independent Contractor between the County of Santa Barbara and Community Action Commission.

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

COUNTY OF SANTA BARBARA

By: _____
JONI GRAY
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy Clerk
Date: _____

By: _____
Tax Id No 95-2491790.
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 MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 10-019

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..... 11-12
 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 & Family Mental Health
 K3. Contract Amount..... \$1647778
 K4. Contract Begin Date 7/1/2011
 K5. Original Contract End Date..... 6/30/2010
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/10			1647778	6/30/11	Renew for 11-12

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..... \$1647778
 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=188062
 V2. Payee/Contractor Name Community Action Commission
 V3. Mailing Address 5638 Hollister Ave., Suite 230.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93117
 V5. Telephone Number 8059648857
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 95-2491790
 V7. Contact Person Fran Forman Executive Director
 V8. Workers Comp Insurance Expiration Date 9/1/2011
 V9. Liability Insurance Expiration Date[s] G=5/24/2012,P=5/24/2012
 V10. Professional License Number..... N/A
 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: _____