

THIRD AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Third Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 10-037**, by and between the **County of Santa Barbara** (County) and **Santa Maria Valley Youth & Family Center** (Contractor), for the continued provision of **Alcohol and Drug Treatment Services**.

Whereas, this Third 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 County Board of Supervisors in July 2010, except as modified by this Third 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 from Agreement and replace with the following:

THIS AGREEMENT INCLUDES:

- A. EXHIBIT A, A-1, A-2, A-3 – Statement of Work
- B. EXHIBIT B – Financial Provisions
- C. EXHIBIT B-1 – Schedule of Fees
- D. EXHIBIT B-2 – Contractor 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. Add Exhibit A-3 Statement of Work, Bridges to Recovery:

**Exhibit A-3
Statement of Work
Bridges to Recovery**

1. **PROGRAM SUMMARY:** Santa Maria Valley Youth and Family (SMVYF) (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

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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 105 North Lincoln Street, Santa Maria, California.

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.

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

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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].

- 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.**

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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. For the period of January 1, 2011 through June 30, 2011, Contractor is expected to serve 15 unduplicated clients. Contractor is expected to serve at least 100 unduplicated clients by the conclusion of the grant period.

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 fund to provide a minimum make available 0.5 Full Time Equivalent (FTE) alcohol and other drug (AOD) counselors who meet 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;

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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;
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.

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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:
 - 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.

III. Delete Section II. MAXIMUM CONTRACT 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 **\$259632**. 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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IV. Delete Exhibit B-1, Schedule of Fees, and replace with the following:

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

CONTRACTOR NAME: Santa Maria Valley Youth and Family FISCAL YEAR: 2010-11

	Unit	PROGRAM			Total
		Outpatient Treatment	School Based Counseling	Bridges to Recovery 1/1/11 - 6/30/11	
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):			
33-ODF Group	90 min session	5155		707	5,862
34-ODF Individual	50 min session	540		200	740
34 - Drug Testing	staff hour	216			216
34 - Case Management	staff hour	340			340
34 - ODF Individual - Recovery Activities	staff hour	31			31
34 - ODF Individual -Educational/Voc Activities	staff hour	31			31
34 - ODF Individual - Family Engagement	staff hour	93			93
34 - ODF Individual - Parenting	staff hour	31			31
18 - Early Intervention	cost reimbursed		\$ 20,000		\$ 20,000
68-SAMHSA B2R Grant Services	cost reimbursed			\$ 14,890	\$ 14,890
COST PER UNIT/PROVISIONAL RATE:					
33-ODF Group			\$28.69		
34-ODF Individual			\$67.53		
34 - Drug Testing			\$67.53		
34 - Case Management			\$67.53		
34-ODF Individual - Parenting			\$67.53		
34 - Family Services -Educational/Voc Activities			\$67.53		
18 - Early Intervention			As budgeted		
68-SAMHSA B2R Grant Services			As budgeted		
GROSS COST:		\$ 208,660	\$ 21,000	\$ 30,972	\$ 260,632
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)					
A	CLIENT FEES				\$ -
B	CLIENT INSURANCE				\$ -
C	CONTRIBUTIONS/GRANTS (includes unsecured)				\$ -
D	FOUNDATIONS/TRUSTS				\$ -
E	SPECIAL EVENTS				\$ -
F	OTHER (LIST): OTHER GOVERNMENT				\$ -
	OTHER (LIST): SCHOOL DISTRICT		\$ 1,000		\$ 1,000
	TOTAL CONTRACTOR REVENUES*	\$ -	\$ 1,000		\$ 1,000
	MAXIMUM (NET) CONTRACT AMOUNT:	\$ 208,660	\$ 20,000	\$ 30,972	\$ 259,632
	DM/C Administrative Fee (15%)**	\$ 25,765		\$ 2,838	
	DM/C Gross Claim Maximum	\$ 171,765		\$ 18,920	

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT					
A	Medi-Cal Treatment Services (6241)		\$ 146,000	\$ 16,082	\$ 162,082
B	Medi-Cal Perinatal Services (6242)				\$ -
C	Drug Testing SB 233/SATTA (6239)				\$ -
D	SACPA Treatment Services (6240)				\$ -
E	ADP Treatment Services - SAPT (6243)				\$ -
F	Recovery Oriented System of Care (ROSC) (6243)				\$ -
G	Perinatal Non-Drug Medi-Cal (6244)				\$ -
H	SAMHSA SWHF Grant (6244)				\$ -
I	Drug Court Services (6246)	\$ 3,540			\$ 3,540
J	SAMHSA MARS Grant (6246)				\$ -
K	SAMHSA CSDC Grant (6246)				\$ -
L	CalWORKS (6249)				\$ -
M	Youth Services (6250)	\$ 59,120	\$ 20,000		\$ 79,120
N	SAMHSA B2R Grant (6250)			\$ 14,890	\$ 14,890
O	Prevention Services (6351)				\$ -
	TOTAL (SOURCES OF FUNDING)	\$ 208,660	\$ 20,000	\$ 30,972	\$ 259,632

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. Maximum (Net) Contract Amount is Less Administrative Fee of 15% (Drug Medi-Cal Only).

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V. 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: Santa Maria Valley Youth and Family Center

COUNTY FISCAL YEAR: 2010-11

Gray Shaded cells contain formulas, do not overwrite

LINE	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13
REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Intensive In-Home	Intensive In-School	Family Therapist	Managed Care Fee- For-Service	HOPE	ADP NNA Treatment	ADP Juvenile Drug Court	ADP Drug Medi-Cal	ADP Prevention	Bridges To Recovery (B2R)	
1	Contributions		\$ -											
2	Foundations/Trusts		\$ -											
3	Special Events	\$ 4,000	\$ -											
4	Legacies/Bequests		\$ -											
5	Associated Organizations		\$ -											
6	Membership Dues		\$ -											
7	Sales of Materials		\$ -											
8	Investment Income		\$ -											
9	Miscellaneous Revenue	\$ 1,500	\$ -											
10	ADMHS Funding	\$ 1,393,544	\$ 1,393,544	\$ 358,548	\$ 81,624	\$ 88,229	\$ 166,963	\$ 438,548	\$ 59,120	\$ 3,540	\$ 162,082	\$ 20,000	\$ 14,890	
11	Other Government Funding	\$ 1,061,577	\$ -											
12	School District	\$ 1,106,629	\$ 1,000									\$ 1,000		
13	Other (specify)	\$ 2,000	\$ -											
14	Other (specify)		\$ -											
15	Other (specify)		\$ -											
16	Other (specify)		\$ -											
17	Other (specify)		\$ -											
18	Total Other Revenue (Sum of lines 1 through 17)	\$ 3,589,250	\$ 1,394,544	\$ 358,548	\$ 81,624	\$ 88,229	\$ 166,963	\$ 438,548	\$ 59,120	\$ 3,540	\$ 162,082	\$ 21,000	\$ 14,890	
I.B Client and Third Party Revenues:														
19	Medicare		-											
20	Client Fees	\$ 4,000	-											
21	Insurance		-											
22	SSI		-											
23	Other (specify)		-											
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	4,000	-	-	-	-	-	-	-	-	-	-	-	-
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	3,593,250	1,394,544	358,548	81,624	88,229	166,963	438,548	59,120	3,540	162,082	21,000	14,890	

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LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13
III. DIRECT COSTS		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMS PROGRAMS TOTALS	Intensive In-Home	Intensive In-School	Family Therapist	Managed Care Fee- For-Service	HOPE	ADP NNA Treatment	ADP Juvenile Drug Court	ADP Drug Medi-Cal	ADP Prevention	Bridges To Recovery (BTR)	
26		Salaries (Complete Staffing Schedule)	2,109,204	\$ 864,540	\$ 225,015	\$ 54,220	\$ 57,418	\$ 105,362	\$ 266,624	\$ 39,254	\$ 3,035	\$ 90,672	\$ 12,656	\$ 9,284
27		Employee Benefits	439,265	\$ 142,161	\$ 36,351	\$ 6,875	\$ 8,953	\$ 17,120	\$ 46,603	\$ 5,366	\$ 273	\$ 17,362	\$ 1,917	\$ 1,341
28		Consultants	25,337	\$ -										
29		Payroll Taxes	199,904	\$ 66,729	\$ 17,214	\$ 4,148	\$ 4,392	\$ 8,134	\$ 20,397	\$ 3,370	\$ 232	\$ 6,936	\$ 1,196	\$ 710
30		Personnel Costs Total (Sum of lines 26 through 29)	\$ 2,773,710	\$ 1,073,430	\$ 278,580	\$ 65,243	\$ 70,763	\$ 131,616	\$ 333,624	\$ 47,990	\$ 3,540	\$ 114,970	\$ 15,769	\$ 11,335
31		Professional Fees	12,748	\$ 5,740	\$ 1,571	\$ 200	\$ 200	\$ 765	\$ 2,082	\$ 265		\$ 510	\$ 91	\$ 56
32		Supplies	33,209	\$ 12,995	\$ 3,404	\$ 500	\$ 500	\$ 1,658	\$ 4,511	\$ 573		\$ 1,488	\$ 197	\$ 164
33		Telephone	30,504	\$ 12,357	\$ 3,273	\$ 600	\$ 600	\$ 1,594	\$ 4,338	\$ 551		\$ 1,162	\$ 189	\$ 50
34		Postage & Shipping	1,956	\$ 1,014	\$ 262	\$ 62	\$ 62	\$ 128	\$ 347	\$ 44		\$ 85	\$ 15	\$ 9
35		Occupancy (Facility Lease/Rent/Costs)	11,346	\$ 5,301	\$ 943	\$ 200	\$ 200	\$ 612	\$ 1,249	\$ 800		\$ 1,200	\$ 72	\$ 25
36		Rental/Maintenance Equipment		\$ -										
37		Printing/Publications	7,677	\$ 2,790	\$ 720	\$ 171	\$ 171	\$ 351	\$ 954	\$ 121		\$ 234	\$ 42	\$ 26
38		Transportation	43,729	\$ 17,688	\$ 6,711	\$ 900	\$ 900	\$ 300	\$ 7,625	\$ 400		\$ 500	\$ 302	\$ 50
39		Conferences, Meetings, Etc	45,195	\$ 14,335	\$ 3,928	\$ 500	\$ 500	\$ 1,913	\$ 5,205	\$ 662		\$ 1,300	\$ 227	\$ 100
40		Insurance	31,081	\$ 14,371	\$ 2,923	\$ 800	\$ 800	\$ 1,913	\$ 5,205	\$ 662		\$ 1,658	\$ 227	\$ 183
41		Utilities	11,322	\$ 6,765	\$ 1,571	\$ 300	\$ 700	\$ 765	\$ 2,082	\$ 400		\$ 800	\$ 91	\$ 56
42		Accounting (Audit)	27,965	\$ 12,360	\$ 3,272	\$ 700	\$ 300	\$ 1,594	\$ 4,338	\$ 551		\$ 1,275	\$ 189	\$ 141
43		Miscellaneous: security, dues, advertising	5,398	\$ 2,220	\$ 500	\$ 100	\$ 100	\$ 300	\$ 600	\$ 110		\$ 425	\$ 38	\$ 47
44		Maintenance	21,829	\$ 8,899	\$ 2,618	\$ 500	\$ 500	\$ 275	\$ 3,470	\$ 441		\$ 850	\$ 151	\$ 94
45		Drug Testing/ADP Administrative Fee	31,662	\$ 28,662					\$ 750			\$ 27,312		\$ 600
46		SUBTOTAL DIRECT COSTS	\$ 3,089,331	\$ 1,218,927	\$ 310,276	\$ 70,776	\$ 76,296	\$ 143,784	\$ 375,630	\$ 54,320	\$ 3,540	\$ 153,769	\$ 17,600	\$ 12,936
III. INDIRECT COSTS														
47		Administrative Indirect Costs	503,919	\$ 175,617	\$ 48,272	\$ 10,848	\$ 11,933	\$ 23,179	\$ 62,918	\$ 4,800		\$ 8,313	\$ 3,400	\$ 1,954
48		GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 3,593,250	\$ 1,394,544	\$ 358,548	\$ 81,624	\$ 88,229	\$ 166,963	\$ 438,548	\$ 59,120	\$ 3,540	\$ 162,082	\$ 21,000	\$ 14,890

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Santa Maria Valley Youth & Family 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 .
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 10-037

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 Erin Jeffery
 D6. Telephone (805) 681-5168

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Alcohol and Drug Treatment
 K3. Contract Amount \$259632
 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	228660		228660	6/30/2011	FY 10-11 Funds
2	1/1/2011	30972	259632	259632	6/30/2011	Add program & funds

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 Unaffected? (*Yes / or cite*) Yes
 F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$259632
 F3. Fund Number 0049
 F4. Department Number 043
 F5. Division Number (*if applicable*) N/A
 F6. Account Number 7461
 F7. Cost Center number (*if applicable*) 6100
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=722764
 V2. Payee/Contractor Name Santa Maria Valley Youth & Family
 V3. Mailing Address 105 N. Lincoln.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Maria, CA 93454
 V5. Telephone Number 8059281707
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*)
 V7. Contact Person Will Rogers Executive Director
 V8. Workers Comp Insurance Expiration Date 7/1/2011
 V9. Liability Insurance Expiration Date[s] G-7/1/2011; P-7/1/2011
 V10. Professional License Number
 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: _____