

AMENDMENT 2006-2007

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Amended Contract") to the Agreement for Services of Independent **CONTRACTOR**, number **BC05-015** by and between the **COUNTY of Santa Barbara (COUNTY)** and **Sojourn Services, Inc. (CONTRACTOR)**, for the continued provision of Children's Mental Health Services.

Whereas, **COUNTY** intends to extend the term of the existing contract through Fiscal Year 06-07 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the **COUNTY** Board of Supervisors on 8/3/04, except as modified by this 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 Item 4, TERM, of the Agreement and replace with the following:**
 4. **TERM. CONTRACTOR** shall commence performance on **July 1, 2006**, and end performance upon completion, but no later than **June 30, 2007**, unless otherwise directed by **COUNTY** or unless earlier terminated.
- II. **Delete Item 1, (Paragraph 1 and 2) of Exhibit B, Payment Arrangements, and replace with the following:**

EXHIBIT B PAYMENT ARRANGEMENTS

1. **CONTRACTOR SERVICES.** For **CONTRACTOR** services to be rendered under this Agreement, **CONTRACTOR** shall be paid at the rate specified in the Schedule of Fees (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$1,935,300.**

- III. **Delete Exhibit B-1, Payment Arrangements, and replace with the following:**

EXHIBIT B-1 SCHEDULE OF RATES:

AMENDMENT 2006-2007
SIGNATURE PAGE

Amended Contract for Services of Independent Contractor between the County of Santa Barbara and Sojourn Services, Inc. for FY 2006-2007.

IN WITNESS WHEREOF, the parties have executed this Amended Contract to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA

By: _____

Chair, Board of Supervisors

Date: _____

CONTRACTOR:

By: _____

Tax ID No. 77-0461329

ATTEST:

MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

By: _____
Deputy COUNTY Counsel

APPROVED AS TO FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

By: _____
Director

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By: _____
Risk Program Administrator

AMENDMENT 2006-2007

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..... 06-07
 D2. Budget Unit Number 043
 D3. Requisition Number
 D4. Department Name Alcohol, Drug, & Mental Health
 D5. Contact Person Jack Juntunen
 D6. Telephone..... (805) 681-4090

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Children's Mental Health Services
 K3. Contract Amount..... \$1,935,300
 K4. Contract Begin Date 7/1/2006
 K5. Original Contract End Date 6/30/2006
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/06	\$1,935,300	\$1,935,300	\$1,935,300	6/30/07	Change date and add 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*)

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount..... \$1,935,300
 F3. Fund Number..... 0044
 F4. Department Number 043
 F5. Division Number (*if applicable*)
 F6. Account Number 7460
 F7. Cost Center number (*if applicable*)
 F8. Payment Terms

V1. Vendor Numbers (A=Auditor; P=Purchasing)
 V2. Payee/Contractor Name Sojourn Services, Inc.
 V3. Mailing Address 118 W. Arrellaga St.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93101
 V5. Telephone Number 805 962-2963
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 77-0461329
 V7. Contact Person Sharon Frederick, Exec. Director
 V8. Workers Comp Insurance Expiration Date..... 8/7/2006
 V9. Liability Insurance Expiration Date[s] (*G=Genl*; GL 3/16/2007, PL 3/16/2007
 V10. Professional License Number
 V11. Verified by (name of county staff) Jack Juntunen
 V12. Company Type (*Check one*): Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____

**ALCOHOL DRUG AND MENTAL HEALTH SERVICES
EXHIBIT B -1
SCHEDULE OF RATES & CONTRACT MAXIMUM
FY0607**

FEE FOR SERVICE

SOJOURN, INC.	Amount									
<p style="text-align: center;"><u>TOTAL CONTRACT GROSS VALUE</u></p> <p style="text-align: right;">Children System of Care - MHS: 1,935,300 Less Administrative Fee (15%): 290,295 NET CONTRACT AMOUNT: <u>1,645,005</u></p>	<p>\$ 1,935,300</p>									
<p style="text-align: center;"><u>MEDI-CAL PRODUCTIVITY TARGET</u></p> <p style="text-align: right;">Children System of Care - MHS: 1,935,300</p>	<p>\$ 1,935,300</p>									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Location</u></th> <th style="text-align: left;"><u>Reporting Unit</u></th> <th style="text-align: left;"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>9134</td> <td>91341</td> <td>MH Outpatient Services - South County</td> </tr> <tr> <td>9153</td> <td>91343</td> <td>MH Outpatient Services - North County</td> </tr> </tbody> </table>	<u>Location</u>	<u>Reporting Unit</u>	<u>Name</u>	9134	91341	MH Outpatient Services - South County	9153	91343	MH Outpatient Services - North County	<p>N/A</p>
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9134	91341	MH Outpatient Services - South County								
9153	91343	MH Outpatient Services - North County								

NEGOTIATED RATES FY 0506

Category	Mode of Service	Service Function Code	Negotiated Rates / Per min FY 0506 **
Case Management, Brokerage	15	01 - 09	1.92
Mental Health Services	15	10 - 19	2.48
Mental Health Services	15	30 - 59	2.48

**** To be revised upon receipt of State approved rates for FY 0607**