

FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First 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 and Family** (Contractor), for the continued provision of **Alcohol and Drug Treatment Services**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2009, except as modified by this First 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 II. MAXIMUM CONTRACT AMOUNT from Exhibit B, Payment Arrangements, 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 \$242116. 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.

- II. **Delete Exhibit B-1, Schedule of Fees, 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:

Santa Maria Valley Youth and Family

FISCAL YEAR: 2009-2010

	Unit	PROGRAM			Total
		Outpatient Treatment	School Based Counseling		
DESCRIPTION/MODE/SERVICE FUNCTION:					
NUMBER OF UNITS PROJECTED (based on history):					
33-ODF Group	90 min session	5414	\$ -		5,414
34-ODF Individual	50 min session	567	\$ -		567
34 - Drug Testing	staff hour	228	\$ -		228
34 - Case Management	staff hour	359	\$ -		359
34 - ODF Individual - Recovery Activities	staff hour	33	\$ -		33
34 - ODF Individual - Educational/Voc Activities	staff hour	33	\$ -		33
34 - ODF Individual - Family Engagement	staff hour	98	\$ -		98
34 - ODF Individual - Parenting	staff hour	33	\$ -		33
18 - Early Intervention	cost reimbursed		\$25,000		
COST PER UNIT/PROVISIONAL RATE:					
33-ODF Group			\$28.27		
34-ODF Individual			\$66.53		
34 - Drug Testing			\$66.53		
34 - Case Management			\$66.53		
18 - Early Intervention			\$66.53		
34 - Family Services -Educational/Voc Activities			\$66.53		
18 - Early Intervention			As budgeted		
GROSS COST:		\$ 217,116	\$ 25,000		\$242,116
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)					
A	CLIENT FEES				\$0
B	CLIENT INSURANCE				\$0
C	CONTRIBUTIONS/GRANTS (includes unsecured)				\$0
D	FOUNDATIONS/TRUSTS				\$0
E	SPECIAL EVENTS				\$0
F	OTHER (LIST): OTHER GOVERNMENT				\$0
	OTHER (LIST): INVESTMENT INCOME				\$0
TOTAL CONTRACTOR REVENUES*		\$ -	\$ -		\$0
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 217,116	\$ 25,000	\$ -	\$ 242,116
	DM/C Administrative Fee (15%)**	\$ 25,765			
	DM/C Gross Claim Maximum	\$ 171,765			
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT					
A	Medi-Cal Treatment Services (6241)	\$146,000			\$146,000
B	Medi-Cal Perinatal Services (6242)				\$0
C	Drug Testing SB 233/SATTA (6239)				\$0
D	SACPA Treatment Services (6240)				\$0
E	SACPA OTP (6240)				\$0
F	ADP Treatment Services - SAPT (6243)				\$0
G	Perinatal Non-Drug Medi-Cal (6244)				\$0
H	Drug Court Services (6246)	\$4,116			\$4,116
I	CalWORKS (6249)				\$0
J	Youth Services (6250)	\$67,000	\$25,000		\$92,000
K	Prevention Services (6351)				\$0
TOTAL (SOURCES OF FUNDING)		\$ 217,116	\$ 25,000	\$ -	\$242,116

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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III. 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 & Family Center

COUNTY FISCAL YEAR: 2009-10

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Intensive In-Home	Managed Care Fee- For-Service	HOPE	Intensive In-School	Family Therapist	AOD Treatment - NNA	AOD Treatment - JDC	AOD Treatment - DMC	ADP Secondary Prevention - School Program	
1	Contributions			\$ -										
2	Foundations/Trusts		\$ 77,000	\$ -										
3	Special Events		\$ 5,000	\$ -										
4	Legacies/Bequests			\$ -										
5	Associated Organizations			\$ -										
6	Membership Dues			\$ -										
7	Sales of Materials			\$ -										
8	Investment Income			\$ -										
9	Miscellaneous Revenue		\$ 5,000	\$ -										
10	ADMHS Funding		\$ 1,376,028	\$ 1,376,028	\$ 342,798	\$ 161,963	\$ 439,298	\$ 91,624	\$ 98,229	\$ 67,000	\$ 4,116	\$ 146,000	\$ 25,000	
11	Other Government Funding		\$ 866,722	\$ -										
12	School Districts		\$ 792,826											
13	Other (specify)			\$ -										
14	Other (specify)			\$ -										
15	Other (specify)			\$ -										
16	Other (specify)			\$ -										
17	Other (specify)			\$ -										
18	Total Other Revenue (Sum of lines 1 through 17)		\$ 3,122,576	\$ 1,376,028	\$ 342,798	\$ 161,963	\$ 439,298	\$ 91,624	\$ 98,229	\$ 67,000	\$ 4,116	\$ 146,000	\$ 25,000	\$ -
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)		3,126,576	1,376,028	342,798	161,963	439,298	91,624	98,229	67,000	4,116	146,000	25,000	-

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III. DIRECT COSTS		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Intensive In-Home	Managed Care Fee- For-Service	HOPE	Intensive In-School	Family Therapist	AOD Treatment - NNA	AOD Treatment - JDC	AOD Treatment - DMC	ADP Secondary Prevention - School Program	0
26	Salaries (Complete Staffing Schedule)	1,794,202	\$ 851,273	\$ 212,702	\$ 102,540	\$ 272,581	\$ 56,853	\$ 60,952	\$ 44,555	\$ 2,698	\$ 81,900	\$ 16,492	
27	Employee Benefits	422,547	\$ 112,290	\$ 28,665	\$ 13,387	\$ 33,735	\$ 7,662	\$ 8,213	\$ 6,194	\$ 468	\$ 11,434	\$ 2,532	
28	Consultants		\$ -										
29	Payroll Taxes	137,256	\$ 65,121	\$ 16,272	\$ 7,844	\$ 20,852	\$ 4,349	\$ 4,663	\$ 3,408	\$ 206	\$ 6,265	\$ 1,262	
30	Personnel Costs Total (Sum of lines 26 through 29)	\$ 2,354,005	\$ 1,028,684	\$ 257,639	\$ 123,771	\$ 327,168	\$ 68,864	\$ 73,828	\$ 54,157	\$ 3,372	\$ 99,599	\$ 20,286	\$ -
31	Professional Fees	16,530	\$ 6,034	\$ 1,560	\$ 737	\$ 1,999	\$ 417	\$ 447	\$ 261	\$ 18	\$ 481	\$ 114	
32	Supplies	31,236	\$ 13,622	\$ 3,249	\$ 1,535	\$ 4,164	\$ 868	\$ 931	\$ 1,000	\$ 38	\$ 1,600	\$ 237	
33	Telephone	31,089	\$ 14,579	\$ 3,769	\$ 1,781	\$ 4,830	\$ 1,007	\$ 1,080	\$ 631	\$ 44	\$ 1,162	\$ 275	
34	Postage & Shipping	1,535	\$ 1,004	\$ 260	\$ 123	\$ 333	\$ 69	\$ 74	\$ 43	\$ 3	\$ 80	\$ 19	
35	Occupancy (Facility Lease/Rent/Costs)	19,339	\$ 12,303	\$ 2,761	\$ 1,473	\$ 3,481	\$ 684	\$ 734	\$ 736	\$ 29	\$ 2,197	\$ 208	
36	Rental/Maintenance Equipment		\$ -										
37	Printing/Publications	6,708	\$ 3,725	\$ 715	\$ 338	\$ 916	\$ 191	\$ 205	\$ 500	\$ 8	\$ 800	\$ 52	
38	Transportation	40,104	\$ 16,230	\$ 5,310	\$ 300	\$ 6,862	\$ 1,389	\$ 1,490	\$ 200		\$ 300	\$ 379	
39	Conferences, Meetings, Etc	43,883	\$ 12,850	\$ 3,249	\$ 1,535	\$ 4,992	\$ 868	\$ 931	\$ 400	\$ 38	\$ 600	\$ 237	
40	Insurance	34,964	\$ 19,605	\$ 5,068	\$ 2,395	\$ 6,495	\$ 1,355	\$ 1,452	\$ 848	\$ 59	\$ 1,563	\$ 370	
41	Accounting	28,781	\$ 14,420	\$ 3,899	\$ 1,842	\$ 4,164	\$ 1,126	\$ 1,206	\$ 652	\$ 45	\$ 1,202	\$ 284	
42	Maintenance	19,426	\$ 13,418	\$ 2,599	\$ 1,225	\$ 6,334	\$ 695	\$ 745	\$ 600	\$ 30	\$ 1,000	\$ 190	
43	Miscellaneous (advertising, fees, etc.)	9,650	\$ 5,026	\$ 1,300	\$ 614	\$ 1,665	\$ 347	\$ 372	\$ 217	\$ 15	\$ 401	\$ 95	
44	Drug Testing	6,000	\$ 6,000						\$ 1,860	\$ 117	\$ 4,023		
45	ADP Administrative Fee	21,900	\$ 21,900								\$ 21,900		
46	SUBTOTAL DIRECT COSTS	\$ 2,665,150	\$ 1,189,400	\$ 291,378	\$ 137,669	\$ 373,403	\$ 77,880	\$ 83,495	\$ 62,105	\$ 3,816	\$ 136,908	\$ 22,746	\$ -
III. INDIRECT COSTS													
47	Administrative Indirect Costs	461,426	\$ 186,628	\$ 51,420	\$ 24,294	\$ 65,895	\$ 13,744	\$ 14,734	\$ 4,895	\$ 300	\$ 9,092	\$ 2,254	
48	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 3,126,576	\$ 1,376,028	\$ 342,798	\$ 161,963	\$ 439,298	\$ 91,624	\$ 98,229	\$ 67,000	\$ 4,116	\$ 146,000	\$ 25,000	\$ -

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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 and Family.

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

COUNTY OF SANTA BARBARA

By: _____
JOSEPH CENTENO
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
MICHAEL F. BROWN
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 09-10
 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 \$242116
 K4. Contract Begin Date 7/1/2009
 K5. Original Contract End Date 6/30/2010
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09	5218		242116	6/30/10	Reallocate 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 \$242116
 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=710170
 V2. Payee/Contractor Name Santa Maria Valley Youth and
 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 7/1/2010
 V9. Liability Insurance Expiration Date[s] G-7/1/2010; P-7/1/2010
 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: _____