

FOURTH AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fourth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 10-035**, by and between the **County of Santa Barbara** (County) and **Mental Health Systems, Inc.** (Contractor), for the continued provision of **Substance Abuse Treatment 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 Fourth 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 ADMHS Director May 2010, the Third Amendment approved by the County Board of Supervisors in June 2010, except as modified by this Fourth 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, from Exhibit A, Statement of Work, and replace with the following:

5. **CLIENTS.** Contractor shall provide the services described in Section 4 to an average caseload of 125 clients. Contractor shall provide the services described in Section 4 to at least 250 adult clients annually, aged 18 and over, referred by sources described in Section 6.A. Contractor shall admit clients with co-occurring disorders where appropriate.

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 **\$310880**. 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.

FOURTH AMENDMENT

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** 2011-12

	Unit	PROGRAM			
		Santa Maria Center for Change	Santa Maria Center for Change ROSC	Santa Maria Center for Change MARS	Total
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):			
33-ODF Group	session	7308		-	7,308
34-ODF Individual	session	845		-	845
18-Recovery Oriented System of Care (ROSC)	cost reimbursed		\$ 8,600		\$ 8,600
68-SAMHSA MARS Grant Services	cost reimbursed			\$ 58,000	\$ 58,000
COST PER UNIT/PROVISIONAL RATE:					
33-ODF Group		\$28.27			
34-ODF Individual		\$66.53			
18-Recovery Oriented System of Care (ROSC)			As Budgeted		
68-SAMHSA MARS Grant Services				As Budgeted	
GROSS COST:		\$ 288,280	\$ 8,600	\$ 58,000	\$ 354,880
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)					
CLIENT FEES		\$ 44,000			\$ 44,000
CLIENT INSURANCE					\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)					\$ -
FOUNDATIONS/TRUSTS					\$ -
SPECIAL EVENTS					\$ -
OTHER (LIST): OTHER GOVERNMENT					\$ -
OTHER (LIST): INVESTMENT INCOME					\$ -
TOTAL CONTRACTOR REVENUES*		\$ 44,000		\$ -	\$ 44,000
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 244,280	\$ 8,600	\$ 58,000	\$ 310,880
DM/C Administrative Fee (15%) **		\$ 18,529			
DM/C Gross Claim Maximum		\$ 123,529			

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT					
Medi-Cal Treatment Services (6241)		\$ 105,000			\$ 105,000
Medi-Cal Perinatal Services (6242)					\$ -
SACPA Treatment Services (6240)		\$ 64,370			\$ 64,370
ADP Treatment Services - SAPT (6243)					\$ -
Recovery Oriented System of Care (ROSC) (6243)			\$ 8,600		\$ 8,600
Perinatal non-Drug Medi-Cal (6244)					\$ -
SAMHSA SWHF Grant (6244)					\$ -
Drug Court Services (6246)		\$ 74,910			\$ 74,910
SAMHSA MARS Grant (6246) ***				\$ 58,000	\$ 58,000
CalWORKS (6249)					\$ -
Youth Services (6250)					\$ -
Prevention Services (6351)					\$ -
TOTAL (SOURCES OF FUNDING)		\$ 244,280	\$ 8,600	\$ 58,000	\$ 310,880

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)

*** Through March 31, 2012. This amount is an estimate based on a projection of the grant funds that will be available to the provider in FY 11-12 subject to SAMHSA approval of County's Carryover Request. The actual amount will be determined by the amount of unexpended grant funds remaining after June 30, 2011. County will disburse funds not to exceed the actual grant funds available. In the event available grant funds are lower than this estimate, County will not provide other funding to supplement grant funds.

FOURTH AMENDMENT

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

AGENCY NAME: Mental Health Systems, Inc.

COUNTY FISCAL YEAR: FY 2011-2012 July 1, 2011 to June 30, 2012

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Santa Maria Center for Change (E01-001)	Santa Maria MARS (E01-002)	Santa Maria ROSC (E01-004)
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		\$ -			
110		ADMHS Funding: DMC		\$ 105,000	\$ 105,000	\$ -	\$ -
11		ADMHS Funding: Non-DMC		\$ 197,280	\$ 139,280	\$ 58,000	\$ -
12		ADMHS Drug Testing Funds		\$ -	\$ -	\$ -	\$ -
13		Recovery Oriented System of Care (ROSC)		\$ 8,600	\$ -	\$ -	\$ 8,600
14		Other: Total MHS Agency Revenue	\$ 85,000,000	\$ -			
15		Other: (Identify)		\$ -			
16		Other: (Identify)		\$ -			
17		Other: (Identify)		\$ -			
18		Total Other Revenue (Sum of lines 1 through 17)	\$ 85,000,000	\$ 310,880	\$ 244,280	\$ 58,000	\$ 8,600
		I.B Client and Third Party Revenues:					
19		Medicare		-	\$ -	\$ -	\$ -
20		Client Fees		44,000	\$ 44,000	\$ -	\$ -
21		Insurance		-	\$ -	\$ -	\$ -
22		SSI		-	\$ -	\$ -	\$ -
23		Revenue: P36		-	\$ -	\$ -	\$ -
24		Revenue: 5% Match	\$ -	-	\$ -	\$ -	\$ -
25		Total Client and Third Party Revenues (Sum of lines 19 through 24)		44,000	44,000	-	-
26		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 25)	85,000,000	354,880	288,280	58,000	8,600

FOURTH AMENDMENT

	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Santa Maria Center for Change (E01-001)	Santa Maria MARS (E01-002)	Santa Maria ROSC (E01-004)
III. A. Salaries and Benefits Object Level						
27	Salaries (Complete Staffing Schedule)	\$32,000,000	\$ 133,650	\$ 107,858	\$ 22,152	\$ 3,640
28	Employee Benefits	7,250,000	\$ 37,422	\$ 30,200	\$ 6,203	\$ 1,019
29	Consultants	3,000,000	\$ 9,920	\$ 5,000	\$ 4,920	\$ -
30	Payroll Taxes (Insurance - WC/UI/Life)	1,400,000	\$ 8,621	\$ 6,957	\$ 1,429	\$ 235
31	Personnel Costs Total (Sum of lines 27 through 30)	\$43,650,000	\$ 189,613	\$ 150,015	\$ 34,704	\$ 4,894
III. B. Services and Supplies Object Level						
32	Professional Fees	80,000	\$ 590	\$ 450	\$ 100	\$ 40
33	Supplies	3,310,000	\$ 3,050	\$ 2,900	\$ 150	\$ -
34	Telephone	1,100,000	\$ 6,987	\$ 6,000	\$ 987	\$ -
35	Postage & Shipping (Included in Supplies)		\$ 850	\$ 800	\$ 50	\$ -
36	Occupancy (Facility Lease/Rent/Costs)	5,850,000	\$ 82,994	\$ 66,947	\$ 13,533	\$ 2,514
37	Rental/Maintenance Equipment	690,000	\$ 5,000	\$ 5,000	\$ -	\$ -
38	Printing/Publications	190,000	\$ 100	\$ 100	\$ -	\$ -
39	Transportation	1,380,000	\$ 9,809	\$ 8,784	\$ 1,025	\$ -
40	Conferences, Meetings, Etc	430,000	\$ 1,000	\$ 1,000	\$ -	\$ -
41	Insurance	480,000	\$ 2,306	\$ 1,873	\$ 377	\$ 56
42	Unallowable expenses		\$ -	\$ -	\$ -	\$ -
43	Software Expense	110,000	\$ 208	\$ 150	\$ 25	\$ 33
44	Other Business Services	26,720,000	\$ 2,337	\$ 2,172	\$ 125	\$ 40
45	Equipment - Under \$	300,000	\$ 800	\$ 800	\$ -	\$ -
46	Licenses/Taxes	200,000	\$ 4,025	\$ 4,000	\$ 25	\$ -
47	Urinalysis/Lab Fees	510,000	\$ 3,000	\$ 3,000	\$ -	\$ -
48	Services and Supplies Subtotal	\$ 41,350,000	\$ 123,056	\$ 103,976	\$ 16,397	\$ 2,683
49	III. C. Client Expense Object Level Total		\$ -			
48	SUBTOTAL DIRECT COSTS	\$85,000,000	\$ 312,669	\$ 253,991	\$ 51,101	\$ 7,577
IV. INDIRECT COSTS						
49	Administrative Indirect Costs (limited to 15%)		\$ 42,211	\$ 34,289	\$ 6,899	\$ 1,023
50	GROSS DIRECT AND INDIRECT COSTS	\$ 85,000,000	\$ 354,880	\$ 288,280	\$ 58,000	\$ 8,600

FOURTH AMENDMENT

VI. Delete Exhibit B-3, Fee Schedule, and replace with the following:

EXHIBIT B-3

**COUNTY OF SANTA BARBARA
ALCOHOL & DRUG PROGRAM
FEE SCHEDULE
FY 2011-2012**

ANNUAL GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	10,890	14,710	18,530	22,350	26,170	29,990	33,810	37,630
10	14,490	18,310	22,130	25,950	29,770	33,590	37,410	41,230
15	18,090	21,910	25,730	29,550	33,370	37,190	41,010	44,830
20	21,690	25,510	29,330	33,150	36,970	40,790	44,610	48,430
25	25,290	29,110	32,930	36,750	40,570	44,390	48,210	52,030
30	28,890	32,710	36,530	40,350	44,170	47,990	51,810	55,630
35	32,490	36,310	40,130	43,950	47,770	51,590	55,410	59,230
40	36,090	39,910	43,730	47,550	51,370	55,190	59,010	62,830
45	39,690	43,510	47,330	51,150	54,970	58,790	62,610	66,430
50	43,290	47,110	50,930	54,750	58,570	62,390	66,210	70,030
55	46,890	50,710	54,530	58,350	62,170	65,990	69,810	73,630
60	50,490	54,310	58,130	61,950	65,770	69,590	73,410	77,230
65	54,090	57,910	61,730	65,550	69,370	73,190	77,010	80,830
70	57,690	61,510	65,330	69,150	72,970	76,790	80,610	84,430
75	61,290	65,110	68,930	72,750	76,570	80,390	84,210	88,030
80	64,890	68,710	72,530	76,350	80,170	83,990	87,810	91,630
85	68,490	72,310	76,130	79,950	83,770	87,590	91,410	95,230
90	72,090	75,910	79,730	83,550	87,370	91,190	95,010	98,830

MONTHLY GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	908	1,226	1,544	1,863	2,181	2,499	2,818	3,136
10	1,208	1,526	1,844	2,163	2,481	2,799	3,118	3,436
15	1,508	1,826	2,144	2,463	2,781	3,099	3,418	3,736
20	1,808	2,126	2,444	2,763	3,081	3,399	3,718	4,036
25	2,108	2,426	2,744	3,063	3,381	3,699	4,018	4,336
30	2,408	2,726	3,044	3,363	3,681	3,999	4,318	4,636
35	2,708	3,026	3,344	3,663	3,981	4,299	4,618	4,936
40	3,008	3,326	3,644	3,963	4,281	4,599	4,918	5,236
45	3,308	3,626	3,944	4,263	4,581	4,899	5,218	5,536
50	3,608	3,926	4,244	4,563	4,881	5,199	5,518	5,836
55	3,908	4,226	4,544	4,863	5,181	5,499	5,818	6,136
60	4,208	4,526	4,844	5,163	5,481	5,799	6,118	6,436
65	4,508	4,826	5,144	5,463	5,781	6,099	6,418	6,736
70	4,808	5,126	5,444	5,763	6,081	6,399	6,718	7,036
75	5,108	5,426	5,744	6,063	6,381	6,699	7,018	7,336
80	5,408	5,726	6,044	6,363	6,681	6,999	7,318	7,636
85	5,708	6,026	6,344	6,663	6,981	7,299	7,618	7,936
90	6,008	6,326	6,644	6,963	7,281	7,599	7,918	8,236

FOURTH AMENDMENT

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.

COUNTY OF SANTA BARBARA

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

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-3302967.
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: _____

FOURTH AMENDMENT

CONTRACT SUMMARY PAGE

BC 10-035

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 Erin Jeffery
 D6. Telephone (805) 681-5168

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Substance Abuse Treatment
 K3. Contract Amount \$310880
 K4. Contract Begin Date 7/1/2011
 K5. Original Contract End Date 6/30/2011
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2011	\$310880		\$310880	6/30/2012	Renew for FY 11-12

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 \$310880
 F3. Fund Number 0049
 F4. Department Number 043
 F5. Division Number (*if applicable*)
 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=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
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 95-3302967
 V7. Contact Person Kimberly Bond Executive Director
 V8. Workers Comp Insurance Expiration Date 4/1/2012
 V9. Liability Insurance Expiration Date[s] G=10/1/2011; P=10/1/2011
 V10. Professional License Number N/A
 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: _____