

SECOND AMENDMENT

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 10-024**, by and between the **County of Santa Barbara** (County) and **Santa Maria Valley Youth & Family Center** (Contractor), for the continued provision of **Children's and 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 Exhibit A-1, Statement of Work – Intensive In-Home, and replace with the following:

EXHIBIT A-1

STATEMENT OF WORK - INTENSIVE IN-HOME

1. **PROGRAM SUMMARY.** The Intensive In-Home Program (hereafter "the Program") is a home-based model of intensive mental health service delivery developed to help a child (hereafter "client") and their family to solve problems in the home environment. Program staff demonstrate and implement cognitive-behavioral therapy techniques with the family as a means to improve client behavior and provide structure and routine to the home environment. The Program offers intensive, individualized, and if clinically indicated, family counseling services to children and youth and their families primarily in client homes. Program staff seek to develop, support and empower family units by identifying strengths and needs and teaching problem solving skills. Services are aimed at preventing further incidents of behavioral, emotional and/or social disturbance that may lead to out-of-home placement. The Program shall serve the Santa Maria area and shall be headquartered at 105 North Lincoln Street, Santa Maria, California.

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2. PROGRAM GOALS.

- A. Keep families together by reducing crisis in the home environment;
- B. Prevent out-of-home, out-of-county, and/or foster placement of the client;
- C. Reduce “at-risk” behavior such as self-injurious behavior, criminal activity, and substance use;
- D. Reduce hospitalizations;
- E. Stabilize the client and family who reside together;
- F. Improve the family’s level of functioning and the quality of life for the client through the use of various educational, behavioral and clinical interventions;
- G. Utilize a “Whatever It Takes” approach to identify and integrate thoughtful, responsive and creative interventions for clients and their families;
- H. Operate as a cohesive team responsible for delivery of most services required by clients with minimal referral to a variety of different programs. As one exception, County will have overall accountability for the psychiatric treatment of Program clients.

3. SERVICES. Contractor shall develop, support and empower family units by identifying existing strengths and areas of need, and teaching problem solving skills.

- A. Contractor shall provide the following services, as defined in California Code of Regulations (CCR), Title 9:
 - 1. **Case Management.** Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
 - 2. **Assessment.** Assessment is designed to evaluate the current status of a client’s mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client’s clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in Title 9 CCR Section 1810.204.
 - 3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring the client’s progress, as defined

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in Title 9 CCR Section 1810.232.

4. **Rehabilitation.** Rehabilitation is defined as a service activity that includes but is not limited to, assistance in improving, maintaining or restoring a client's or a group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources, and/or medication education, as defined in Title 9 CCR Section 1810.243.
 5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's treatment plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
 6. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
- B. Contractor shall utilize a variety of effective evidence based treatment modalities including family therapy, cognitive therapy, play therapy and bibliotherapy to provide intensive in-home interventions. Contractor shall include parenting education and household management skill building as components of the family's service plan. Intensive in-home interventions may include:
1. Assisting family members with stress management;
 2. Building communication skills;
 3. Teaching anger management skills;
 4. Teaching and modeling effective parenting skills;

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5. Assisting families to develop links to community partners and encouraging and empowering families to use those resources. Examples may include clergy, family members, and friends;
 6. Developing and guiding parents in behavioral interventions;
 7. Using cognitive-behavioral therapy techniques to identify and reinforce appropriate family roles and relationships;
 8. Identifying communication patterns among family members and teaching family members appropriate response and coping mechanisms.
- C. County shall provide medication support services to clients as needed. Medication support services are services that include prescribing, administering, dispensing and monitoring psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities include but are not limited to, evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the client, as defined in Title 9 CCR Section 1810.225.

4. **SERVICE INTENSITY/TREATMENT LOCATION/STAFF CASELOADS/HOURS OF OPERATION AND COVERAGE**

A. **Service Intensity.**

1. Contractor shall provide Program services to each client at least one (1) time per week, an average of four (4) hours of service per week during the course of treatment. Service levels shall be based upon individualized needs of the client and may be adjusted to prevent client's move to a higher level of care.
2. County shall authorize services for up to six (6) months upon client's admission into the Program. Additional Program services will require review and approval by the ADMHS Treatment Team. The goal of treatment is to improve the family's functioning and stability so that intensive services are not required beyond the six (6) month authorization. As such, any request for reauthorization of services will be considered an unusual and exceptional circumstance.

B. **Treatment Location.** The primary service location will be the client's home.

C. **Staff to Client Caseload Ratios.** The Program shall operate with a staff to client ratio that does not exceed 1 to 10 (10 clients per one (1.0) FTE staff member), but shall not be less than 1 to 7 depending on the intensity of clients' needs.

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D. Hours of Operation and Staff Coverage.

1. Contractor shall have staff available 24 hours per day, 7 days per week to receive client phone calls and respond as appropriate;
2. Contractor shall operate a schedule which shall be flexible to accommodate the client and family to allow Contractor's staff to meet with the client in their home Monday through Friday and weekends as needed.

5. CLIENTS/PROGRAM CAPACITY.

- A. Contractor shall provide 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 caseload of 30 clients. Contractor's caseload may fluctuate if clients shift between the Program and Contractor's Therapeutic Foster Care (HOPE) Program as described in Exhibit A-2. The combined total caseload served by the Program and HOPE shall be an average of 50 clients.

6. ADMISSION CRITERIA.

- A. Clients shall be children and youth who have a diagnosis of SED and/or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, Chapter 11, CCR;

AND both of the following:

- B. Possible suicidal ideation and depression or negative behavior issues such as substance abuse and truancy;
- C. A rating of Level 3 or 4 in the Child and Adolescent Level of Care Utilization System (CALOCUS) as described below:
 1. Level 3: Significant risk of harm, moderate deterioration in interactions or withdrawal from social activities, significant co-morbidity of another medical/substance dependence/developmental disability, moderate stressful environment, limited support from family or community, ambivalent relationship/engagement of the client and/or parent with treatment providers.
 2. Level 4: Serious risk of harm, severe deterioration in interactions or withdrawal from social activities, major co-morbidity of another medical/substance dependence/developmental disability, highly stressful environment, minimal support from family or community, adversarial relationship/engagement of the client and/or parent with treatment providers.

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7. REFERRALS.

- A. Contractor shall admit clients referred by the ADMHS Children's Clinic.
- B. To perform and receive reimbursement for Program services, Contractor shall obtain a Community Based Organization (CBO) Request for Service form along with the Referral Packet.
- C. Contractor shall respond to referrals within five (5) days.
- D. **Referral Packet.** Contractor shall have shared access to ADMHS' client file, and shall access the file for each client referred and treated to review the following:
 - 1. A copy of the County referral form;
 - 2. A client face sheet;
 - 3. A copy of the most recent comprehensive assessment and/or assessment update;
 - 4. A copy of the most recent medication record and health questionnaire;
 - 5. A copy of the currently valid Treatment Plan indicating the goals for client enrollment in the Program and identifying the Contractor as service provider;
 - 6. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout will be provided to Contractor in the initial Referral Packet;
 - 7. Other documents as reasonably requested by County.

8. DISCHARGE PLAN.

- A. For clients receiving medication support from the ADMHS Children's Clinic, the ADMHS Treatment Team shall work in concert with Contractor staff to develop a written discharge plan that is responsive to the client's needs and personal goals.
 - B. For clients who are not receiving medication support, Contractor staff shall work closely with each client to establish a written discharge plan that is responsive to the client's needs and personal goals.
9. **DISCHARGE CRITERIA.** The appropriateness for client discharge shall be determined on a case by case basis. Criteria for discharge include:
- A. Treatment goals have been sufficiently met;
 - B. The determination that the treatment goals have not been met as determined by the ADMHS Treatment Team. The client and family shall be provided with referrals to more appropriate treatment;

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- C. The determination that significant progress has been made, even if not all goals have been met, such that the client and family no longer require the intensive level of services provided by the Program;
 - D. The client's request to terminate services;
 - E. Client and family relocating from the Program's service area.
10. **STAFFING REQUIREMENTS.** Contractor shall adhere to the Program staffing requirements outlined below.
- A. The Program shall include a combination of Contractor and County staff, with County staff assuming responsibility for psychiatric treatment functions (functions performed by a psychiatrist, nurse, or psychiatric technician). County shall provide psychiatric/medication support to Program clients who require these services. County staff shall work in conjunction with Contractor staff to deliver seamless multi-disciplinary treatment, rehabilitation and support services.
 - B. Contractor shall employ 3.4 FTE staff, as described below. Program staffing levels between the Intensive In-Home and HOPE programs may be adjusted as client volume fluctuates between the two programs:
 - 1. 3.0 FTE Family Specialists 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, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application:
 - a. 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;
 - b. Staff with a Bachelor's degree must have the equivalent of one year of such fulltime experience;
 - c. No experience is required for staff with a Master's or Doctoral degree.
 - 2. 0.4 FTE Program Manager who shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR. The Program Manager shall be responsible to provide some direct service to clients.

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11. TREATMENT PLAN.

- A. For clients who are in need of medication supports, the ADMHS Treatment Team shall complete a treatment plan in collaboration with Contractor for each client receiving Program services within thirty (30) days of enrollment into the Program.
- B. Contractor shall participate in 30-day review meetings to discuss and review clients who are receiving medication support from the ADMHS Children's Clinic.
- C. For clients referred to Contractor who are not in need of medication supports, Contractor shall develop a treatment plan for each client receiving Program services within thirty (30) days of enrollment into the Program. The Treatment Plan shall provide overall direction for the collaborative work of the client, the Program, and the ADMHS Treatment Team.
- D. Treatment Plans shall include:
 - 1. Client's recovery goals or recovery vision, which guides the service delivery process;
 - 2. Objectives describing the skills and behaviors that the client will be able to learn as a result of the Program's behavioral interventions;
 - 3. Interventions to help the client reach their goals.

III. Delete Section 4, Service Intensity/Treatment Location/Staff Caseloads/Hour of Operation and Coverage, from Exhibit A-2, Statement of Work, Therapeutic Foster Care "HOPE", and replace with the following:

- 4. **SERVICE INTENSITY/TREATMENT LOCATION/STAFF CASELOADS/HOURS OF OPERATION AND COVERAGE**
 - A. **Service Intensity.** Contractor shall provide Program services to each client at least one (1) time per week, an average of four (4) hours of service per week during the course of treatment.
 - B. **Treatment Location.** The primary service location will be the client's foster home.
 - C. **Staff to Client Caseload Ratios.** The Program shall operate with a staff to client ratio that does not exceed 1 to 10 (10 clients to one (1.0) FTE staff member), but shall not be less than 1 to 7 depending on the intensity of the clients' needs.

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D. Hours of Operation and Staff Coverage.

1. Contractor shall have staff available 24/7 to receive client phone calls and respond as appropriate;
2. Contractor shall operate a schedule which shall be flexible to accommodate the client and family to allow Contractor's staff to meet with the client in their home.

IV. Delete Section 9, Staffing Requirements, from Exhibit A-2, Statement of Work, Therapeutic Foster Care "HOPE", and replace with the following:

9. **STAFFING REQUIREMENTS.** The Program shall be staffed by 4.4 full time equivalent (FTE) direct service staff, described below. Program staffing levels between the Intensive In-Home and HOPE programs may be adjusted as client volume fluctuates between the two programs:
 - A. 3.0 FTE Family Specialists 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, social science, social welfare, social work, sociology, or another discipline determined by the Mental Health Plan Director or designee to have mental health application:
 1. 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;
 2. Staff with a Bachelor's degree must have the equivalent of one year of such fulltime experience;
 3. No experience is required for staff with a Master's or Doctoral degree.
 - B. 0.4 FTE Program Manager who shall be a QMHW as described above or shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR;
 - C. One (1.0) FTE Child Services Screener (CSS) who shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR. The CSS shall be located in Santa Maria.

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V. **Delete Section 3, Services, from Exhibit A-5, Statement of Work – Managed Care Mental Health (Brief Therapy), and replace with the following:**

3. **SERVICES.** The Program shall provide the following services to clients and their families:
 - A. Contractor shall utilize a variety of effective evidence based treatment modalities and other promising practices known to be effective with the population served;
 - B. Contractor shall provide the following mental health services as defined in Title 9, CCR:
 1. **Case Management.** Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
 2. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in Title 9 CCR Section 1810.204.
 3. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in Title 9 CCR Section 1810.232.
 4. **Rehabilitation.** Rehabilitation is defined as a service activity that includes but is not limited to, assistance in improving, maintaining or restoring a client's or a group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources, and/or medication education, as defined in Title 9 CCR Section 1810.243.
 5. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's treatment plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty

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mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.

6. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.

VI. 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 \$985201. 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.

VII. Delete Exhibit B-1, Schedule of Rates, 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 & Family FISCAL YEAR: 2011-12

	PROGRAM					TOTAL
	Intensive In-Home	HOPE (Therapeutic Foster Care)	Intensive In-School (Outpatient)	Clinic Based Family Therapist	Managed Care (FFS)	
DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):					
Outpatient - Placement/Brokerage (15/01-09)	2,046	1,872	2,184	2,356	1,642	10,100
Outpatient Mental Health Services (15/10-59)	146,243	188,416	40,857	44,085	85,686	505,287
SERVICE TYPE: M/C, NON M/C	M/C	M/C	M/C	M/C	M/C	
UNIT REIMBURSEMENT	minute	minute	minute	minute	minute	
COST PER UNIT/PROVISIONAL RATE:						
Outpatient - Placement/Brokerage (15/01-09)	\$1.49					
Outpatient Mental Health Services (15/10-59)	\$1.92					

GROSS COST:	\$ 283,836	\$ 364,549	\$ 81,624	\$ 88,229	\$ 166,963	\$ 985,201
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):						\$0
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
MAXIMUM CONTRACT AMOUNT:	\$ 283,836	\$ 364,549	\$ 81,624	\$ 88,229	\$ 166,963	\$ 985,201

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT*						
MEDI-CAL/FFP**	\$ 141,918	\$ 182,275	\$ 40,812	\$ 44,115	\$ 83,482	\$ 492,601
OTHER FEDERAL FUNDS						\$ -
REALIGNMENT/VLF FUNDS	\$ 14,192	\$ 18,227	\$ 4,081	\$ 4,411	\$ 8,348	\$ 49,260
STATE GENERAL FUNDS						\$ -
COUNTY FUNDS						\$ -
EPSDT	\$ 127,726	\$ 164,047	\$ 36,731	\$ 39,703	\$ 75,133	\$ 443,340
MHSA - Match						\$ -
MHSA						\$ -
TOTAL (SOURCES OF FUNDING)	\$ 283,836	\$ 364,549	\$ 81,624	\$ 88,229	\$ 166,963	\$ 985,201

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

AGENCY NAME: Santa Maria Valley Youth & Family Center

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	11	12
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Intensive In-Home	HOPE	Children's Services Screener	Intensive In-School	Clinic Based Family Therapist	Managed Care Mental Health	Outpatient Treatment	School Based Counseling	Bridges to Recovery
1		Contributions	\$ 500	\$ -									
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	\$ 1,000	\$ -									
10		ADMHS Funding	\$ 1,217,641	\$ 1,217,641	\$ 283,836	\$ 283,836	\$ 80,713	\$ 81,624	\$ 88,229	\$ 166,963	\$ 172,660	\$ 20,000	\$ 39,780
11		Other Government Funding	\$ 1,060,377	\$ -									
12		Other - School Districts	\$ 1,103,610	\$ 1,000								\$ 1,000	
13		Other - Program Fees		\$ -									
14		Other (specify)		\$ -									
15		Other (specify)		\$ -									
16		Other (specify)		\$ -									
17		Other (specify)		\$ -									
18		Total Other Revenue (Sum of lines 1 through 17)	\$ 3,387,128	\$ 1,218,641	\$ 283,836	\$ 283,836	\$ 80,713	\$ 81,624	\$ 88,229	\$ 166,963	\$ 172,660	\$ 21,000	\$ 39,780
I.B Client and Third Party Revenues:													
19		Medicare		\$ -									
20		Client Fees	\$ 3,999	\$ -									
21		Insurance		\$ -									
22		SSI		\$ -									
23		Other (specify)		\$ -									
24		Total Client and Third Party Revenues (Sum of lines 19 through 23)	3,999	-	-	-	-	-	-	-	-	-	-
25		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	3,391,127	1,218,641	283,836	283,836	80,713	81,624	88,229	166,963	172,660	21,000	39,780

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III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Intensive In-Home	HOPE	Children's Services Screener	Intensive In-School	Clinic Based Family Therapist	Managed Care Mental Health	Outpatient Treatment	School Based Counseling	Bridges to Recovery
III.A. Salaries and Benefits Object Level											
26 Salaries (Complete Staffing Schedule)	2,096,273	\$ 783,902	\$ 178,091	\$ 178,091	\$ 53,300	\$ 56,496	\$ 60,552	\$ 106,685	\$ 111,363	\$ 14,147	\$ 25,177
27 Employee Benefits	464,820	\$ 137,293	\$ 31,650	\$ 31,650	\$ 9,248	\$ 9,802	\$ 10,506	\$ 18,510	\$ 19,092	\$ 2,555	\$ 4,280
28 Consultants		\$ -									
29 Payroll Taxes	157,858	\$ 58,471	\$ 12,873	\$ 12,873	\$ 4,077	\$ 4,322	\$ 4,637	\$ 8,161	\$ 8,520	\$ 1,082	\$ 1,926
30 Salaries and Benefits Subtotal	\$ 2,718,951	\$ 979,666	\$ 222,614	\$ 222,614	\$ 66,625	\$ 70,620	\$ 75,695	\$ 133,356	\$ 138,975	\$ 17,784	\$ 31,383
III.B Services and Supplies Object Level											
31 Professional Fees	17,789	\$ 6,639	\$ 2,500	\$ 2,500		\$ 29	\$ 38	\$ 748	\$ 618	\$ 60	\$ 146
32 Supplies	30,116	\$ 11,078	\$ 1,200	\$ 1,200	\$ 500	\$ 73	\$ 96	\$ 1,621	\$ 5,328	\$ 131	\$ 929
33 Telephone	25,188	\$ 7,828	\$ 2,000	\$ 2,000	\$ 420	\$ 87	\$ 115	\$ 1,559	\$ 1,390	\$ 126	\$ 131
34 Postage & Shipping	2,014	\$ 1,182	\$ 450	\$ 450		\$ 9	\$ 12	\$ 125	\$ 102	\$ 10	\$ 24
35 Occupancy (Facility Lease/Rent/Costs)	33,103	\$ 10,303	\$ 1,800	\$ 1,800		\$ 146	\$ 192	\$ 1,616	\$ 3,676	\$ 208	\$ 865
36 Rental/Maintenance Equipment		\$ -									
37 Printing/Publications	6,638	\$ 2,780	\$ 1,000	\$ 1,000		\$ 25	\$ 33	\$ 343	\$ 283	\$ 28	\$ 68
38 Transportation	41,657	\$ 18,129	\$ 7,800	\$ 7,800	\$ 1,200	\$ 131	\$ 173	\$ 293	\$ 400	\$ 201	\$ 131
39 Conferences, Meetings, Etc	38,979	\$ 8,322	\$ 2,000	\$ 2,000	\$ 300	\$ 73	\$ 96	\$ 1,871	\$ 1,570	\$ 151	\$ 261
40 Insurance	26,136	\$ 9,644	\$ 2,200	\$ 2,200	\$ 540	\$ 116	\$ 154	\$ 1,871	\$ 1,934	\$ 151	\$ 478
41 Other-Accounting/Audit	24,852	\$ 9,894	\$ 2,750	\$ 2,750	\$ 600	\$ 102	\$ 135	\$ 1,559	\$ 1,504	\$ 125	\$ 369
42 Other-Subcontractors	25,337	\$ -									
43		\$ -									
44 Other - Miscellaneous: advertising, fees, misc. taxes, office equipt.	6,563	\$ 1,946	\$ 500	\$ 500		\$ 13	\$ 20	\$ 292	\$ 474	\$ 25	\$ 122
45 Services and Supplies Subtotal	\$ 278,372	\$ 87,745	\$ 24,200	\$ 24,200	\$ 3,560	\$ 804	\$ 1,064	\$ 11,898	\$ 17,279	\$ 1,216	\$ 3,524
46 III.C. Client Expense Object Level Total		\$ -									
47 SUBTOTAL DIRECT COSTS	\$ 2,997,323	\$ 1,067,411	\$ 246,814	\$ 246,814	\$ 70,185	\$ 71,424	\$ 76,759	\$ 145,254	\$ 156,254	\$ 19,000	\$ 34,907
IV. INDIRECT COSTS											
48 Administrative Indirect Costs (limited to 15%)	393,804	\$ 151,230	\$ 37,022	\$ 37,022	\$ 10,528	\$ 10,200	\$ 11,470	\$ 21,709	\$ 16,406	\$ 2,000	\$ 4,873
49 GROSS DIRECT AND INDIRECT COSTS	\$ 3,391,127	\$ 1,218,641	\$ 283,836	\$ 283,836	\$ 80,713	\$ 81,624	\$ 88,229	\$ 166,963	\$ 172,660	\$ 21,000	\$ 39,780

SECOND AMENDMENT

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

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-3144808.
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: _____

SECOND AMENDMENT

CONTRACT SUMMARY PAGE

BC 10-024

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
 D4. Department Name Alcohol, Drug, & Mental Health Services
 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 Children's and family mental health services
 K3. Contract Amount..... \$985201
 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	985201		985201	6/30/2012	FY 11-12 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 Paragraph).....

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount..... \$985201
 F3. Fund Number..... 0044
 F4. Department Number 043
 F5. Division Number (if applicable).....
 F6. Account Number..... 7460
 F7. Cost Center number (if applicable)..... 5741
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID..... A=891620
 V2. Payee/Contractor Name Santa Maria Valley Youth & Family Center
 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)..... 95-3144808
 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..... multiple
 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: _____