

FIFTH AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fifth 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 Fifth 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, the Third Amendment approved by the County Board of Supervisors in January 2011, the Fourth Amendment approved by the County Board of Supervisors in June 2011, except as modified by this Fifth Amended Contract.

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds in the amount of \$5062 to the Agreement so as to compensate Contractor for services to be rendered under this Agreement.

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, 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 **\$237502**. 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 Rates and Contract Maximum, 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: 2011-12

DESCRIPTION/MODE/SERVICE FUNCTION:	Unit	PROGRAM			
		Outpatient Treatment	School Based Counseling	Bridges to Recovery	Total
NUMBER OF UNITS PROJECTED (based on history):					
33-ODF Group	90 min session	4088		239	4,327
34-ODF Individual	50 min session	434		69	503
34 - Case Management	staff hour	298			298
34 - ODF Individual - Recovery Activities	staff hour	51			51
34 - ODF Individual - Educational/Voc Activities	staff hour	68			68
34 - ODF Individual - Family Engagement	staff hour	119			119
34 - ODF Individual - Parenting	staff hour	68			68
18 - Early Intervention	cost reimbursed		\$ 20,000		\$ 20,000
68-SAMHSA B2R Grant Services	cost reimbursed			\$ 34,842	\$ 34,842
COST PER UNIT/PROVISIONAL RATE:					
33-ODF Group				\$29.57	
34-ODF Individual				\$68.59	
34 - Case Management				\$68.59	
34-ODF Individual - Parenting				\$68.59	
34 - Family Services - Educational/Voc Activities				\$68.59	
18 - Early Intervention				As budgeted	
68-SAMHSA B2R Grant Services				As budgeted	
GROSS COST:		\$ 172,660	\$ 21,000	\$ 44,842	\$ 238,502
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)					
CLIENT FEES					\$ -
CLIENT INSURANCE					\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)					\$ -
FOUNDATIONS/TRUSTS					\$ -
SPECIAL EVENTS					\$ -
OTHER (LIST): OTHER GOVERNMENT					\$ -
OTHER (LIST): SCHOOL DISTRICT			\$ 1,000		\$ 1,000
TOTAL CONTRACTOR REVENUES*		\$ -	\$ 1,000		\$ 1,000
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 172,660	\$ 20,000	\$ 44,842	\$ 237,502
DM/C Administrative Fee (15%)**		\$ 19,412		\$ 1,765	
DM/C Gross Claim Maximum		\$ 129,412		\$ 11,765	

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT					
Medi-Cal Treatment Services (6241)		\$ 110,000		\$ 10,000	\$ 120,000
Medi-Cal Perinatal Services (6242)					\$ -
SACPA Services (6240)					\$ -
ADP Treatment Services - SAPT (6243)					\$ -
Recovery Oriented System of Care (ROSC) (6243)					\$ -
Perinatal Non-Drug Medi-Cal (6244)					\$ -
Drug Court Services (6246)		\$ 3,540			\$ 3,540
SAMHSA CSDC Grant (6246)					\$ -
CalWORKS (6249)					\$ -
Youth Services (6250)		\$ 59,120	\$ 20,000		\$ 79,120
SAMHSA B2R Grant (6250)				\$ 34,842	\$ 34,842
Prevention Services (6351)					\$ -
TOTAL (SOURCES OF FUNDING)		\$ 172,660	\$ 20,000	\$ 44,842	\$ 237,502

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:

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	\$ 1,222,703	\$ 283,836	\$ 283,836	\$ 80,713	\$ 81,624	\$ 88,229	\$ 166,963	\$ 172,660	\$ 20,000	\$ 44,842
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	\$ 1,223,703	\$ 283,836	\$ 283,836	\$ 80,713	\$ 81,624	\$ 88,229	\$ 166,963	\$ 172,660	\$ 21,000	\$ 44,842
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	1,223,703	283,836	283,836	80,713	81,624	88,229	166,963	172,660	21,000	44,842

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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	\$ 787,716	\$ 178,091	\$ 178,091	\$ 53,300	\$ 56,496	\$ 60,552	\$ 106,685	\$ 111,363	\$ 14,147	\$ 28,991	
27 Employee Benefits	464,820	\$ 138,154	\$ 31,650	\$ 31,650	\$ 9,248	\$ 9,802	\$ 10,506	\$ 18,510	\$ 19,092	\$ 2,555	\$ 5,141	
28 Consultants		\$ -										
29 Payroll Taxes	157,858	\$ 58,858	\$ 12,873	\$ 12,873	\$ 4,077	\$ 4,322	\$ 4,637	\$ 8,161	\$ 8,520	\$ 1,082	\$ 2,313	
30 Salaries and Benefits Subtotal	\$ 2,718,951	\$ 984,728	\$ 222,614	\$ 222,614	\$ 66,625	\$ 70,620	\$ 75,695	\$ 133,356	\$ 138,975	\$ 17,784	\$ 36,445	
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 equip.	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	\$ 1,072,473	\$ 246,814	\$ 246,814	\$ 70,185	\$ 71,424	\$ 76,759	\$ 145,254	\$ 156,254	\$ 19,000	\$ 39,969	
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 (Sum of lines 46+ 47)	\$ 3,391,127	\$ 1,223,703	\$ 283,836	\$ 283,836	\$ 80,713	\$ 81,624	\$ 88,229	\$ 166,963	\$ 172,660	\$ 21,000	\$ 44,842	

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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: _____
DOREEN FARR, 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 MANAGER

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 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 Alcohol and Drug Treatment
 K3. Contract Amount \$237502
 K4. Contract Begin Date 7/1/2011
 K5. Original Contract End Date 6/30/2012
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2011	\$232440	\$	\$232440	6/30/2012	Renew for FY 11-12
2	7/1/2011	\$5062	\$237502	\$237502	6/30/2012	Add funds for B2R

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 \$237502
 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=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 7/1/2012
 V9. Liability Insurance Expiration Date[s] G-7/1/2012, P-7/1/2012
 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: _____