

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 10-037**, 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, 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 County Board of Supervisors in July 2010, the Third Amendment approved by the County Board of Supervisors in January 2011, 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 6, Clients/Program Capacity, from Exhibit A-3, Statement of Work – Bridges to Recovery, and replace with the following:

6. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide services to adolescent males who have substance abuse issues and/or co-occurring mental health issues discharged from LPBC and LPBA. Contractor shall provide services to an average caseload of 15 clients. Contractor is expected to serve at least 30 unduplicated clients during each year of the grant. Contractor is expected to serve at least 100 unduplicated clients by the conclusion of the grant period.

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 **\$232440**. 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.

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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:

Santa Maria Valley Youth and Family

FISCAL YEAR: 2011-12

	Unit	PROGRAM			
		Outpatient Treatment	School Based Counseling	Bridges to Recovery	Total
NUMBER OF UNITS PROJECTED (based on history):					
DESCRIPTION/MODE/SERVICE FUNCTION:					
33-ODF Group	90 min session	4213		869	5,082
34-ODF Individual	50 min session	441		246	687
34 - Case Management	staff hour	302			302
34 - ODF Individual - Recovery Activities	staff hour	52			52
34 - ODF Individual - Educational/Voc Activities	staff hour	69			69
34 - ODF Individual - Family Engagement	staff hour	121			121
34 - ODF Individual - Parenting	staff hour	69			69
18 - Early Intervention	cost reimbursed		\$ 20,000		\$ 20,000
68-SAMHSA B2R Grant Services	cost reimbursed			\$ 29,780	\$ 29,780
COST PER UNIT/PROVISIONAL RATE:					
33-ODF Group				\$28.69	
34-ODF Individual				\$67.53	
34 - Case Management				\$67.53	
34-ODF Individual - Parenting				\$67.53	
34 - Family Services -Educational/Voc Activities				\$67.53	
18 - Early Intervention				As budgeted	
68-SAMHSA B2R Grant Services				As budgeted	
GROSS COST:		\$ 172,660	\$ 21,000	\$ 39,780	\$ 233,440
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	\$ 39,780	\$ 232,440
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)				\$ 29,780	\$ 29,780
Prevention Services (6351)					\$ -
TOTAL (SOURCES OF FUNDING)		\$ 172,660	\$ 20,000	\$ 39,780	\$ 232,440

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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V. 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

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VI. Delete Exhibit B-3, Sliding Fee Scale, 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 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 .
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 10-037

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 \$232440
 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	\$232440	\$	\$232440	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 \$232440
 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 7/1/2011
 V9. Liability Insurance Expiration Date[s] G-7/1/2011, P-7/1/2011
 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: _____