

**THIRD AMENDMENT
2013-2014**

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Third Amended Contract" to the Agreement for Services of Independent Contractor, referenced as number **BC 14-030**, by and between the **County of Santa Barbara** (County) and **Mental Health Systems, Inc.** (Contractor), for the continued provision of Substance Abuse Treatment Services (previously referenced as number **BC 13-010**).

Whereas, Contractor represents that it is specially trained, skilled, experienced and competent to perform the special services required by County and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein;

Whereas, this Third Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2012, the First Amendment approved by the County Board of Supervisors in June 2013, and the Second Amendment approved by the County Board of Supervisors in October 2013, except as modified by this Third 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 \$14,000 to the prior Agreement maximum of \$301,775 so as to compensate Contractor for the additional services to be rendered under this Agreement through June 30, 2014.

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 shall not exceed **\$315,775**, and 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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II. 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** 2013-14

	Unit	PROGRAM			
		Santa Maria Center for Change	Santa Maria Center for Change - ROSC	Outpatient Treatment - VETS	Total
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):			
33-ODF Group	session	7386		-	7,386
34-ODF Individual	session	879		-	879
18-Recovery Oriented System of Care (ROSC)	cost reimbursed		\$ 8,600		\$ 8,600
SAMHSA Grant Treatment Services	cost reimbursed			\$ 24,375	\$ 24,375
COST PER UNIT/PROVISIONAL RATE:					
33-ODF Group		\$30.28			
34-ODF Individual		\$71.25			
18-Recovery Oriented System of Care (ROSC)			As Budgeted		
SAMHSA Grant Treatment Services				As Budgeted	
GROSS COST:		\$ 298,749	\$ 8,600	\$ 32,500	\$ 339,849
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)					
CLIENT FEES		\$ 29,949			\$ 29,949
CLIENT INSURANCE					\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)					\$ -
FOUNDATIONS/TRUSTS					\$ -
SPECIAL EVENTS					\$ -
OTHER (LIST): OTHER GOVERNMENT					\$ -
OTHER (LIST): INVESTMENT INCOME					\$ -
TOTAL CONTRACTOR REVENUES		\$ 29,949		\$ -	\$ 29,949
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 268,800	\$ 8,600	\$ 32,500	\$ 309,900
DWC Administrative Fee (15%) *		\$ 17,471			
DWC Gross Claim Maximum		\$ 116,471			

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**					
Drug Medi-Cal		\$ 99,000			\$ 99,000
Realignment/SAPT - Discretionary		\$ 183,800	\$ 8,600		\$ 192,400
Realignment/SAPT - Perinatal					\$ -
Realignment/SAPT - Adolescent Treatment					\$ -
Realignment/SAPT - Primary Prevention					\$ -
CalWORKS					\$ -
Other County Funds					\$ -
SAMHSA Federal Grant - VETS				\$ 24,375	\$ 24,375
TOTAL (SOURCES OF FUNDING)		\$ 282,800	\$ 8,600	\$ 24,375	\$ 315,775

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*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)

** Funding sources are estimated at the time of contract execution and may be reallocated at ADMHS' discretion based on available funding sources

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

AGENCY NAME: Mental Health Systems, Inc.

COUNTY FISCAL YEAR: FY 2013-2014 July 1, 2013 to June 30, 2014

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 Center for Change (E01-004 ROSC)	Santa Maria Center for Change (E01-006 VETS)
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			\$ -			
10	ADMHS Funding: DMC (6241)			\$ 99,000	\$ 99,000		
11	ADMHS Funding: SACPA (6240)			\$ 64,300	\$ 64,300		
12	ADMHS Funding: DRUG COURT (6246)	\$ 183,800		\$ 119,500	\$ 119,500		
13	ADMHS Funding: ROSC (6243)			\$ 8,600		8,600	
	SAMHSA Federal Grant - VETS			\$ 24,375			24,375
14	Other: (Various Sources)	\$ 74,000,000		\$ -			
15	Other: (Specify)			\$ -			
16	Other: (Specify)			\$ -			
17	Other: (Specify)			\$ -			
18	Total Other Revenue (Sum of lines 1 through 17)	\$ 74,183,800		\$ 315,775	\$ 282,800	\$ 8,600	\$ 24,375
	I.B Client and Third Party Revenues:						
19	Medicare			-			
20	Client Fees			26,000	\$ 26,000		
21	Insurance			-			
22	SSI			-			
23				-			
24				-			
25	Total Client and Third Party Revenues (Sum of lines 19 through 24)		-	26,000	26,000	-	-
26	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 25)		74,183,800	341,775	308,800	8,600	24,375

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Santa Maria Center for Change (E01-001)	Santa Maria Center for Change (E01-004 ROSC)	Santa Maria Center for Change (E01-006 VETS)
III. A. Salaries and Benefits Object Level						
27	Salaries (Complete Staffing Schedule)	29,398,000	\$ 159,175	\$ 143,436	\$ 2,559	\$ 13,180
28	Employee Benefits	7,077,000	\$ 44,569	\$ 40,162	\$ 717	\$ 3,690
29	Consultants	3,941,000	\$ 8,820	\$ 7,560	\$ -	\$ 1,260
30	Payroll Taxes (Insurance - WC/UI/Life)	1,449,000	\$ 7,557	\$ 6,455	\$ 179	\$ 923
31	Personnel Costs Total (Sum of lines 27 through 30)	\$41,865,000	\$ 220,121	\$ 197,613	\$ 3,455	\$ 19,053
III. B. Services and Supplies Object Level						
32	Professional Fees	74,000	\$ 150	\$ 100	\$ 25	\$ 25
33	Supplies	1,930,000	\$ 6,436	\$ 4,361	\$ 150	\$ 1,925
34	Telephone	901,000	\$ 7,410	\$ 6,660	\$ 750	\$ -
35	Postage & Shipping (Included in Supplies)	61,000	\$ 650	\$ 600	\$ 50	\$ -
36	Occupancy (Facility Lease/Rent/Costs)	5,783,000	\$ 35,055	\$ 34,133	\$ 922	\$ -
37	Rental/Maintenance Equipment	803,000	\$ 5,231	\$ 4,700	\$ 531	\$ -
38	Printing/Publications	123,000	\$ 300	\$ 300	\$ -	\$ -
39	Transportation	1,101,000	\$ 8,734	\$ 7,021	\$ 1,513	\$ 200
40	Conferences, Meetings, Etc	254,000	\$ 1,000	\$ 1,000	\$ -	\$ -
41	Insurance	609,000	\$ 2,222	\$ 2,007	\$ 56	\$ 159
42	Other Business Services	18,958,000	\$ 1,814	\$ 1,575	\$ 125	\$ 114
43	Equipment	311,000	\$ 100	\$ 100	\$ -	\$ -
44	Licenses/Taxes	201,000	\$ 6,000	\$ 6,000	\$ -	\$ -
45	Urinalysis/Lab Fees	1,026,000	\$ 5,900	\$ 5,900	\$ -	\$ -
46			\$ -			
47			\$ -			
48	Services and Supplies Subtotal	\$ 32,135,000	\$ 81,002	\$ 74,457	\$ 4,122	\$ 2,423
49	III. C. Client Expense Object Level Total		\$ -			
50	SUBTOTAL DIRECT COSTS	\$74,000,000	\$ 301,123	\$272,070	\$7,577	\$21,476
IV. INDIRECT COSTS						
51	Administrative Indirect Costs (limited to 15%)		\$ 40,652	\$ 36,730	\$ 1,023	\$ 2,899
52	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 50 + 51)	\$ 74,000,000	\$ 341,775	\$ 308,800	\$ 8,600	\$ 24,375

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Mental Health Systems.

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

ATTEST:
MONA MIYASATO, COUNTY EXECUTIVE
OFFICER
CLERK OF THE BOARD

COUNTY OF SANTA BARBARA

By: _____
Deputy

By: _____
STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS

Date: _____

Date: _____

RECOMMENDED FOR APPROVAL:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
TAKASHI WADA, MD, MPH
INTERIM DIRECTOR

CONTRACTOR:
MENTAL HEALTH SYSTEMS

By _____
Director

By: _____
Tax Id No 95-3302967

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel

By _____
Deputy

APPROVED AS TO FORM:
RAY AROMATORIO
RISK MANAGER

By: _____