

**AMENDMENT NO. 3
TO MENTAL HEALTH SERVICES AGREEMENT NO. A-10929
BETWEEN COUNTY OF MONTEREY AND
ALLEN/LOEB ASSOCIATES**

This Amendment No. 3 to Mental Health Services Agreement No. A-10929 is made and entered into by and between the **County of Monterey**, hereinafter referred to as COUNTY, and **Allen/Loeb Associates**, (hereinafter referred to as CONTRACTOR).

Agreement is amended as follows:

1. **IV. TERM AND TERMINATION**

A. Term. This Agreement shall be effective July 1, 2007 and shall remain in effect until October 31, 2010.

2. **EXHIBIT A – PROGRAM DESCRIPTIONS**

Section II. SCOPE OF SERVICES

- **TREATMENT FOR HOMELESS PROGRAM.** CONTRACTOR shall perform, in addition to the deliverables outlined in the current contract, the necessary reports and evaluation plan to include the 3-month no-cost extension period of the Integrated Treatment for Homeless People with Co-Occurring Mental Illness and Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) grant, also known as MC HOME Plus.

CONTRACTOR will conduct its activities as directed by the DIRECTOR in collaboration with other County staff. DIRECTOR may adjust the activities described in the plan from time to time as required by SAMHSA or Monterey County.

Section III. SERVICE REQUIREMENTS/OBJECTIVES

- **TREATMENT FOR HOMELESS PROGRAM.**
 1. Prepare a cost benefit and effectiveness analysis to include details of areas reviewed and a summary of the program's accomplishments.
 2. Complete additional quarterly reports as necessary.
 3. Submit all required documentation for the five (5)-year grant program including the three (3)-month extension to Behavioral Health within thirty (30) days of the close of the project.

3. **EXHIBIT B: PAYMENT PROVISIONS**

Section II. MAXIMUM OBLIGATION OF COUNTY

A. Subject to the limitation set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$437,746** for services rendered under this Agreement. All deliverables shall be produced to a standard acceptable to COUNTY.

C. Maximum Contract Obligation, subject to item B above, is as follows:

Program	Travel	Est. Hours	Rate @ Hour	Est. Cost	Max. Cost
Fiscal Year 2007-08					
Rural Youth July – Sept	\$ 750	202	\$85.00	\$17,212	\$17,962
Oct – June	\$2,250	608	\$85.00	\$51,638	\$53,888
Treatment for Homeless	-	720	\$85.00	\$61,200	\$61,200
Prop 63 Plan Preparation	-	224	\$85.00	\$19,040	\$19,040
CFDA Grant Preparation	-	95	\$85.00	\$8,075	\$ 8,075
FY 2007-08 Contract Amount					\$160,165
Fiscal Year 2008-09					
Treatment for Homeless	-	720	\$85.00	\$61,200	\$61,200
MIOCR Children’s Evaluation Plan Preparation	-	329	\$85.00	\$27,965	\$27,965
Evaluation Development & Implementation	-	401	\$85.00	\$34,107	\$34,107
Program Development Grant Preparation	-	100	\$85.00	\$8,500	\$8,500
FY 2008-09 Contract Amount					\$131,772
Fiscal Year 2009-2010					
Treatment for Homeless	-	720	\$85.00	\$61,200	\$61,200
Evaluation Development & Implementation	-	800	\$85.00	\$68,034	\$68,034
Program Development Grant Preparation	-	100	\$85.00	\$8,500	\$8,500
FY 2009-10 Contract Amount					\$137,734
July 1, 2010 – October 31, 2010					
Treatment for Homeless – Three (3) month extension	-	95	\$85.00	\$8,075	\$8,075
July 1 – October 31, 2010 Contract Amount					\$8,075
MAXIMUM CONTRACT OBLIGATION					\$437,746

4. All other terms and conditions of Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Agreement as of the day and year written below.

COUNTY OF MONTEREY

CONTRACTOR

Allen/Loeb Associates

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head (if applicable)

Date: _____

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form ¹

By: Stacy Sautelle
Deputy County Counsel

Date: 7/7/10

Approved as to Fiscal Provisions²

By: [Signature]
Auditor/Controller

Date: RISK MANAGEMENT

COUNTY OF MONTEREY

Approved as to Fiscal Provisions³

**APPROVED AS TO INDEMNITY/
INSURANCE LANGUAGE**

By: _____
Risk Management

Date: Dydia Shimaka
7-8-10

By: _____
Contractor's Business Name*
Peter Loeb
Signature of Chair, President, or Vice-President)*

Peter Loeb, Partner
Name and Title

Date: 6/25/10

By: _____
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

_____ Name and Title

Date: _____

County Board of Supervisors' Agreement Number: _____

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.