

**SANTA BARBARA COUNTY
BOARD AGENDA LETTER**



Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Agenda Number:
Prepared on: 06/08/2005
Department Name: Alcohol, Drug & Mental Health
Department No.: 043
Agenda Date: 07/05/2005
Placement: Administrative
Estimate Time:
Continued Item: NO
If Yes, date from:

TO: Board of Supervisors

FROM: James L. Broderick, Director
Alcohol, Drug, and Mental Health Services (ADMHS)

STAFF CONTACT: Al Rodriguez, Assistant Director, ADMHS - Alcohol and Drug Program
(805) 681-5442

SUBJECT: Service Contract Amendments for Alcohol and Drug Program (ADP) Providers of Drug Medi-Cal (DMC) Services

Recommendations:

That the Board of Supervisors:

- A. Approve and execute contract amendments/renewals with the following local providers of Drug Medi-Cal (DMC) services:
1. AEGIS Medical Systems, Inc. (AEGIS), increasing FY 04-05 DMC funding from \$1,231,000 to \$1,340,000, extending the term of the contract through June 30, 2006, and providing \$1,340,000 in DMC funding for FY 05-06;
 2. Good Samaritan Shelter, Inc. (Good Samaritan), increasing FY 04-05 DMC funding from \$185,000 to \$275,000, extending the term of the contract through June 30, 2006, and providing \$275,000 in DMC funding for FY 05-06;
 3. Phoenix of Santa Barbara, Inc. (Phoenix), increasing FY 04-05 DMC funding from \$130,000 to \$140,000, extending the term of the contract through June 30, 2006, and providing \$150,000 in DMC funding for FY 05-06;
 4. The Council on Alcoholism and Drug Abuse (CADA), extending the term of the contract through June 30, 2006, and providing \$1,017,100 in DMC funding for FY 05-06; and
 5. Zona Seca, Inc. (Zona Seca), extending the term of the contract through June 30, 2006, and providing \$160,000 in DMC funding for FY 05-06.
- B. Authorize the Director of ADMHS to approve amendments to the proposed contracts, provided that any such amendments do not exceed ten percent (10%) of the contract's dollar amount.

Alignment with Board Strategic Plan:

The recommendations are primarily aligned with Goal No. 2: A Safe and Healthy Community in Which to Live, Work, and Visit.

Executive Summary and Discussion:

ADMHS-ADP continues to refine a system of care that meets the needs of individuals in various communities throughout the County who experience problems with addiction to and misuse of alcohol and other drugs. This system of care is supported by a contracting approach with community-based agencies that allows for maximum flexibility in the provision of services and responsiveness to changing needs. Contracting with local providers also enables the County to manage its position costs effectively while maintaining accountability for key outcomes among vendors and providing technical assistance to vendors to promote continuous improvement.

The proposed amendments for AEGIS, Good Samaritan, and Phoenix will give the vendors the necessary funding to continue providing Drug Medi-Cal (DMC) alcohol and other drug treatment services during FY 04-05, and to provide similar services again during FY 05-06.

1. AEGIS: ADMHS-ADP's current FY 04-05 DMC service contract with AEGIS is for \$1,231,000. It is proposed that AEGIS receive an additional \$109,000 for FY 04-05 (totaling \$1,340,000 for FY 04-05), as the vendor will serve a greater number of clients than originally contemplated by the current contract. The proposed amendment will also extend the term of the contract through June 30, 2006, and provide the necessary funding (\$1,340,000 for FY 05-06) for the vendor to continue serving additional clients. The total proposed increase in funding (given the FY 04-05 increase in funding and the FY 05-06 funding) is \$1,449,000.
2. Good Samaritan: ADMHS-ADP's current FY 04-05 DMC service contract with Good Samaritan is for \$185,000. It is proposed that Good Samaritan receive an additional \$90,000 for FY 04-05 (totaling \$275,000 for FY 04-05), as the vendor will serve a greater number of clients than originally contemplated by the current contract. The proposed amendment will also extend the term of the contract through June 30, 2006, and provide the necessary funding (\$275,000 for FY 05-06) for the vendor to continue serving additional clients. The total proposed increase in funding (given the FY 04-05 increase in funding and the FY 05-06 funding) is \$365,000.
3. Phoenix: ADMHS-ADP's current FY 03-05 DMC service contract with Phoenix is for \$260,000 (provisionally apportioned at \$130,000 for FY 03-04 and \$130,000 for FY 04-05). It is proposed that Phoenix receive an additional \$10,000 for FY 04-05 (totaling \$140,000 for FY 04-05), as the vendor will serve a greater number of clients than originally contemplated by the current contract. The proposed amendment will also extend the term of the contract through June 30, 2006, and provide the necessary funding (\$150,000 for FY 05-06) for the vendor to continue serving additional clients. The total proposed increase in funding (given the FY 04-05 increase in funding and the FY 05-06 funding) is \$160,000.

Subject: Service Contract Amendments for Alcohol and Drug Program (ADP) Providers of Drug Medi-Cal (DMC) Services
Agenda Date: 07/05/2005
Page: 3 of 5 Pages

The proposed amendments for CADA and Zona Seca will give the vendors the necessary funding to continue providing Drug Medi-Cal (DMC) services during FY 05-06.

1. CADA: ADMHS-ADP's current FY 04-05 DMC service contract with CADA is for \$1,222,000. The proposed amendment will extend the term of the contract through June 30, 2006, and provide the necessary funding (\$1,017,000 for FY 05-06) for the vendor to continue serving clients. CADA will be provided with less funding during FY 05-06 than during FY 04-05, as one of CADA's treatment sites has closed.
2. Zona Seca: ADMHS-ADP's current FY 04-05 DMC service contract with Zona Seca is for \$195,500. The proposed amendment will extend the term of the contract through June 30, 2006, and provide the necessary funding (\$160,000 for FY 05-06) for the vendor to continue serving clients.

Mandates and Service Levels:

The State Department of Alcohol and Drug Programs allocates state and federal revenue to counties for the provision of substance abuse prevention and treatment services, and provides reimbursement to counties for such services. In accepting state or federal funds earmarked for alcohol and drug program services, counties are obligated to comply with federal and state laws, regulations, and administrative policies specified as a condition of the receipt of funds. The vendors for which contract amendments/renewals are proposed provide Drug Medi-Cal (DMC) alcohol and other substance abuse treatment services, including individual and group counseling, and related services. Throughout the term of these contracts, ADMHS-ADP staff will monitor the vendors' progress toward the following outcomes, providing technical assistance as needed:

1. One-hundred percent (100%) of clients admitted to treatment will be screened for tobacco product use;
2. Eighty-five percent (85%) of clients admitted to treatment will be screened for trauma history;
3. Seventy-five percent (75%) of clients admitted to treatment will complete a minimum of ninety (90) days;
4. Seventy percent (70%) of clients will report no drug use thirty (30) days prior to successful discharge;
5. Forty percent (40%) of clients will successfully complete treatment; and
6. Forty percent (40%) of clients reporting homelessness at admission will have housing at discharge.

Fiscal and Facilities Impacts:

The recommended actions have no impact on the General Fund Contribution. The following revenue sources support contract amendments/renewals for ADMHS-ADP's providers of Drug Medi-Cal (DMC) services:

1. AEGIS: The revenue that supports the vendor's DMC treatment services has been appropriated in the Alcohol, Drug and Mental Health Services (ADMHS) budget adopted for FY 04-05 and FY 05-06. The total amount of the amended contract for FY 04-06 is \$2,680,000 (provisionally apportioned at \$1,340,000 for FY 04-05 and \$1,340,000 for FY 05-06). The total proposed increase in funding (given the FY 04-05 increase in funding and the FY 05-06 funding) is \$1,449,000.
2. Good Samaritan: The revenue that supports the vendor's DMC and DMC-Perinatal treatment services has been appropriated in the ADMHS budget adopted for FY 04-05 and FY 05-06. The total amount of the amended contract for FY 04-06 is \$550,000 (provisionally apportioned at \$275,000 for FY 04-05 and \$275,000 for FY 05-06). The total proposed increase in funding (given the FY 04-05 increase in funding and the FY 05-06 funding) is \$365,000.
3. Phoenix: The revenue that supports the vendor's DMC treatment services has been appropriated in the ADMHS budgets adopted for FY 03-04, FY 04-05, and FY 05-06. The total amount of the amended contract for FY 03-06 is \$420,000 (provisionally apportioned at \$130,000 for FY 03-04, \$140,000 for FY 04-05, and \$150,000 for FY 05-06). The total proposed increase in funding (given the FY 04-05 increase in funding and the FY 05-06 funding) is \$160,000.
4. CADA: The revenue that supports the vendor's DMC and DMC-Perinatal treatment services has been appropriated in the ADMHS budget adopted for FY 05-06. The total amount of the contract for FY 05-06 is \$1,017,100.
5. Zona Seca: The revenue that supports the vendor's DMC treatment services has been appropriated in the ADMHS budget adopted for FY 05-06. The total amount of the contract for FY 05-06 is \$160,000.

The proposed expenditures are included in the Recommended Budgets 2004-05 and 2005-06 ADMHS/ADP – Treatment Services, D pages 156 (2004-05) and D pages 160 (2005-06).

These actions will not result in a need for any additional county facilities.

Subject: Service Contract Amendments for Alcohol and Drug Program (ADP) Providers of Drug Medi-Cal (DMC) Services
Agenda Date: 07/05/2005
Page: 5 of 5 Pages

Special Instructions:

Please send one fully executed copy of each contract and endorsed minute order to:

Al Rodriguez, Assistant Director, ADMHS-Alcohol and Drug Program
Alcohol, Drug & Mental Health Services
300 N. San Antonio Road, Building #1
Santa Barbara, CA 93110

Concurrences:

Auditor-Controller
Risk Management

CONTRACT SUMMARY PAGE

Amendment to BC 05-090

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 FY 04-06
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name ADMHS – Alcohol & Drug Program
 D5. Contact Person..... Al Rodriguez
 D6. Telephone (805) 681-5442

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Amended Contract for DMC treatment services
 K3. Original Contract Amount \$1,231,000
 K4. Contract Begin Date 07/01/2004
 K5. Original Contract End Date 06/30/2005
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	07/01/2004	\$1,449,000	\$1,449,000	\$2,680,000	06/30/2006	Incr. 04-05 funding & extend term by 1 yr

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*) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$1,340,000
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (*if applicable*) 6
 F6. Account Number 7460
 F7. Cost Center number (*if applicable*) 6241 (Program Code)
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) 181472
 V2. Payee/Contractor Name AEGIS Medical Systems, Inc.
 V3. Mailing Address P.O. Box 1980
 V4. City, State (two-letter) Zip (include +4 if known) Agoura, CA 91376
 V5. Telephone Number 810-206-0360
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 95-4580047
 V7. Contact Person Ehud "Udi" Barkai
 V8. Workers Comp Insurance Expiration Date 12/01/05
 V9. Liability Insurance Expiration Date[s] (*G=Genl; G – 05/12/06*)
 V10. Professional License Number
 V11. Verified by (name of county staff) Jennie Pittman
 V12. Company Type (*Check one*): Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page

Date: June 16, 2005 Authorized Signature: Jennie Pittman, ADMHS-ADP Departmental Analyst

FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the first amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number BC 05-090, by and between the **County of Santa Barbara (COUNTY)** and **AEGIS Medical Systems, Inc. (CONTRACTOR)**, for the continued provision of the services specified herein.

Whereas, **COUNTY** would like to amend the compensation paid to **CONTRACTOR** under the Fiscal Year 04-05 contract by \$109,000 to pay for services provided by **CONTRACTOR** beyond that contemplated by the original contract; and

Whereas, **COUNTY** also intends to extend the term of the existing contract through the Fiscal Year 05-06 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Executive's Office with authority from the County Board of Supervisors on 9/10/04, except as modified by this First 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 Item 4, Term, of the Agreement and replace with the following:

- 4. TERM. CONTRACTOR** shall commence performance on **July 1, 2004** and end performance upon completion, but no later than **June 30, 2006** unless otherwise directed by **COUNTY** or unless earlier terminated.

II. Delete Item 1, Paragraph 1, of Exhibit B, Payment Arrangements, and replace with the following:

EXHIBIT B PAYMENT ARRANGEMENTS

1. For services to be rendered, **COUNTY** shall pay **CONTRACTOR** a total provisional amount not to exceed **\$2,680,000** for the term of this First Amended Contract, payable **\$1,340,000** for the period July 1, 2004 to June 30, 2005, and **\$1,340,000** for the period July 1, 2005 through June 30, 2006, less the **COUNTY's** Administrative Support Cost (per Item 1.E, below, and Exhibit B-1), for all Projects shown in Exhibit A.

III. Delete Exhibit B-1, Schedule of Services, and replace with the following:

**EXHIBIT B-1
SCHEDULE OF SERVICES**

Narcotic treatment program services, as described in Exhibit A and in the Provider Workbook, will conform to the California Department of Alcohol and Drug Programs service code definition (Exhibit A). Treatment services shall be reimbursed according to the California State Medi-Cal Guidelines (Title 22 CCR).

It is agreed that **COUNTY** has provided a copy of the signed Provider Workbook to **CONTRACTOR**.

TYPE OF SERVICE Drug Medi-Cal (D/MC)- NON RESIDENTIAL	Provider Rate	Billing Rate (Maximum)	County Administrative Cost	Total Estimated Revenue Provisional Amounts	
				7/01/04 to 6/30/05	7/01/05 to 6/30/06
D/MC – NON RESIDENTIAL					
D/MC - Narcotic treatment program (NTP) - Methadone including Methadone for SACPA Clients.		The D/MC Rate shall follow the published State ADP guidelines, or as negotiated with COUNTY as shown in the Provider Workbook.			
NTP - Outpatient Drug Free (ODF) consisting of individual (including collateral sessions) and Group Counseling, including ODF services for SACPA Clients.		The D/MC maximum rate allowable, or the negotiated rate with COUNTY , is based upon CONTRACTOR's program budget and prior year cost report.		\$1,340,000	\$1,340,000
Total Funding in FY 04-05				\$1,340,000	
Total Funding in FY 05-06				\$1,340,000	
Grand Total Drug Medi-Cal Funding for FY 04-06				\$2,680,000	
<p>Reimbursement for NTP-Methadone (Including SACPA) is based on the appropriate daily rate set by the State Alcohol and Drug Program (ADP).</p> <p>Reimbursement for NTP-Individual and Group Counseling services is based on the number of one -10-minute increment of service reported per client.</p> <p>The services shall follow the D/MC guidelines and shall be reported electronically to ADMHS - MIS, per <u>Exhibit B</u>.</p> <p>A COUNTY Administrative Support Cost shall be automatically deducted from the monthly reimbursement paid to CONTRACTOR. Based upon the total monthly amount billed to Drug Medi-Cal, COUNTY shall retain the appropriate Administrative Support Cost allowed by the State ADP and shall pay CONTRACTOR the net balance.</p>					

SIGNATURE PAGE

First Amended Contract for Services of Independent **CONTRACTOR** between the **COUNTY** of Santa Barbara and **AEGIS Medical Systems, Inc.**

IN WITNESS WHEREOF, the parties have executed this First Amended Contract to be effective on the date executed by **COUNTY**.

COUNTY OF SANTA BARBARA

By: _____

Chair, Board of Supervisors

Date: _____

CONTRACTOR

By: _____

Tax ID No. 95-4580047

ATTEST:

MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

By: _____ Deputy
County Counsel

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

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

By: _____
Director

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM MANAGER

By: _____
Risk Program Manager

CONTRACT SUMMARY PAGE

Amendment to BC 05-092

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 FY 04-06
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name ADMHS – Alcohol & Drug Program
 D5. Contact Person..... Al Rodriguez
 D6. Telephone (805) 681-5442

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Amended Contract for DMC treatment services
 K3. Original Contract Amount \$185,000
 K4. Contract Begin Date 07/01/2004
 K5. Original Contract End Date 06/30/2005
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	07/01/2004	\$365,000	\$365,000	\$550,000	06/30/2006	Incr. 04-05 funding & extend term

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*) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$275,000
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (*if applicable*) 6
 F6. Account Number 7460
 F7. Cost Center number (*if applicable*) 6241, 6242 (Program Codes)
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) 32348
 V2. Payee/Contractor Name Good Samaritan
 V3. Mailing Address 731 South Lincoln Street
 V4. City, State (two-letter) Zip (include +4 if known) Santa Maria, CA 93458
 V5. Telephone Number 805-346-8185
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 77-0133375
 V7. Contact Person Sylvia Barnard
 V8. Workers Comp Insurance Expiration Date 06/15/06
 V9. Liability Insurance Expiration Date[s] (*G=Genl*; G – 09/18/2005
 V10. Professional License Number
 V11. Verified by (name of county staff) Jennie Pittman
 V12. Company Type (*Check one*): Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page

Date: June 16, 2005 Authorized Signature: Jennie Pittman, ADMHS-ADP Departmental Analyst

FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the first amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number BC 05-092, by and between the **County of Santa Barbara (COUNTY)** and **Good Samaritan Shelter, Inc. (DBA Recovery Point) (CONTRACTOR)**, for the continued provision of the services specified herein.

Whereas, **COUNTY** would like to amend the compensation paid to **CONTRACTOR** under the Fiscal Year 04-05 contract by \$90,000 to pay for services provided by **CONTRACTOR** beyond that contemplated by the original contract; and

Whereas, **COUNTY** also intends to extend the term of the existing contract through the Fiscal Year 05-06 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Executive Office with authority from the County Board of Supervisors on 9/10/04, except as modified by this First 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 Item 4, Term, of the Agreement and replace with the following:

- 4. TERM. CONTRACTOR** shall commence performance on **July 1, 2004** and end performance upon completion, but no later than **June 30, 2006** unless otherwise directed by **COUNTY** or unless earlier terminated.

II. Delete Item 1, Paragraph 1, of Exhibit B, Payment Arrangements, and replace with the following:

EXHIBIT B PAYMENT ARRANGEMENTS

1. For services to be rendered, **COUNTY** shall pay **CONTRACTOR** a total provisional amount not to exceed **\$550,000** for the term of this First Amended Contract, payable **\$275,000** for the period July 1, 2004 to June 30, 2005, and **\$275,000** for the period July 1, 2005 through June 30, 2006, less the **COUNTY's** Administrative Support Cost for all Projects listed in Exhibit A.

III. Delete Exhibit B-1, Schedule of Services, and replace with the following:

**EXHIBIT B-1
SCHEDULE OF SERVICES**

Treatment services, as described in Exhibit A and in the Provider Workbook, will conform to the California Department of Alcohol and Drug Programs service code definition (Exhibit A). Treatment services shall be reimbursed according to the California State Medi-Cal Guidelines (Title 22 CCR), or as negotiated with **COUNTY**.

It is agreed that **COUNTY** has provided a copy of the signed Provider Workbook to **CONTRACTOR**.

TYPE OF SERVICE Drug Medi-Cal (D/MC)	Provider Rate	Billing Rate (Maximum)	County Administrative Cost	Total Estimated Revenue Provisional Amounts	
				7/01/04 to 6/30/05	7/01/05 to 6/30/06
D/MC - Outpatient Drug-Free Treatment consisting of individual (Including collateral sessions) and Group Counseling (including family sessions). and D/MC-Cal, Perinatal Day Care Rehabilitative (Perinatal DCR) Services (for eligible pregnant and postpartum) (In accordance with Title 22 and the Perinatal Services Guidelines at certified sites per Exhibit A.)			The D/MC Rate shall follow the published State ADP guidelines, or as negotiated with COUNTY as shown in the Provider Workbook.	\$275,000	\$275,000
Total Funding in FY 04-05				\$275,000	
Total Funding in FY 05-06				\$275,000	
Grand Total Drug Medi-Cal Funding for FY 04-06				\$550,000	
<p>The Drug Medi-Cal maximum rate allowable, or the negotiated rate with COUNTY, is based upon CONTRACTOR's program budget, contained in the Provider Workbook, and CONTRACTOR's prior year cost report.</p> <p>The Monthly Reimbursement is based on the number of 50 minute individual and 90 minute group (per person) counseling sessions delivered during the month (or pro-rated as needed). These services shall follow the D/MC guidelines and shall be reported electronically to ADMHS - MIS, per <u>Exhibit B</u>.</p> <p>A COUNTY Administrative Support Cost shall be automatically deducted from the monthly reimbursement paid to CONTRACTOR, per <u>Exhibit B</u>. Based upon the total monthly amount billed to Drug Medi-Cal, COUNTY shall retain 15% for Administrative Support Cost and shall pay CONTRACTOR 85%.</p>					

SIGNATURE PAGE

First Amended Contract for Services of Independent **CONTRACTOR** between the **COUNTY** of Santa Barbara and **Good Samaritan Shelter, Inc. (DBA Recovery Point)**

IN WITNESS WHEREOF, the parties have executed this First Amended Contract to be effective on the date executed by **COUNTY**.

COUNTY OF SANTA BARBARA

By: _____

Chair, Board of Supervisors

Date: _____

CONTRACTOR

By: _____

Tax ID No. 77-0133375

ATTEST:

MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

By: _____ Deputy
County Counsel

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

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

By: _____
Director

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM MANAGER

By: _____
Risk Program Manager

CONTRACT SUMMARY PAGE

Amendment to BC 04-196

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 FY 03-06
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name ADMHS – Alcohol & Drug Program
 D5. Contact Person..... Al Rodriguez
 D6. Telephone (805) 681-5442

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Amended Contract for DMC treatment services
 K3. Original Contract Amount \$260,000
 K4. Contract Begin Date 07/01/2003
 K5. Original Contract End Date 06/30/2005
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	07/01/2003	\$160,000	\$160,000	\$420,000	06/30/2006	Incr. 03-05 funding & extend term by 1 yr

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*) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$140,000
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (*if applicable*) 6
 F6. Account Number 7460
 F7. Cost Center number (*if applicable*) 6241 (Program Code)
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) 633270
 V2. Payee/Contractor Name Phoenix of Santa Barbara, Inc.
 V3. Mailing Address 107 E. Micheltorena
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93101
 V5. Telephone Number 805-965-3434
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 23-7220562
 V7. Contact Person John Turner
 V8. Workers Comp Insurance Expiration Date 04/01/06
 V9. Liability Insurance Expiration Date[s] (*G=Genl*; G – 08/01/05
 V10. Professional License Number
 V11. Verified by (name of county staff) Jennie Pittman
 V12. Company Type (*Check one*): Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page

Date: June 16, 2005 Authorized Signature: Jennie Pittman, ADMHS-ADP Departmental Analyst

FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the first amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number BC 04-196, by and between the **County of Santa Barbara (COUNTY)** and **Phoenix of Santa Barbara, Inc. (CONTRACTOR)**, for the continued provision of the services specified herein.

Whereas, **COUNTY** would like to amend the compensation paid to **CONTRACTOR** under the Fiscal Year 03-05 contract by \$10,000 to pay for services provided by **CONTRACTOR** beyond that contemplated by the original contract; and

Whereas, **COUNTY** also intends to extend the term of the existing contract through the Fiscal Year 05-06 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors on 6/01/04, except as modified by this First 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 Item 4, Term, of the Agreement and replace with the following:

- 4. TERM. CONTRACTOR** shall commence performance on **July 1, 2003** and end performance upon completion, but no later than **June 30, 2006** unless otherwise directed by **COUNTY** or unless earlier terminated.

II. Delete Item 1, Paragraphs 1, 2, and 3 of Exhibit B, Payment Arrangements, and replace with the following:

EXHIBIT B PAYMENT ARRANGEMENTS

1. For services to be rendered, **COUNTY** shall pay **CONTRACTOR** a total provisional amount not to exceed **\$420,000** for the term of this First Amended Contract, payable **\$130,000** for the period July 1, 2003 to June 30, 2004, **\$140,000** for the period July 1, 2004 to June 30, 2005, and **\$150,000** for the period July 1, 2005 through June 30, 2006, less the **COUNTY's** Administrative Support Cost (per Item D and Exhibit B-1), for all Projects shown in Exhibit A.

It is understood that this Agreement upon execution, cancels, nullifies, and supersedes Purchase Agreement CN00423 for the period July 1, 2003 through June 30, 2004.

The provisional amount shown for each fiscal year is for **COUNTY** budgetary purposes only. In the event claims submitted by **CONTRACTOR** exceed the fiscal year funding amount **COUNTY** will reimburse **CONTRACTOR** for such excess; however, a contract amendment will be prepared only if the total provisional amount for all years contracted exceeds \$420,000.

III. Delete Exhibit B-1, Schedule of Services, and replace with the following:

**EXHIBIT B-1
SCHEDULE OF SERVICES**

Treatment services, as described in Exhibit A and in the Provider Workbook, will conform to the California Department of Alcohol and Drug Programs service code definition (Exhibit A). Treatment services shall be reimbursed according to the State Medi-Cal Guidelines (Title 22 CCR), or as negotiated with **COUNTY**.

It is agreed that **COUNTY** has provided a copy of the signed Provider Workbook to **CONTRACTOR**.

TYPE OF SERVICE Drug Medi-Cal (D/MC)	Provider Rate	Billing Rate (Maximum)	County Administrative Cost	Total Estimated Revenue Provisional Amounts		
				7/01/03 to 6/30/04	7/01/04 to 6/30/05	7/01/05 to 6/30/06
D/MC Outpatient Drug-Free Treatment consisting of individual (Including collateral sessions), & Group Counseling (including family sessions). [In accordance with Title 22 Guidelines, at certified site(s) per <u>Exhibit A</u> .]	The D/MC Rate shall follow the published State ADP guidelines, or as negotiated with COUNTY as shown in the Provider Workbook.			\$130,000	\$140,000	\$150,000
Total Funding in FY 03-04				\$130,000		
Total Funding in FY 04-05				\$140,000		
Total Funding in FY 05-06				\$150,000		
Grand Total Drug Medi-Cal Funding for FY 03-06				\$420,000		
<p>The Drug Medi-Cal maximum rate allowable, or the negotiated rate with COUNTY, is based upon CONTRACTOR's program budget and prior year cost report all contained in the Provider Workbook.</p> <p>The Monthly Reimbursement is based on the number of 50 minute individual and 90 minute group (per person) counseling sessions delivered during the month (or pro-rated as needed). These services shall follow the D/MC guidelines and shall be reported electronically to ADMHS - MIS, per <u>Exhibit B</u>.</p> <p>A COUNTY Administrative Support Cost shall be automatically deducted from the monthly reimbursement paid to CONTRACTOR, per <u>Exhibit B</u>. Based upon the total monthly amount billed to Drug Medi-Cal, COUNTY shall retain 15% for Administrative Support Cost and shall pay CONTRACTOR 85%.</p>						

SIGNATURE PAGE

First Amended Contract for Services of Independent **CONTRACTOR** between the **COUNTY** of Santa Barbara and **Phoenix of Santa Barbara, Inc.**

IN WITNESS WHEREOF, the parties have executed this First Amended Contract to be effective on the date executed by **COUNTY**.

COUNTY OF SANTA BARBARA

By: _____

Chair, Board of Supervisors

Date: _____

CONTRACTOR

By: _____

Tax ID No. 23-7220562

ATTEST:

MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

By: _____ Deputy
County Counsel

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

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

By: _____
Director

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM MANAGER

By: _____
Risk Program Manager

CONTRACT SUMMARY PAGE

Amendment to BC 05-083

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 FY 05-06
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name ADMHS – Alcohol & Drug Program
 D5. Contact Person..... Al Rodriguez
 D6. Telephone (805) 681-5442

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Amended Contract for DMC treatment services
 K3. Original Contract Amount \$1,222,000
 K4. Contract Begin Date 07/01/2004
 K5. Original Contract End Date 06/30/2005
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	07/01/2005	\$1,017,100	\$1,017,100	\$2,239,100	06/30/2006	Extend term by 1 yr & add 05-06 funding

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*) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$1,017,100
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (*if applicable*) 6
 F6. Account Number 7460
 F7. Cost Center number (*if applicable*) 6241 (Program Code)
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) 710170
 V2. Payee/Contractor Name CADA – Santa Barbara
 V3. Mailing Address P.O. Box 28
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93102
 V5. Telephone Number 805-564-6057
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 95-1878858
 V7. Contact Person Penny Jenkins
 V8. Workers Comp Insurance Expiration Date 03/12/2006
 V9. Liability Insurance Expiration Date[s] (*G=Genl; G – 04/01/06*)
 V10. Professional License Number
 V11. Verified by (name of county staff) Jennie Pittman
 V12. Company Type (*Check one*): Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page

Date: June 16, 2005 Authorized Signature: Jennie Pittman, ADMHS-ADP Departmental Analyst

FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the first amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number BC 05-083, by and between the **County of Santa Barbara (COUNTY)** and **The Council on Alcoholism and Drug Abuse (CONTRACTOR)**, for the continued provision of the services specified herein.

Whereas, **COUNTY** intends to extend the term of the existing contract through the Fiscal Year 05-06 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors on 8/17/04, except as modified by this First 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 Item 4, Term, of the Agreement and replace with the following:

- 4. This First Amended Contract is effective July 1, 2005. **CONTRACTOR** shall commence performance on that date and shall end performance upon completion, but no later than June 30, 2006 unless otherwise directed by **COUNTY** or unless earlier terminated.**

II. Delete Item 1, Paragraph 1, of Exhibit B, Payment Arrangements, and replace with the following:

EXHIBIT B PAYMENT ARRANGEMENTS

1. For services to be rendered, **COUNTY** shall pay **CONTRACTOR** a total provisional amount not to exceed **\$1,017,100** for the term of this First Amended Contract, less the **COUNTY's** Administrative Support Cost (per Item 1.E. and Exhibit B-1), for all Projects shown in Exhibit A.

III. Delete Exhibit B-1, Schedule of Services, and replace with the following:

**EXHIBIT B-1
SCHEDULE OF SERVICES**

Treatment services, as described in Exhibit A and in the Provider Workbook, will conform to the California Department of Alcohol and Drug Programs service code definition (Exhibit A). Treatment services shall be reimbursed according to the California State Medi-Cal Guidelines (Title 22 CCR), or as negotiated with **COUNTY**.

It is agreed that **COUNTY** has provided a copy of the signed Provider Workbook to **CONTRACTOR**.

TYPE OF SERVICE Drug Medi-Cal (D/MC) - NON RESIDENTIAL	Provider Rate	Billing Rate (Maximum	County Administrative Cost	Total Estimated Revenue Term: 7/01/2005 to 6/30/2006
D/MC – NON RESIDENTIAL	<p>The D/MC Rate shall follow the published State ADP guidelines, or as negotiated with COUNTY.</p> <p>The D/MC maximum rate allowable, or the negotiated rate with COUNTY, is based upon CONTRACTOR's program budget and prior year cost report all contained in the Provider Workbook.</p>			\$1,017,100
D/MC - Outpatient Drug-Free Treatment consisting of individual (Including collateral sessions) and Group Counseling (including family sessions).				
<p>D/MC – PERINATAL ODF and DCR</p> <p>D/MC-Cal, Perinatal Outpatient Drug Free (PN ODF) consisting of individual (including collateral sessions) and Group Counseling (including family sessions). and D/MC-Cal, Perinatal Day Care Rehabilitative (Perinatal DCR) Services</p>				
Total Drug Medi-Cal Funding for FY 05-06				\$1,017,100
<p>The Drug Medi-Cal maximum rate allowable, or the negotiated rate with COUNTY, is based upon CONTRACTOR's program budget, contained in the Provider Workbook, and CONTRACTOR's prior year cost report.</p> <p>The Monthly Reimbursement is based on the number of 50 minute individual and 90 minute group (per person) counseling sessions delivered during the month (or pro-rated as needed). These services shall follow the D/MC guidelines and shall be reported electronically to ADMHS - MIS, per <u>Exhibit B</u>.</p> <p>A COUNTY Administrative Support Cost shall be automatically deducted from the monthly reimbursement paid to CONTRACTOR, per <u>Exhibit B</u>. Based upon the total monthly amount billed to Drug Medi-Cal, COUNTY shall retain 15% for Administrative Support Cost and shall pay CONTRACTOR 85%.</p>				

SIGNATURE PAGE

First Amended Contract for Services of Independent **CONTRACTOR** between the **COUNTY** of Santa Barbara and **The Council on Alcoholism and Drug Abuse**.

IN WITNESS WHEREOF, the parties have executed this First Amended Contract to be effective on the date executed by **COUNTY**.

COUNTY OF SANTA BARBARA

By: _____

Chair, Board of Supervisors

Date: _____

CONTRACTOR

By: _____

Tax ID No. 95-1878858

ATTEST:

MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

By: _____ Deputy
County Counsel

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

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

By: _____
Director

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM MANAGER

By: _____
Risk Program Manager

CONTRACT SUMMARY PAGE

Amendment to BC 05-091

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 FY 05-06
 D2. Budget Unit Number 043
 D3. Requisition Number.....
 D4. Department Name ADMHS – Alcohol & Drug Program
 D5. Contact Person..... Al Rodriguez
 D6. Telephone (805) 681-5442

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Amended Contract for DMC treatment services
 K3. Original Contract Amount \$195,500
 K4. Contract Begin Date 07/01/2004
 K5. Original Contract End Date 06/30/2005
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	07/01/2005	\$160,000	\$160,000	\$355,500	06/30/2006	Extend term by 1 yr & add 05-06 funding

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*) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$160,000
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (*if applicable*) 6
 F6. Account Number 7460
 F7. Cost Center number (*if applicable*) 6241 (Program Code)
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) 899940
 V2. Payee/Contractor Name Zona Seca
 V3. Mailing Address W. Figueroa Street
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93101
 V5. Telephone Number 805-963-8961
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 95-2666853
 V7. Contact Person Frank Banales
 V8. Workers Comp Insurance Expiration Date 04/01/2006
 V9. Liability Insurance Expiration Date[s] (*G=Genl; G – 05/01/06*)
 V10. Professional License Number
 V11. Verified by (name of county staff) Jennie Pittman
 V12. Company Type (*Check one*): Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page

Date: June 16, 2005 Authorized Signature: Jennie Pittman, ADMHS-ADP Departmental Analyst

FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the first amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number BC 05-091, by and between the **County of Santa Barbara (COUNTY)** and **Zona Seca, Inc. (CONTRACTOR)**, for the continued provision of the services specified herein.

Whereas, **COUNTY** intends to extend the term of the existing contract through the Fiscal Year 05-06 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Executive Office with authority from the County Board of Supervisors on 9/10/04, except as modified by this First 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 Item 4, Term, of the Agreement and replace with the following:

- 4.** This First Amended Contract is effective **July 1, 2005**. **CONTRACTOR** shall commence performance on that date and shall end performance upon completion, but no later than **June 30, 2006** unless otherwise directed by **COUNTY** or unless earlier terminated.

II. Delete Item 1, Paragraph 1, of Exhibit B, Payment Arrangements, and replace with the following:

EXHIBIT B PAYMENT ARRANGEMENTS

1. For services to be rendered, **COUNTY** shall pay **CONTRACTOR** a total provisional amount not to exceed **\$160,000** for the term of this First Amended Contract, less the **COUNTY's** Administrative Support Cost (per Item 1.E. and Exhibit B-1), for all Projects shown in Exhibit A.

III. Delete Exhibit B-1, Schedule of Services, and replace with the following:

**EXHIBIT B-1
SCHEDULE OF SERVICES**

Treatment services, as described in Exhibit A and in the Provider Workbook, will conform to the California Department of Alcohol and Drug Programs service code definition (Exhibit A). Treatment services shall be reimbursed according to the California State Medi-Cal Guidelines (Title 22 CCR), or as negotiated with **COUNTY**.

It is agreed that **COUNTY** has provided a copy of the signed Provider Workbook to **CONTRACTOR**.

TYPE OF SERVICE Drug Medi-Cal (D/MC)- NON RESIDENTIAL	Provider Rate	Billing Rate (Maximum	County Administrative Cost	Total Estimated Revenue Term: 7/01/05 to 6/30/06
D/MC – NON RESIDENTIAL	<p>The D/MC Rate shall follow the published State ADP guidelines, or as negotiated with COUNTY.</p> <p>The D/MC maximum rate allowable, or the negotiated rate with COUNTY, is based upon CONTRACTOR's program budget and prior year cost report all contained in the Provider Workbook.</p>			\$160,000
D/MC - Outpatient Drug-Free Treatment consisting of individual (Including collateral sessions) and Group Counseling (including family sessions).				
D/MC – PERINATAL ODF and DCR D/MC-Cal, Perinatal Outpatient Drug Free (PN ODF) consisting of individual (including collateral sessions) and Group Counseling and D/MC-Cal, Perinatal Day Care Rehabilitative (Perinatal DCR) Services				
Total Drug Medi-Cal Funding for FY 05-06				\$160,000
<p>The Drug Medi-Cal maximum rate allowable, or the negotiated rate with COUNTY, is based upon CONTRACTOR's program budget, contained in the Provider Workbook, and CONTRACTOR's prior year cost report.</p> <p>The Monthly Reimbursement is based on the number of 50 minute individual and 90 minute group (per person) counseling sessions delivered during the month (or pro-rated as needed). These services shall follow the D/MC guidelines and shall be reported electronically to ADMHS - MIS, per <u>Exhibit B</u>.</p> <p>A COUNTY Administrative Support Cost shall be automatically deducted from the monthly reimbursement paid to CONTRACTOR, per <u>Exhibit B</u>. Based upon the total monthly amount billed to Drug Medi-Cal, COUNTY shall retain 15% for Administrative Support Cost and shall pay CONTRACTOR 85%.</p>				

SIGNATURE PAGE

First Amended Contract for Services of Independent **CONTRACTOR** between the **COUNTY** of Santa Barbara and **Zona Seca, Inc.**

IN WITNESS WHEREOF, the parties have executed this First Amended Contract to be effective on the date executed by **COUNTY**.

COUNTY OF SANTA BARBARA

By: _____

Chair, Board of Supervisors

Date: _____

CONTRACTOR

By: _____

Tax ID No. 95-2655853

ATTEST:

MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

By: _____ Deputy
County Counsel

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

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

By: _____
Director

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM MANAGER

By: _____
Risk Program Manager