

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 11-075**, by and between the **County of Santa Barbara** (County) and **Sanctuary Psychiatric Centers** (Contractor), for the continued provision of **Outpatient treatment services for dual diagnosis clients**.

Whereas, this Fourth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in January 2011, the First Amendment approved by the County Board of Supervisors in June 2011, the Second Amendment approved by the County Board of Supervisors in May 2012, and the Third Amendment approved by the County Board of Supervisors in June 2012, except as modified by this Fourth Amended Contract; and

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 \$15000 to the Agreement so as to compensate Contractor for services 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 5, Clients, from Exhibit A-1, Statement of Work – Outpatient Treatment, and replace with the following:

5. **CLIENTS.** Contractor shall provide services as described in Section 4 to approximately 57 adult clients, aged 18 and over, referred by sources described in Section 6. Contractor shall admit clients with co-occurring disorders where appropriate.

II. 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 \$143190. 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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III. 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: Sanctuary

FISCAL YEAR: 2012-13

DESCRIPTION/MODE/SERVICE FUNCTION:	Unit	PROGRAM		
		Treatment Services	Clean & Sober Drug Court (CSDC)	Total
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):		
33-ODF Group	session	3507		3,507
34-ODF Individual	session	373		373
68-SAMHSA CSDC Grant Services	cost reimbursed		\$ 25,460	\$ 25,460
COST PER UNIT/PROVISIONAL RATE:				
33-ODF Group			\$30.28	
34-ODF Individual			\$71.25	
68-SAMHSA CSDC Grant Services			as budgeted	
GROSS COST:		\$ 208,730	\$ 25,460	\$ 234,190
LESS REVENUES COLLECTED BY				
CLIENT FEES		\$ 85,000		\$ 85,000
CLIENT INSURANCE				\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)				\$ -
FOUNDATIONS/TRUSTS				\$ -
SPECIAL EVENTS				\$ -
OTHER (LIST): OTHER GOVERNMENT		\$ 6,000		\$ 6,000
OTHER (LIST): TRANSFER FROM RESERVES				\$ -
TOTAL CONTRACTOR REVENUES		\$ 91,000	\$ -	\$ 91,000
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 117,730	\$ 25,460	\$ 143,190
DMC Administrative Fee (15%) *		\$ 15,000		
DMC Gross Claim Maximum		\$ 100,000		

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT				
Medi-Cal Treatment Services (6241)		\$ 85,000		\$ 85,000
Medi-Cal Perinatal Services (6242)				\$ -
SACPA Services (6240)		\$ 13,900		\$ 13,900
ADP Treatment Services - SAPT (6243)		\$ 11,950		\$ 11,950
Recovery Oriented System of Care (ROSC) (6243)				\$ -
Perinatal Non-Drug Medi-Cal (6244)				\$ -
SAMHSA SWHF Grant (6244)				\$ -
Drug Court Services (6246)		\$ 6,880		\$ 6,880
SAMHSA MARS Grant (6246)				\$ -
SAMHSA CSDC Grant (6246)			\$ 25,460	\$ 25,460
CalWORKS (6249)				\$ -
Youth Services (6250)				\$ -
TOTAL (SOURCES OF FUNDING)		\$ 117,730	\$ 25,460	\$ 143,190

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

* The 15% Administrative Fee is deducted from the Drug Medi-Cal Gross Claim Maximum. Maximum (Net) Contract Amount is Less Administrative Fee of 15% (Drug Medi-Cal only).

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

AGENCY NAME: Sanctuary Psychiatric Centers

COUNTY FISCAL YEAR: 2012-13

Gray Shaded cells contain formulas, do not overwrite

	COLUMN #	1	2	3	4	5	6
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Dual Diagnosis Program	SAMHSA CSDC Grant	Enter PROGRAM NAME (Fac/Prog)
1		Contributions	\$ 200,000	\$ -			
2		Foundations/Trusts	\$ 50,000	\$ -			
3		Special Events		\$ -			
4		Legacies/Bequests		\$ -			
5		Associated Organizations		\$ -			
6		Membership Dues		\$ -			
7		Sales of Materials		\$ -			
8		Investment Income	\$ 1,200	\$ -			
9		Miscellaneous Revenue	\$ 60,000	\$ -			
10		ADMHS Funding	\$ 143,190	\$ 143,190	\$ 117,730	\$ 25,460	
11		Other Government Funding	\$ 6,000	\$ 6,000	\$ 6,000		
12		Rent Income	\$ 550,000	\$ -			
13		Reserve Amortization	\$ 20,000	\$ -			
14		Other (specify)		\$ -			
15		Other (specify)		\$ -			
16		Other (specify)		\$ -			
17		From Operating Reserves		\$ -			
18		Total Other Revenue (Sum of lines 1 through 17)	\$ 1,030,390	\$ 149,190	\$ 123,730	\$ 25,460	\$ -
I.B Client and Third Party Revenues:							
19		Medicare		-			
20		Client Fees	\$ 1,585,000	85,000	\$ 85,000		
21		Insurance		-			
22		SSI		-			
23		Other (specify)		-			
24		Total Client and Third Party Revenues (Sum of lines 19 through 23)	1,585,000	85,000	85,000	-	-
25		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	2,615,390	234,190	208,730	25,460	-

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Dual Diagnosis Program	SAMHSA CSDC Grant	Enter PROGRAM NAME (Fac/Prog)
	III.A. Salaries and Benefits Object Level					
26	Salaries (Complete Staffing Schedule)	1,585,000	\$ 158,200	\$ 141,800	\$ 16,400	
27	Employee Benefits	162,000	\$ 16,450	\$ 14,750	\$ 1,700	
28	Consultants	42,000	\$ 5,000	\$ 4,500	\$ 500	
29	Payroll Taxes	135,000	\$ 12,275	\$ 10,850	\$ 1,425	
30	Salaries and Benefits Subtotal	\$ 1,924,000	\$ 191,925	\$ 171,900	\$ 20,025	\$ -
	III.B Services and Supplies Object Level					
31	Professional Fees	30,000	\$ 2,500	\$ 2,250	\$ 250	
32	Supplies	95,390	\$ 8,000	\$ 7,500	\$ 500	
33	Telephone	22,000	\$ 750	\$ 750	\$ -	
34	Postage & Shipping	3,500	\$ 500	\$ 450	\$ 50	
35	Occupancy (Facility Lease/Rent/Costs)	350,000	\$ 7,500	\$ 6,650	\$ 850	
36	Rental/Maintenance Equipment	10,000	\$ 500	\$ 450	\$ 50	
37	Printing/Publications	3,500	\$ 500	\$ 450	\$ 50	
38	Transportation	15,000	\$ 500	\$ 450	\$ 50	
39	Conferences, Meetings, Etc	15,000	\$ 500	\$ 450	\$ 50	
40	Insurance	35,000	\$ 5,000	\$ 4,650	\$ 350	
41	Depreciation Expense	112,000	\$ -			
42	Other (specify)		\$ -			
43	Other (specify)		\$ -			
44	Other (specify)		\$ -			
45	Services and Supplies Subtotal	\$ 691,390	\$ 26,250	\$ 24,050	\$ 2,200	\$ -
46	III.C. Client Expense Object Level Total		\$ -			
47	SUBTOTAL DIRECT COSTS	\$ 2,615,390	\$ 218,175	\$ 195,950	\$ 22,225	\$ -
	IV. INDIRECT COSTS					
48	Administrative Indirect Costs (limited to 15%)		\$ 16,015	\$ 12,780	\$ 3,235	
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 2,615,390	\$ 234,190	\$ 208,730	\$ 25,460	\$ -

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Sanctuary Psychiatric Centers.

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

COUNTY OF SANTA BARBARA

By: _____
SALUD CARBAJAL, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95 3066786.
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

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
TAKASHI WADA, MD, MPH
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 11-075

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 12-13
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 Outpatient treatment services for
K3. Contract Amount \$143190
K4. Contract Begin Date 7/1/2012
K5. Original Contract End Date 6/30/2011
K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
3	7/1/2012	\$128190		\$128190	6/30/2013	Renew for FY 12-13
4	7/1/2012	\$15000	\$143190	\$143190	6/30/2013	Add DMC funding for FY 12-13

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 \$143190
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= 695810
V2. Payee/Contractor Name Sanctuary Psychiatric Centers
V3. Mailing Address PO Box 551.
V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93102
V5. Telephone Number 8055692785
V6. Contractor's Federal Tax ID Number (EIN or SSN) 95 3066786
V7. Contact Person Barry Schoer Executive Director
V8. Workers Comp Insurance Expiration Date 4/1/2014
V9. Liability Insurance Expiration Date[s] G-1/1/2014, P-1/1/2014
V10. Professional License Number ADP #420026AN
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: _____