

## SECOND AMENDMENT

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Second 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 Second 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, except as modified by this Second 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 \$3124 to the Agreement so as to compensate Contractor for services to be 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 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 **\$123809**. 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.

- II. **Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:**

# SECOND AMENDMENT

## EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Sanctuary FISCAL YEAR: 2011-12

	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	3114		3,114
34-ODF Individual	session	331		331
68-SAMHSA CSDC Grant Services	cost reimbursed		\$ 21,079	\$ 21,079
COST PER UNIT/PROVISIONAL RATE:				
33-ODF Group			\$29.57	
34-ODF Individual			\$69.59	
68-SAMHSA CSDC Grant Services			as budgeted	
<b>GROSS COST:</b>		\$ 220,045	\$ 21,079	\$ 241,124
CONTRACTOR: (as depicted in Contractor's Budget)				
CLIENT FEES		\$ 90,000		\$ 90,000
CLIENT INSURANCE				\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)				\$ -
FOUNDATIONS/TRUSTS				\$ -
SPECIAL EVENTS				\$ -
OTHER (LIST): OTHER GOVERNMENT		\$ 12,000		\$ 12,000
OTHER (LIST): TRANSFER FROM RESERVES		\$ 15,315		\$ 15,315
<b>TOTAL CONTRACTOR REVENUES*</b>		\$ 117,315	\$ -	\$ 117,315
<b>MAXIMUM (NET) CONTRACT AMOUNT:</b>		<b>\$ 102,730</b>	<b>\$ 21,079</b>	<b>\$ 123,809</b>
DM/C Administrative Fee (15%) **		\$ 12,353		
DM/C Gross Claim Maximum		\$ 82,353		

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT				
Medi-Cal Treatment Services (6241)		\$ 70,000		\$ 70,000
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 CSDC Grant (6246)			\$ 21,079	\$ 21,079
CalWORKS (6249)				\$ -
Youth Services (6250)				\$ -
<b>TOTAL (SOURCES OF FUNDING)</b>		<b>\$ 102,730</b>	<b>\$ 21,079</b>	<b>\$ 123,809</b>

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

## SECOND AMENDMENT

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

AGENCY NAME: Sanctuary Psychiatric Centers of SB

COUNTY FISCAL YEAR: 2011-12

**Gray Shaded cells contain formulas, do not overwrite**

LINE #	COLUMN #	1	2	3	4	5	6
		<b>I. REVENUE SOURCES:</b>	<b>TOTAL AGENCY/ ORGANIZATION BUDGET</b>	<b>COUNTY ADMHS PROGRAMS TOTALS</b>	<b>Dual Diagnosis Program</b>	<b>SAMHSA CSDC Grant</b>	<b>Enter PROGRAM NAME (Fac/Prog)</b>
1		Contributions	\$ 200,000	\$ -			
2		Foundations/Trusts	\$ 25,000	\$ -			
3		Special Events		\$ -			
4		Legacies/Bequests		\$ -			
5		Associated Organizations		\$ -			
6		Membership Dues		\$ -			
7		Sales of Materials		\$ -			
8		Investment Income	\$ 15,000	\$ -			
9		Miscellaneous Revenue	\$ 50,000	\$ -			
10		ADMHS Funding	\$ 123,809	\$ 123,809	\$ 102,730	\$ 21,079	
11		Other Government Funding	\$ 12,000	\$ 12,000	\$ 12,000		
12		Rent Income	\$ 525,000	\$ -			
13		Reserve Amortization	\$ 20,000	\$ -			
14		Other (specify)		\$ -			
15		Other (specify)		\$ -			
16		Other (specify)		\$ -			
17		Transfer from Operating Reserves		\$ 15,315	\$ 15,315		
18		<b>Total Other Revenue (Sum of lines 1 through 17)</b>	<b>\$ 970,809</b>	<b>\$ 151,124</b>	<b>\$ 130,045</b>	<b>\$ 21,079</b>	<b>\$ -</b>
<b>I.B Client and Third Party Revenues:</b>							
19		Medicare		-			
20		Client Fees	\$ 1,523,000	90,000	\$ 90,000		
21		Insurance		-			
22		SSI		-			
23		Other (specify)		-			
24		<b>Total Client and Third Party Revenues (Sum of lines 19 through 23)</b>	<b>1,523,000</b>	<b>90,000</b>	<b>90,000</b>	<b>-</b>	<b>-</b>
25		<b>GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)</b>	<b>2,493,809</b>	<b>241,124</b>	<b>220,045</b>	<b>21,079</b>	<b>-</b>

## SECOND AMENDMENT

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)	1,560,000	\$ 120,000	\$ 106,900	\$ 13,100	
27	Employee Benefits	170,000	\$ 12,150	\$ 10,800	\$ 1,350	
28	Consultants	25,000	\$ 5,000	\$ 4,900	\$ 100	
29	Payroll Taxes	120,124	\$ 8,850	\$ 7,750	\$ 1,100	
30	Salaries and Benefits Subtotal	\$ 1,875,124	\$ 146,000	\$ 130,350	\$ 15,650	\$ -
III.B Services and Supplies Object Level						
31	Professional Fees	35,000	\$ 5,000	\$ 4,500	\$ 500	
32	Supplies	76,185	\$ 5,000	\$ 4,500	\$ 500	
33	Telephone	22,500	\$ -			
34	Postage & Shipping	7,500	\$ 500	\$ 450	\$ 50	
35	Occupancy (Facility Lease/Rent/Costs)	275,000	\$ 9,000	\$ 8,100	\$ 900	
36	Rental/Maintenance Equipment	15,000	\$ 1,000	\$ 900	\$ 100	
37	Printing/Publications	17,500	\$ 2,500	\$ 2,250	\$ 250	
38	Transportation	15,000	\$ 1,000	\$ 900	\$ 100	
39	Conferences, Meetings, Etc	10,000	\$ 1,000	\$ 900	\$ 100	
40	Insurance	35,000	\$ 5,750	\$ 5,175	\$ 575	
41	Depreciation Expense	110,000	\$ -			
42	Indirect Costs in excess of 15% limit (non-payable by ADMHS)		\$ 39,000	\$ 39,000		
43	Other (specify)		\$ -			
44	Other (specify)		\$ -			
45	Services and Supplies Subtotal	\$ 618,685	\$ 69,750	\$ 66,675	\$ 3,075	\$ -
46	III.C. Client Expense Object Level Total		\$ -			
47	SUBTOTAL DIRECT COSTS	\$ 2,493,809	\$ 215,750	\$ 197,025	\$ 18,725	\$ -
IV. INDIRECT COSTS						
48	Administrative Indirect Costs (limited to 15%)		\$ 25,374	\$ 23,020	\$ 2,354	
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 2,493,809	\$ 241,124	\$ 220,045	\$ 21,079	\$ -

**SECOND AMENDMENT**

**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: \_\_\_\_\_  
DOREEN FARR, 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: \_\_\_\_\_

## SECOND AMENDMENT

**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 ..... 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 ..... Outpatient treatment services for  
 K3. Contract Amount ..... \$123809  
 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	\$120685		\$120685	6/30/2012	Renew for FY 11-12
2	7/1/2011	\$3124	\$123809	\$123809	6/30/2012	Add funds for CSDC

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 ..... \$123809  
 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*) .....

V7. Contact Person ..... Barry Schoer Executive Director  
 V8. Workers Comp Insurance Expiration Date ..... 4/1/2013  
 V9. Liability Insurance Expiration Date[s] ..... G-1/1/2013, P-1/1/2013  
 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: \_\_\_\_\_