

**SECOND AMENDMENT
FY 16-19**

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, referenced as number **BC 17-050**, by and between the **County of Santa Barbara** (County) and **Sanctuary Centers of Santa Barbara, Inc.** (Contractor), wherein Contractor agrees to provide and County agrees to accept the services specified herein.

Whereas, this Second Amended contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2016 and the First Amended Contract approved in December 2016, except as modified by this Second Amended Contract;

Whereas, Contractor and County agree to revise the allocation of funding in Exhibit B to reflect actual utilization of non Medi-Cal funds (decreasing the funding \$13,000 each year for FY 17-18 and FY18-19) to update the Program Goals, Outcomes and Measures for FY 17-19, and to apply the County's Sliding Fee Scale, for ADP services to be rendered under this Agreement through June 30, 2019;

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

- I. **Delete Attachment E – ADP, Program Goals, Outcomes and Measures and replace with the following:**

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**ATTACHMENT E –ADP
PROGRAM GOALS, OUTCOMES AND MEASURES**

Outpatient Treatment Services FY 16-17		
Program Goal	Outcome	Metrics
To increase successful treatment and recovery.	1. Clients will remain in treatment for 30 days or more. 2. Clients will remain in treatment a minimum of 90 days. 3. Clients that successfully complete treatment.	1. 88% of adults in substance abuse treatment will stay in treatment 30 days or more. 2. 59% of adults in substance abuse treatment will stay in treatment 30 days or more. 3. 32% of clients will successfully complete treatment.

Drug Overdose Prevention and Education FY 16-17		
Program Goals	Outcomes	Metrics
Increased provider knowledge and capacity to prevent and respond to drug overdose	1. Contract provider staff will receive training on overdose causes, preventions, signs and response option.	1. Number of staff from each contractor attending DOPE trainings provided by Behavioral Wellness. 2. DOPE literature, as provided by Behavioral Wellness, will be present in all contractor waiting and lobby areas.

Outpatient Treatment Services Dual Diagnosis Treatment (DDx) FY17-19		
Program Goals	Outcomes	Measures
To increase successful SUD treatment and recovery.	1. Adults - <u>initiate</u> treatment	1. % TBD in Treatment =15+ days
	2. Adults - <u>engage</u> in treatment	2. 60% in Treatment =>31+ days
	3. Adults - <u>retained</u> in treatment	3. 30% in Treatment =>91+ days
	4. Adults - <u>successfully complete</u> treatment	4. 35% CalOMS discharge status 1, 2 or 3*

*CalOMS status 1, 2 or 3 = successfully completed treatment 1) with or 2) without a referral or 3) left before completion with satisfactory progress.

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- II. In Exhibit B – Financial Provisions, delete Section II -- Maximum Contract Amount and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$314,790 for fiscal year for FY 16-17, \$301,790 for FY 17-18, and \$301,790 for FY 18-19, for a total multi-year amount not to exceed \$918,370**, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-ADP. 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.

- III. Delete Exhibit B1 ADP - Schedule of Rates and Contract Maximum and replace with the following:

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Exhibit B-1 Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Sanctuary

FISCAL YEAR: 2016-17

Drug Medi-Cal / Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate
Drug Medi-Cal Billable Services	Day Services	10	Intensive Outpatient Treatment (IOT) non-perinatal - (Group -180)	Session	30	30	\$58.30
	Outpatient	15	ODF Individual Counseling	Session	80	34	\$66.93
			ODF Group Counseling	Session	85	33	\$27.14
Non-Drug Medi-Cal Billable Services	Ancillary Services	N/A	Case Management (excluding SACPA clients)	Hours	N/A	68	\$51.84

	Program	
	Treatment Services	TOTAL
GROSS COST:	\$ 431,600	\$431,600
LESS REVENUES COLLECTED BY CONTRACTOR:		
PATIENT FEES	\$ 64,810	\$ 64,810
CONTRIBUTIONS	\$ 12,000	\$ 12,000
OTHER (LIST):	\$ 40,000	\$ 40,000
TOTAL CONTRACTOR REVENUES	\$ 116,810	\$116,810
MAXIMUM CONTRACT AMOUNT PAYABLE:	\$ 314,790	\$ 314,790

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**		
Drug Medi-Cal	\$ 251,600	\$ 251,600
Realignment/SAPT - Discretionary	\$ 63,190	\$ 63,190
Realignment/SAPT - Perinatal		\$ -
Realignment/SAPT - Adolescent Treatment		\$ -
Realignment/SAPT - Primary Prevention		\$ -
CalWORKS		\$ -
Other County Funds		\$ -
FY16-17 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 314,790	\$ 314,790

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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

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Exhibit B-1 Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Sanctuary

FISCAL YEAR: 2017-2019

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate
Drug Medi-Cal Billable Services	Day Services	10	Intensive Outpatient Treatment (IOT) non-perinatal - (Group -180 minutes)	Session	30	30	\$58.53
	Outpatient	15	ODF Individual Counseling	Session	80	34	\$76.91
			ODF Group Counseling	Session	85	33	\$30.89
Non-Drug Medi-Cal Billable Services	Ancillary Services	N/A	Case Management (excluding SACPA clients)	Hours	N/A	68	\$59.57

	Program	
	Treatment Services	TOTAL
GROSS COST:	\$ 418,600	\$ 418,600
LESS REVENUES COLLECTED BY CONTRACTOR:		
PATIENT FEES	\$ 64,810	\$ 64,810
CONTRIBUTIONS	\$ 12,000	\$ 12,000
OTHER (LIST):	\$ 40,000	\$ 40,000
TOTAL CONTRACTOR REVENUES	\$ 116,810	\$ 116,810
MAXIMUM CONTRACT AMOUNT PAYABLE:	\$ 301,790	\$ 301,790

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**			
Drug Medi-Cal		\$ 251,600	\$ 251,600
Realignment/SAPT - Discretionary		\$ 50,190	\$ 50,190
Realignment/SAPT - Perinatal			\$ -
Realignment/SAPT - Adolescent Treatment			\$ -
Realignment/SAPT - Primary Prevention			\$ -
CalWORKS			\$ -
Other County Funds			\$ -
FY16-17 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)		\$ 314,790	\$ 314,790
FY17-18 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)		\$ 301,790	\$ 301,790
FY18-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)		\$ 301,790	\$ 301,790

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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

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IV. In Exhibit B-2 ADP Contract Budget add the following:

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**Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet
Entity Budget By Program**

AGENCY NAME: Sanctuary Centers of Santa Barbara, Inc.

COUNTY FISCAL YEAR: FY2017-19

Gray Shaded cells contain formulas, do not overwrite

# LINE	COLUMN#	1	2	3	4	5	6	7	8	9	10	11	12	13
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Co-Occurring Disorder/DMC	IOT	ADTC	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
1	Contributions	\$	175,000	\$ -										
2	Foundations/Trusts	\$	65,000	\$ -										
3	Miscellaneous Revenue	\$	60,000	\$ -										
4	ADMHS Funding	\$	301,790	\$ 301,790	\$ 196,790	\$ 75,000	\$ 30,000							
5	Other Government Funding	\$	12,000	\$ 12,000	\$ 12,000									
6	From Sanctuary Operating Reserves			\$ 40,000	\$ 25,000	\$ 10,000	\$ 5,000							
7	Rental Income	\$	560,000	\$ -										
8	Investment Income	\$	10,000	\$ -										
9	Other (specify)			\$ -										
10	Total Other Revenue	\$	1,183,790	\$ 353,790	\$ 233,790	\$ 85,000	\$ 35,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I.B. Client and Third Party Revenues:														
11	Client Fees	\$	1,600,000	64,810	\$ 64,810	\$ -	\$ -							
12	SSI			-										
13	Other (specify)			-										
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)		1,600,000	64,810	64,810	-	-	-	-	-	-	-	-	-
15	GROSS PROGRAM REVENUE BUDGET		2,783,790	418,600	298,600	85,000	35,000	-	-	-	-	-	-	-

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III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Co-Occurring Disorder/DMC	IOT	ADTC	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
III.A. Salaries and Benefits Object Level												
16 Salaries (Complete Staffing Schedule)	1,672,000	\$ 292,500	\$ 211,000	\$ 57,000	\$ 24,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Employee Benefits	176,028	\$ 29,150	\$ 20,650	\$ 6,000	\$ 2,500							
18 Consultants	41,250	\$ 4,250	\$ 3,000	\$ 1,000	\$ 250							
19 Payroll Taxes	146,341	\$ 25,000	\$ 18,000	\$ 5,000	\$ 2,000							
20 Salaries and Benefits Subtotal	\$ 2,035,619	\$ 350,900	\$ 252,650	\$ 69,000	\$ 29,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
III.B Services and Supplies Object Level												
21 Professional Fees	52,000	\$ 6,800	\$ 4,800	\$ 1,500	\$ 500							
22 Supplies	137,571	\$ 8,350	\$ 5,700	\$ 2,400	\$ 250							
23 Telephone	12,450	\$ 1,200	\$ 750	\$ 250	\$ 200							
24 Utilities	25,250	\$ 750	\$ 500	\$ 100	\$ 150							
25 Facility Costs (Rent/Lease/Mortgage)	252,750	\$ 10,250	\$ 7,500	\$ 2,000	\$ 750							
26 Repairs and Maintenance	50,200	\$ 700	\$ 500	\$ 100	\$ 100							
27 Printing/Publications	10,250	\$ 750	\$ 500	\$ 150	\$ 100							
28 Transportation and Travel	10,600	\$ 1,800	\$ 1,200	\$ 500	\$ 100							
29 Depreciation	105,000	\$ -	\$ -	\$ -	\$ -							
30 Insurance	41,500	\$ 4,700	\$ 3,200	\$ 1,000	\$ 500							
31 Board and Care (not Medi-Cal reimbursable)	-	\$ -										
32 Conferences/Meetings	10,600	\$ 1,900	\$ 1,300	\$ 500	\$ 100							
33 From Sanctuary Operating Reserves	40,000	\$ -										
34 Other (specify)		\$ -										
35 Services and Supplies Subtotal	\$ 748,171	\$ 37,200	\$ 25,950	\$ 8,500	\$ 2,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
36 III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)		\$ -										
37 SUBTOTAL DIRECT COSTS	\$ 2,783,790	\$ 388,100	\$ 278,600	\$ 77,500	\$ 32,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IV. INDIRECT COSTS												
38 Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 30,500	\$ 20,000	\$ 7,500	\$ 3,000							
39 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 2,783,790	\$ 418,600	\$ 298,600	\$ 85,000	\$ 35,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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V. Add Exhibit B-3, Sliding Fee Scale, FY 17-18

**EXHIBIT B-3 ADP
Sliding Fee Scale**

**COUNTY OF SANTA BARBARA
ALCOHOL & DRUG PROGRAM
SLIDING FEE SCHEDULE *
FY 2017-2018**

**ANNUAL GROSS FAMILY INCOME
NUMBER OF DEPENDENTS**

FEE PER VISIT	1	2	3	4	5	6	7	8
5	12,060	16,240	20,420	24,600	28,780	32,960	37,140	41,320
10	16,240	20,420	24,600	28,780	32,960	37,140	41,320	45,500
15	20,420	24,600	28,780	32,960	37,140	41,320	45,500	49,680
20	24,600	28,780	32,960	37,140	41,320	45,500	49,680	53,860
25	28,780	32,960	37,140	41,320	45,500	49,680	53,860	58,040
30	32,960	37,140	41,320	45,500	49,680	53,860	58,040	62,220
35	37,140	41,320	45,500	49,680	53,860	58,040	62,220	66,400
40	41,320	45,500	49,680	53,860	58,040	62,220	66,400	70,580
45	45,500	49,680	53,860	58,040	62,220	66,400	70,580	74,760
50	49,680	53,860	58,040	62,220	66,400	70,580	74,760	78,940
55	53,860	58,040	62,220	66,400	70,580	74,760	78,940	83,120
60	58,040	62,220	66,400	70,580	74,760	78,940	83,120	87,300
65	62,220	66,400	70,580	74,760	78,940	83,120	87,300	91,480
70	66,400	70,580	74,760	78,940	83,120	87,300	91,480	95,660
75	70,580	74,760	78,940	83,120	87,300	91,480	95,660	99,840
80	74,760	78,940	83,120	87,300	91,480	95,660	99,840	104,020
85	78,940	83,120	87,300	91,480	95,660	99,840	104,020	108,200
90	83,120	87,300	91,480	95,660	99,840	104,020	108,200	112,380

**MONTHLY GROSS FAMILY INCOME
NUMBER OF DEPENDENTS**

FEE PER VISIT	1	2	3	4	5	6	7	8
5	1,005	1,353	1,702	2,050	2,398	2,747	3,095	3,443
10	1,353	1,702	2,050	2,398	2,747	3,095	3,443	3,792
15	1,702	2,050	2,398	2,747	3,095	3,443	3,792	4,140
20	2,050	2,398	2,747	3,095	3,443	3,792	4,140	4,488
25	2,398	2,747	3,095	3,443	3,792	4,140	4,488	4,837
30	2,747	3,095	3,443	3,792	4,140	4,488	4,837	5,185
35	3,095	3,443	3,792	4,140	4,488	4,837	5,185	5,533
40	3,443	3,792	4,140	4,488	4,837	5,185	5,533	5,882
45	3,792	4,140	4,488	4,837	5,185	5,533	5,882	6,230
50	4,140	4,488	4,837	5,185	5,533	5,882	6,230	6,578
55	4,488	4,837	5,185	5,533	5,882	6,230	6,578	6,927
60	4,837	5,185	5,533	5,882	6,230	6,578	6,927	7,275
65	5,185	5,533	5,882	6,230	6,578	6,927	7,275	7,623
70	5,533	5,882	6,230	6,578	6,927	7,275	7,623	7,972
75	5,882	6,230	6,578	6,927	7,275	7,623	7,972	8,320
80	6,230	6,578	6,927	7,275	7,623	7,972	8,320	8,668
85	6,578	6,927	7,275	7,623	7,972	8,320	8,668	9,017
90	6,578	6,927	7,275	7,623	7,972	8,320	8,668	9,017

* For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

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VI. All others Terms and Conditions remain in full force and effect.

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FY 2016-2019**

SIGNATURE PAGE

Second Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **Sanctuary Centers of Santa Barbara, Inc.**

IN WITNESS WHEREOF, the parties have executed this Second Amendment to be effective on July 1, 2107.

COUNTY OF SANTA BARBARA:

By: _____
JOAN HARTMANN,
CHAIR, BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

SANCTUARY CENTERS OF SANTA BARBARA,
INC.

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management