

**CONTRACT TO PROVIDE ALCOHOL AND DRUG TREATMENT SERVICES  
TO CHILD WELFARE SERVICES (CWS) CLIENTS**

Santa Barbara County  
Department of Social Services

**First Amendment  
Effective upon Execution**

This is a first amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** (COUNTY) and **Good Samaritan Shelter** (CONTRACTOR), for the continued provision of providing Alcohol and Drug Treatment Services to Child Welfare Services (CWS) clients.

RECITALS

*Whereas, the parties desire to amend the Agreement to increase the compensation for the period July 1, 2012 through June 30, 2014; and*

*Whereas, the budget projection for the above period was below expectation due to an increase in the number of clients who are court ordered to participate in alcohol and drug treatment services; and*

*Whereas, this First Amended Agreement incorporates the terms and conditions set forth in the original Agreement, approved by the County Board of Supervisors on June 19, 2012.*

*NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows.*

1. **Amendments**

A. Exhibit B, Page 1 is amended as follows:

1. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total agreement amount, including cost reimbursements, not to exceed \$560,000 (for FY 12/13, the contract amount shall not exceed \$280,000; and for FY 13/14, the contract amount shall not exceed \$280,000).

B. Replace Exhibit B-1, Schedule of Fees, FY 12/13.

C. Replace Exhibit B-2, Schedule of Fees, FY 13/14.

EXHIBIT B-1  
SCHEDULE OF FEES  
FY 2012/2013

FEE FOR SERVICE BUDGET

SERVICE TO BE PROVIDED	RATE PER UNIT OF SERVICE	PROJECTED NUMBER OF UNITS OF SERVICE	TOTAL PROJECTED AMOUNT
OUTPATIENT INDIVIDUAL	\$69.59	300	\$20,877
OUTPATIENT GROUP	\$29.57	4,650	\$137,498
DRUG TEST-FULL PANEL	\$25.00	4,500	\$112,500
ALCOHOL TEST	\$0.00	1,000	\$0.00
DETOX BED DAY	\$25.00	365	\$9,125
PERINATAL BED DAY	\$38.02	0	\$0
<b>MAXIMUM OBLIGATION</b>			<b>\$280,000</b>

EXHIBIT B-2  
SCHEDULE OF FEES  
FY 2013/2014

FEE FOR SERVICE BUDGET

SERVICE TO BE PROVIDED	RATE PER UNIT OF SERVICE	PROJECTED NUMBER OF UNITS OF SERVICE	TOTAL PROJECTED AMOUNT
OUTPATIENT INDIVIDUAL	\$69.59	300	\$20,877
OUTPATIENT GROUP	\$29.57	4,650	\$137,498
DRUG TEST-FULL PANEL	\$25.00	4,500	\$112,500
ALCOHOL TEST	\$0.00	1,000	\$0.00
DETOX BED DAY	\$25.00	365	\$9,125
PERINATAL BED DAY	\$38.02	0	\$0.00
<b>MAXIMUM OBLIGATION</b>			<b>\$280,000</b>

IN WITNESS WHEREOF, this First Amendment to the Agreement has been executed by parties hereto upon this date first above written.

COUNTY OF SANTA BARBARA

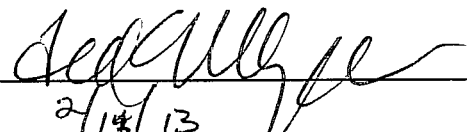
By:   
Salud Carbajal, Chair  
Board of Supervisors

ATTEST:

CHANDRA L. WALLAR


TED MYERS  
DEPARTMENT OF SOCIAL SERVICES-  
INTERIM DIRECTOR


BY:   
Clerk of the Board

By:   
Date: 2/13/13

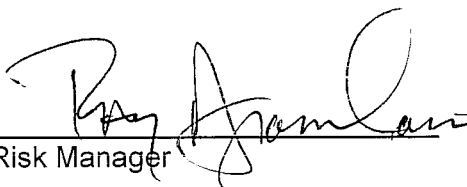
APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

By:   
Deputy  
Deputy Auditor-Controller  
Gregory Eric Levin  
Advanced and Specialty Accounting

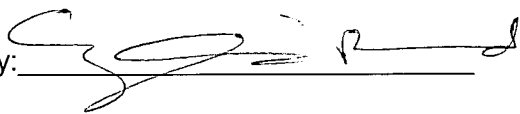
By:   
Deputy County Counsel  
Date: 2/21/13

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGEMENT

By:   
Risk Manager

IN WITNESS WHEREOF, this First Amendment to the Agreement has been executed by parties hereto upon this date first above written.

CONTRACTOR

By: 

Date: 2/13/13

# Contract Summary Form: Contract Number : 13 - 004 - - -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or Purchasing (≤\$100,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

D1. Fiscal Year ..... : FY 12/13 & FY 13/14  
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044  
 D3. Requisition Number ..... : N/A  
 D4. Department Name ..... : Social Services  
 D5. Contact Person ..... : Linda Rodriguez  
 D6. Phone ..... : 7294

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
 K2. Brief Summary of Contract Description/Purpose : 1<sup>st</sup> Amend CWS Alcohol & Drug Treatment Services  
 K3. Original Contract Amount ..... : \$384,000  
 K4. Contract Begin Date ..... : 7/1/12  
 K5. Original Contract End Date ..... : 6/30/14  
 K6. Amendment History (leave blank if no prior amendments):  

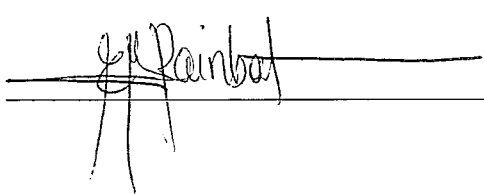
Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1.	7/1/12	\$176,000	\$176,000	\$560,000	6/30/14	increase contract FY12/13 & FY 13/14

K7. Department Project Number ..... :  
 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) ..... : 3  
 B4. Lowest Bid Amount (if bid) ..... : \$  
 B5. If Board waived bids, show Agenda Date ..... : N/A  
 B6. ... and Agenda Item Number ..... : #  
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶): Yes

F1. Encumbrance Transaction Code ..... : 1701  
 F2. Current Year Encumbrance Amount ..... : \$ 280,000  
 F3. Fund Number ..... : 0055  
 F4. Department Number ..... : 044  
 F5. Program Number ..... : 3020  
 F6. Account Number ..... : 7659  
 F7. Org. Unit Number ..... : 5310  
 F8. Payment Terms ..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) ..... :  
 V2. Payee/Contractor Name ..... : Good Samaritan Shelter  
 V3. Mailing Address ..... : 245 E. Inger Suite 103B  
 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 ..... :  
 V7. Contact Person ..... : Sylvia Barnard, Executive Director  
 V8. Workers Comp Insurance Expiration Date ..... : 6/15/2013  
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): 9/18/2013  
 V10. Professional License Number ..... : #  
 V11. Verified by (name of County staff) ..... : Linda Rodriguez  
 V12. Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation  
 Educational Institution  Private for Profit

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

Authorized Signature:  2/14/13