

FIRST AMENDMENT 2014-2015

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 15-041**, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter, Inc.** (Contractor), for the continued provision of outpatient alcohol and other drug (AOD) treatment to assist adult clients to obtain and maintain sobriety.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2014, except as modified by this First 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 \$203,700 to the prior Agreement maximum of \$1,397,015 so as to compensate Contractor for services to be rendered under this Agreement through June 30, 2015.

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

I. Delete heading of Exhibit A-2, Recovery Point, and replace with the following:

**EXHIBIT A-2
STATEMENT OF WORK
OUTPATIENT DRUG FREE SERVICES**

II. Delete Section 1, Program Summary, of Exhibit A-2, Outpatient Drug Free Services, and replace with the following:

1. **PROGRAM SUMMARY.** The Outpatient Drug Free Programs provide outpatient alcohol and other drug (AOD) treatment (hereafter, "the Program") to assist adult clients to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling and drug testing. The Programs shall be certified to provide Outpatient Alcohol and/or Other Drug (AOD) Services. The Programs will be located at:
 - A. Recovery Point: 245 Inger Drive, Suite 103B, Santa Maria, California,
 - B. Lompoc Recovery Services: 608 E. Ocean, Lompoc, California, and
 - C. Casa de Familia: 403 W. Morrison #B, Santa Maria, California.

III. Delete Section II, Maximum Contract Amount, of Exhibit B, Financial Provisions-ADP, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$1,600,715, inclusive of \$1,428,715** in Alcohol and Drug Program funding, and shall consist of County, State,

FIRST AMENDMENT 2014-2015

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.

IV. Delete Section II, Maximum Contract Amount, of Exhibit B, Financial Provisions-MH, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$1,600,715, inclusive of \$1,428,715** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MH. 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.

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

FIRST AMENDMENT 2014-2015

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

CONTRACTOR NAME: Good Samaritan Shelter, Inc.

FISCAL YEAR: 2014-2015

DESCRIPTION/MODE/SERVICE FUNCTION:	Unit	PROGRAM												TOTAL			
		Residential Detox (Santa Maria)	Residential Detox (Lompoc)	Recovery Point (Santa Maria)	ROSC	Project PREMIE (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Transitional Living Centers (Santa Maria)	Transitional Living Centers (Lompoc)	Alcohol and Drug Free Housing (Santa Maria)	CAM (Lompoc and Santa Maria)	Lompoc Recovery Center	CASA DE FAMILIA TREATMENT CENTER		VETS Treatment Services (Santa Maria)		
DESCRIPTON/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):															
Perinatal 30 - DCR	day	-	-	-	-	-	2,229	573	-	-	-	-	-	-	-	-	2,802
Perinatal 33 - ODF Group	90 min session	-	-	-	-	71	625	-	-	-	-	-	-	-	-	-	696
Perinatal 34 - ODF Individual	50 min session	-	-	-	-	2	34	-	-	-	-	-	-	-	-	-	36
33 - ODF Group	90 min session	-	-	3,122	-	3,116	2,580	-	-	-	-	-	-	-	-	-	8,818
34 - ODF Individual	50 min session	-	-	249	-	132	149	-	-	-	-	-	-	-	-	-	530
50 - Residential Detox	cost reimbursed	\$ 178,080	\$ 107,300	-	-	-	-	-	-	-	-	-	-	-	-	-	285,380
50-Residential Detox - PN and CalWORKS	bed day	-	424	-	-	-	-	-	-	-	-	-	-	-	-	-	424
56-TLC PN	bed day	-	-	-	-	-	-	3,177	2,941	-	-	-	-	-	-	-	6,118
SAMHSA Grant Services	cost reimbursed	\$ 20,000	-	-	-	-	-	\$ 27,500	-	\$ 12,500	\$ 49,000	-	-	\$ 8,580	-	-	\$117,580
CARES Dual Diagnosis Specialist	cost reimbursed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0
18-Recovery-Oriented Systems of Care	cost reimbursed	-	-	-	\$14,700	-	-	-	-	-	-	-	-	-	-	-	\$14,700
COST PER UNIT/PROVISIONAL RATE:																	
Perinatal 30 - DCR										\$78.23							
Perinatal 33 - ODF Group										\$61.33							
Perinatal 34-ODF Individual										\$101.99							
33-ODF Group Except Perinatal										\$30.28							
34-ODF Individual Except Perinatal										\$71.25							
50-Residential Detox										As Budgeted							
50-Residential Detox - PN and CalWORKS										\$99.15							
56 - TLC PN										\$37.40							
SAMHSA Grant Treatment Services										As Budgeted							
CARES Dual Diagnosis Specialist										As Budgeted							
18-Recovery-Oriented Systems of Care										As Budgeted							
GROSS COST:		\$ 325,005	\$ 232,810	\$ 429,010	\$ 14,700	\$ 424,785	\$ 529,276	\$ 290,858	\$ 273,987	\$ 625,276	\$ 52,065	\$ 30,000	\$ 32,500	\$ 20,925			\$3,281,197
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)																	
CLIENT FEES		\$ 32,000	\$ 24,000	\$ 15,000				\$ 24,000	\$ 24,000	\$ -		\$ 2,500	\$ 2,500				\$124,000
SAMHSA FRESH START GRANT							\$ 131,000	\$ 131,000	\$ 131,000	\$ 131,000	\$ -						\$524,000
CONTRACTOR RESERVES		\$ 2,322	\$ 36,907	\$ 239			\$ 1,885	\$ 3,596	\$ 1,441	\$ 987	\$ 71,838	\$ 3,065	\$ 2,500	\$ 5,000			\$129,780
OTHER GOVERNMENT		\$ 112,603	\$ 27,603	\$ 255,961			\$ 50,000	\$ 90,000	\$ 15,597	\$ 8,000	\$ 514,939						\$1,074,703
TOTAL CONTRACTOR REVENUES		\$ 146,925	\$ 88,510	\$ 271,200			\$ 182,885	\$ 224,596	\$ 172,038	\$ 163,987	\$ 586,776	\$ 3,065	\$ 5,000	\$ 7,500	\$ -		\$1,852,482
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 178,080	\$ 144,300	\$ 157,810	\$ 14,700	\$ 241,900	\$ 304,680	\$ 118,820	\$ 110,000	\$ 38,500	\$ 49,000	\$ 25,000	\$ 25,000	\$ 20,925			\$ 1,428,715
DMC Administrative Fee (15%)*				\$ 18,829		\$ 41,806	\$ 46,076										\$ 106,712
DMC Gross Claim Maximum				\$ 125,529		\$ 278,706	\$ 307,176										\$ 711,412
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**																	
Drug Medi-Cal				\$ 106,700		\$ 236,900	\$ 261,100					\$ 25,000	\$ 25,000				\$ 654,700
Realignment/SAPT - Discretionary		\$ 158,080	\$ 107,300	\$ 51,110	\$ 14,700		\$ 4,000										\$ 335,190
Realignment/SAPT - Perinatal			\$ 20,000			\$ 5,000	\$ 39,580	\$ 59,320	\$ 100,000								\$ 223,900
SAMHSA Federal Grant - CAM			\$ 15,000														\$ 64,000
SAMHSA Federal Grant - VETS		\$ 20,000						\$ 27,500		\$ 12,500				\$ 20,925			\$ 80,925
CalWORKS			\$ 2,000					\$ 32,000	\$ 10,000	\$ 26,000							\$ 70,000
Other County Funds																	\$ -
TOTAL (SOURCES OF FUNDING)		\$ 178,080	\$ 144,300	\$ 157,810	\$ 14,700	\$ 241,900	\$ 304,680	\$ 118,820	\$ 110,000	\$ 38,500	\$ 49,000	\$ 25,000	\$ 25,000	\$ 20,925			\$ 1,428,715

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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

FIRST AMENDMENT 2014-2015

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

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet Entity Budget By Program															
AGENCY NAME:		GOOD SAMARITAN SHELTER													
COUNTY FISCAL YEAR:		2014-2015													
Gray Shaded cells contain formulas, do not overwrite															
LINE #	COLUMN#	1	2	3	4	5	6	7	8	9	10	11	12	13	14
I REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	LOMFOC DTX	TURNING POINT	LOMFOC TLC	LOMFOC RECOVERY CENTER	RECOVERY POINT	SANTA MARIA DTX	Emergency Shelter Santa Maria	PROJECT PREMIE	SM-TLC	CASA DE FAMILIA TREATMENT CENTER	CAM GRANT
1	Contributions	\$ 125,000	\$ 17,500								\$ 17,500				
2	Foundations/Trusts	\$ 301,500	\$ 51,500								\$ 51,500				
3	Special Events		\$ -												
4	Legacies/Bequests		\$ -												
5	Associated Organizations		\$ -												
6	Membership Dues		\$ -												
7	Sales of Materials		\$ -												
8	Veterans Treatment Grant-ADMHS	\$ 80,925	\$ 80,925						\$ 20,925	\$ 20,000	\$ 12,500		\$ 27,500		
9	Reserves	\$ 68,751	\$ 68,751	\$ 7,972	\$ 36,907	\$ 3,596	\$ 987	\$ 2,500	\$ 239	\$ 2,322	\$ 2,837	\$ 1,885	\$ 1,441	\$ 5,000	\$ 3,065
10	ADMHS Funding	\$ 1,519,790	\$ 1,519,790	\$ 131,000	\$ 144,300	\$ 304,680	\$ 110,000	\$ 25,000	\$ 172,510	\$ 158,080	\$ 67,000	\$ 241,900	\$ 91,320	\$ 25,000	\$ 49,000
11	Other Government Funding	\$ 545,175	\$ 189,450		\$ 5,000		\$ 8,000			\$ 5,000	\$ 166,450		\$ 5,000		
12	CWS	\$ 244,000	\$ 244,000		\$ 4,500	\$ 90,000			\$ 95,000	\$ 4,500		\$ 50,000			
13	HUMAN SERVICES/HCD	\$ 297,963	\$ 191,771		\$ 4,415					\$ 4,415	\$ 172,344		\$ 10,597		
14	FRESH START GRANT	\$ 524,000	\$ 524,000			\$ 131,000	\$ 131,000					\$ 131,000	\$ 131,000		
15	CDBG	\$ 45,145	\$ 20,145							\$ 5,000	\$ 15,145				
16	PROBATION	\$ 245,426	\$ 188,337		\$ 13,688				\$ 160,961	\$ 13,688					
17	VETERANS Administration	\$ 200,000	\$ 200,000							\$ 80,000	\$ 120,000				
18	Total Other Revenue (Sum of lines 1 through 17)	\$ 4,197,675	\$ 3,296,169	\$ 138,972	\$ 208,810	\$ 529,276	\$ 249,987	\$ 27,500	\$ 449,635	\$ 293,005	\$ 625,276	\$ 424,785	\$ 266,858	\$ 30,000	\$ 52,065
I.B Client and Third Party Revenues:															
19	Medicare		-												
20	Client Fees	\$ 276,800	124,000		\$ 24,000		\$ 24,000	\$ 2,500	\$ 15,000	\$ 32,000			\$ 24,000	\$ 2,500	
21	Insurance		-												
22	SSI		-												
23	Other (specify)		-												
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	276,800	124,000	-	24,000	-	24,000	2,500	15,000	32,000	-	-	24,000	2,500	-
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	4,474,475	3,420,169	138,972	232,810	529,276	273,987	30,000	464,635	325,005	625,276	424,785	290,858	32,500	52,065

FIRST AMENDMENT 2014-2015

III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	LOMPOC DTX	TURNING POINT	LOMPOC TLC	LOMPOC RECOVERY CENTER	RECOVERY POINT	SANTA MARIA DTX	Emergency Shelter Santa Maria	PROJECT PREMIE	SM-TLC	CASA DE FAMILIA TREATMENT CENTER	CAM GRANT
III.A. Salaries and Benefits Object Level														
26 Salaries (Complete Staffing Schedule)	1,735,580	\$ 1,502,429	\$ 94,458	\$ 127,040	\$ 216,146	\$ 45,427	\$ 16,391	\$ 264,770	\$ 162,904	\$ 283,396	\$ 176,724	\$ 64,094	\$ 15,690	\$ 35,388
27 Employee Benefits	216,948	\$ 187,804	\$ 11,807	\$ 15,880	\$ 27,018	\$ 5,678	\$ 2,049	\$ 33,096	\$ 20,363	\$ 35,425	\$ 22,090	\$ 8,012	\$ 1,961	\$ 4,424
28 Consultants		\$ -												
29 Payroll Taxes	216,948	\$ 187,804	\$ 11,807	\$ 15,880	\$ 27,018	\$ 5,678	\$ 2,049	\$ 33,096	\$ 20,363	\$ 35,425	\$ 22,090	\$ 8,012	\$ 1,961	\$ 4,424
30 Salaries and Benefits Subtotal	\$ 2,169,476	\$ 1,878,036	\$ 118,073	\$ 158,799	\$ 270,182	\$ 56,784	\$ 20,489	\$ 330,962	\$ 203,630	\$ 354,246	\$ 220,905	\$ 80,118	\$ 19,613	\$ 44,235
III.B Services and Supplies Object Level														
31 Professional Fees	11,000	\$ 8,500			\$ 2,000				\$ 2,000	\$ 500	\$ 2,000	\$ 2,000		
32 Supplies	279,100	\$ 197,500		\$ 8,000	\$ 30,000	\$ 18,000	\$ 3,000	\$ 25,000	\$ 15,000	\$ 50,000	\$ 21,000	\$ 25,000	\$ 2,500	
33 Telephone	44,000	\$ 25,600		\$ 2,000	\$ 5,000	\$ 2,500	\$ 500	\$ 1,000	\$ 2,000	\$ 7,600	\$ 2,000	\$ 2,500	\$ 500	
34 Postage & Shipping		\$ -												
35 Occupancy (Facility Lease/Rent/Costs)	361,115	\$ 155,500		\$ 6,000	\$ 12,000	\$ 42,000			\$ 5,000	\$ 45,000	\$ 9,000	\$ 33,000	\$ 3,500	
36 Rental/Maintenance Equipment		\$ -												
37 Printing/Publications		\$ -												
38 Transportation	137,220	\$ 104,000		\$ 8,000	\$ 3,000	\$ 13,000		\$ 20,000	\$ 18,000	\$ 20,000	\$ 9,000	\$ 13,000		
39 Conferences, Meetings, Etc	19,800	\$ 19,800		\$ 2,000	\$ 2,500	\$ 2,500		\$ 2,800	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500		
40 Insurance	82,000	\$ 48,000		\$ 3,000	\$ 5,000	\$ 5,000	\$ 500	\$ 5,000	\$ 3,000	\$ 12,000	\$ 9,000	\$ 5,000	\$ 500	
41 Utilities	150,300	\$ 81,900		\$ 3,000	\$ 15,000	\$ 8,000	\$ 1,000	\$ 5,000	\$ 10,000	\$ 19,400	\$ 10,500	\$ 9,000	\$ 1,000	
42 Contracted Services	290,000	\$ 290,000			\$ 95,000	\$ 65,000					\$ 65,000	\$ 65,000		
43 Fundraising		\$ -												
44 Repairs and Maintenance	171,500	\$ 97,000		\$ 7,000	\$ 10,000	\$ 20,000	\$ -	\$ 5,000	\$ 15,000	\$ 20,000	\$ 10,000	\$ 10,000	\$ -	
45 Services and Supplies Subtotal	\$ 1,546,035	\$ 1,027,800	\$ -	\$ 39,000	\$ 179,500	\$ 176,000	\$ 5,000	\$ 63,800	\$ 72,500	\$ 177,000	\$ 140,000	\$ 167,000	\$ 8,000	\$ -
46 III.C. Client Expense Object Level Total		\$ -												
47 SUBTOTAL DIRECT COSTS	\$ 3,715,511	\$ 2,905,836	\$ 118,073	\$ 197,799	\$ 449,682	\$ 232,784	\$ 25,489	\$ 394,762	\$ 276,130	\$ 531,246	\$ 360,905	\$ 247,118	\$ 27,613	\$ 44,235
IV. INDIRECT COSTS														
48 Administrative Indirect Costs (Reimbursement limited to 15%)	758,965	\$ 514,333	\$ 20,899	\$ 35,011	\$ 79,594	\$ 41,203	\$ 4,511	\$ 69,873	\$ 48,875	\$ 94,030	\$ 63,880	\$ 43,740	\$ 4,887	\$ 7,830
49 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 4,474,476	\$ 3,420,169	\$ 138,972	\$ 232,810	\$ 529,276	\$ 273,987	\$ 30,000	\$ 464,635	\$ 325,005	\$ 625,276	\$ 424,785	\$ 290,858	\$ 32,500	\$ 52,065

FIRST AMENDMENT 2014-2015

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Good Samaritan Shelter, Inc.

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

ATTEST:
MONA MIYASATO, COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy

Date: _____

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ALICE GLEGHORN, PHD
DIRECTOR

By _____
Director

Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By _____
Deputy County Counsel

Date: _____

COUNTY OF SANTA BARBARA

By: _____
JANET WOLF, CHAIR
BOARD OF SUPERVISORS

Date: _____

CONTRACTOR:
GOOD SAMARITAN SHELTER, INC.

By: _____

Date: _____

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

By _____
Deputy

Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: _____

Date: _____