

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 15-038**, by and between the **County of Santa Barbara** (County) and **Aegis Treatment Centers, LLC** (Contractor), for the continued provision of Narcotic Replacement Therapy (NRT or Methadone maintenance) and Outpatient Methadone Detoxification (OMD) services for adult narcotic dependent individuals.

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 \$910,400 to the prior Agreement maximum of \$2,017,400 so as to compensate Contractor for the additional 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 Section II, Maximum Contract Amount, of Exhibit B, Financial Provisions, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$2,927,800** and 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:

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

CONTRACTOR NAME: Aegis Treatment Centers, LLC **FISCAL YEAR:** 2014-2015

	Unit	PROGRAM		TOTAL
		Narcotic Treatment Program - Santa Barbara	Narcotic Treatment Program - Santa Maria	
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):		
48 - Methadone	day	65,567	101,098	166,666
48- NTP GRP Group Counseling	10 min session	-	-	-
48-NTP Ind Individual Counseling	10 min session	34,441	49,224	83,666
COST PER UNIT/PROVISIONAL RATE:				
48 - Methadone			\$10.80	
48- NTP GRP Group Counseling			\$2.91	
48-NTP Ind Individual Counseling			\$13.48	
MAXIMUM (NET) CONTRACT AMOUNT*:		\$ 1,172,399	\$ 1,755,401	\$ 2,927,800

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT				
Drug Medi-Cal		\$ 1,172,399	\$ 1,755,401	\$ 2,927,800
Realignment/SAPT - Discretionary				\$ -
Realignment/SAPT - Perinatal				\$ -
Realignment/SAPT - Adolescent Treatment				\$ -
Realignment/SAPT - HIV				\$ -
Realignment/SAPT - Primary Prevention				\$ -
CalWORKs				\$ -
Other County Funds				\$ -
TOTAL (SOURCES OF FUNDING)		\$ 1,172,399	\$ 1,755,401	\$ 2,927,800

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Aegis Treatment Centers, LLC.

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 A. 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:
AEGIS TREATMENT CENTERS, LLC

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: _____