

SECOND AMENDMENT 2014-2015

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 15-050**, by and between the **County of Santa Barbara** (County) and **Coast Valley Substance Abuse Treatment Center** (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 July 2014, and the First Amendment approved on April 14, 2015, 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 **\$125,000** to the prior Agreement maximum of **\$881,532** 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 ADP, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount shall not exceed **\$1,006,532** in Alcohol and Drug Program funding, 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.

II. Delete Exhibit B-1 ADP, and replace with the following:

SECOND AMENDMENT 2014-2015

ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Coast Valley FISCAL YEAR: 14-15

	Unit	PROGRAM					
		Outpatient Treatment - Lompoc	Outpatient Treatment - Santa Maria	Outpatient Treatment - ROSC	VETS Housing	Outpatient Treatment - VETS (10/1/13 - 6/30/14)	Total
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):					
33-ODF Group	session	10117	9939				20,056
34-ODF Individual	session	3147	2041				5,188
y Oriented System of Care (ROSC)	cost reimbursed	236		\$ 14,700			\$ 14,936
SAMHSA VETS Grant Services	cost reimbursed	106			\$30,420	\$ 94,205	\$ 124,731
COST PER UNIT/PROVISIONAL RATE:							
33-ODF Group		\$26.23					
34-ODF Individual		\$67.38					
y Oriented System of Care (ROSC)		as budgeted					
SAMHSA VETS Grant Services		as budgeted					
GROSS COST:		\$ 758,065	\$ 710,123	\$ 14,700	\$12,420	\$ 61,705	\$ 1,557,013
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)							
CLIENT FEES		\$ 25,000	\$ 15,000				\$ 40,000
CLIENT INSURANCE							\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)		\$ 6,000	\$ 13,200				\$ 19,200
FOUNDATIONS/TRUSTS							\$ -
SPECIAL EVENTS							\$ -
OTHER (LIST): OTHER GOVERNMENT		\$ 289,651	\$ 252,130				\$ 541,781
OTHER (LIST): INVESTMENT INCOME							\$ -
TOTAL CONTRACTOR REVENUES		\$ 320,651	\$ 280,330	\$ -	\$ -	\$ -	\$ 600,981
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 437,414	\$ 429,793	\$ 14,700	\$30,420	\$ 94,205	\$ 1,006,532
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**							
Drug Medi-Cal		\$ 334,754	\$ 316,313				\$ 651,067
Realignment/SAPT - Discretionary		\$ 83,869	\$ 113,480	\$ 14,700			\$ 212,049
Realignment/SAPT Perinatal							\$ -
Realignment/SAPT - Adolescent Treatment		\$ 18,791					\$ 18,791
SAMHSA Federal Grant - VETS					\$30,420	\$ 94,205	\$ 124,625
Other County Funds							\$ -
TOTAL (SOURCES OF FUNDING)		\$ 437,414	\$ 429,793	\$ 14,700	\$30,420	\$ 94,205	\$ 1,006,532

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.

SECOND AMENDMENT 2014-2015

III. Delete Exhibit B-2, 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:		Coast Valley							
COUNTY FISCAL YEAR:		14/15							
(round amounts the nearest dollar)									
Gray Shaded cells contain formulas, do not overwrite									
LINE#	COLUMN#	1	2	3	4	5	6	7	8
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley SM (Fac/Prog)	Coast Valley LM	ROSC	VETS	VETS Housing
1		Contributions	\$19,200	\$19,200	\$13,200	\$6,000			
2		Foundations/Trusts		\$0					
3		Special Events		\$0					
4		Legacies/Bequests		\$0					
5		Associated Organizations		\$0					
6		Membership Dues		\$0					
7		Sales of Materials		\$0					
8		Sober Living Home	\$85,000	\$85,000	\$60,000	\$25,000			
9		Covered CA	\$10,000	\$10,000	\$5,000	\$5,000			
10		ADMHS Funding	\$355,465	\$355,465	\$113,480	\$102,660	\$14,700	\$94,205	\$30,420
11		Other Government Funding		\$0					
12		SAMHSA VETS		\$0					
13		MedICAL	\$651,067	\$651,067	\$316,313	\$334,754			
14		Probation/AB109	\$106,214	\$106,214	\$21,846	\$84,368			
15		CWS	\$30,000	\$30,000		\$30,000			
16		Federal Probation	\$20,000	\$20,000	\$10,000	\$10,000			
17		Private Grant	\$20,000	\$20,000	\$20,000				
18		Total Other Revenue (Sum of lines 1 through 17)	\$1,296,946	\$1,296,946	\$559,839	\$597,782	\$14,700	\$94,205	\$30,420
		I.B Client and Third Party Revenues:							
19		Medicare		\$0					
20		Client Fees	\$40,000	\$40,000	\$15,000	\$25,000			
21		Insurance		\$0					
22		SSI		\$0					
23		Other (specify)		\$0					
24		Total Client and Third Party Revenues (Sum of lines 19 through 23)	\$40,000	\$40,000	\$15,000	\$25,000	\$0	\$0	\$0
25		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	\$1,336,946	\$1,336,946	\$574,839	\$622,782	\$14,700	\$94,205	\$30,420

SECOND AMENDMENT 2014-2015

	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley SM (Fac/Prog)	Coast Valley LM	ROSC	VETS	VETS Housing
	III.A. Salaries and Benefits Object Level							
26	Salaries (Complete Staffing Schedule)	\$930,972	\$930,972	\$422,136	\$447,216	\$0	\$61,620	\$0
27	Employee Benefits	\$32,931	\$32,931	\$13,728	\$13,818		\$5,385	
28	Consultants	\$7,200	\$7,200				\$7,200	
29	Payroll Taxes	\$74,000	\$74,000	\$36,000	\$38,000			
30	Salaries and Benefits Subtotal	\$1,045,103	\$1,045,103	\$471,864	\$499,034	\$0	\$74,205	\$0
	III.B Services and Supplies Object Level							
31	Professional Fees		\$0					
32	Supplies	\$120,000	\$120,000	\$50,000	\$50,000		\$20,000	
33	Telephone	\$1,290	\$1,290		\$1,290			
34	Postage & Shipping		\$0					
35	Occupancy (Facility Lease/Rent/Costs)	\$156,403	\$156,403	\$44,400	\$66,883	\$14,700		\$30,420
36	Rental/Maintenance Equipment	\$2,700	\$2,700	\$1,350	\$1,350			
37	Printing/Publications		\$0					
38	Transportation		\$0					
39	Conferences, Meetings, Etc	\$3,000	\$3,000	\$3,000				
40	Insurance	\$8,450	\$8,450	\$4,225	\$4,225			
41	Other (specify)		\$0					
42	Other (specify)		\$0					
43	Other (specify)		\$0					
44	Other (specify)		\$0					
45	Services and Supplies Subtotal	\$291,843	\$291,843	\$102,975	\$123,748	\$14,700	\$20,000	\$30,420
46	III.C. Client Expense Object Level Total		\$0					
47	SUBTOTAL DIRECT COSTS	\$1,336,946	\$1,336,946	\$574,839	\$622,782	\$14,700	\$94,205	\$30,420
	IV. INDIRECT COSTS							
48	Administrative Indirect Costs (Reimbursement limited to 15%)		\$0					
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$1,336,946	\$1,336,946	\$574,839	\$622,782	\$14,700	\$94,205	\$30,420

SECOND AMENDMENT 2014-2015

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **Coast Valley Substance Abuse Treatment Center**.

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

COUNTY OF SANTA BARBARA

By: _____
Deputy

By: _____
JANET WOLF, CHAIR
BOARD OF SUPERVISORS

Date: _____

Date: _____

RECOMMENDED FOR APPROVAL:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ALICE GLEGHORN, PHD
DIRECTOR

CONTRACTOR:
COAST VALLEY SUBSTANCE ABUSE
TREATMENT CENTER
MR. MATTHEW HAMLIN, EXECUTIVE
DIRECTOR

By _____
Director

By: _____

Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

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

By _____
Deputy County Counsel

By _____
Deputy

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: _____
Manager