

FIRST AMENDMENT

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, number **BC 10-032**, by and between the **County of Santa Barbara** (County) and **Council on Alcoholism and Drug Abuse** (Contractor), for the continued provision of **Alcohol and Drug Treatment Services**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2009, except as modified by this First Amended Contract.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

I. Delete Section 5, CLIENTS, of Exhibit A-1 and replace with the following:

5. **CLIENTS.** Contractor shall provide services as described in Section 4 to 538 adult clients, referred by sources described in Section 6.A. Clients receiving DCR services may live independently, semi-independently, or in a supervised residential facility which does not provide this service.
 - A. Contractor shall admit clients with co-occurring disorders where appropriate.
 - B. Contractor shall provide services as described in Section 4 to adult drug program clients with co-occurring disorders residing at the Hotel de Riviera.

II. Delete Section II. MAXIMUM CONTRACT AMOUNT from Exhibit B, Payment Arrangements, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed \$1308059. The Maximum Contract Amount 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.

III. Delete Exhibit B-1, Schedule of Fees, 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: Council on Alcoholism and Drug Abuse FISCAL 2009-10

DESCRIPTION/MODE/SERVICE FUNCTION:	Unit	PROGRAM						TOTAL
		Project Recovery	Project Recovery - Hotel de Riviera Residents	Daniel Bryant Youth & Family TC	Residential Detox	SAPT & Friday Night Live/ Club Live	CARES South Dual Diagnosis Specialist	
NUMBER OF UNITS PROJECTED (based on history):								
Perinatal 33-DCR	day	40	-	-	-	-	-	40
Perinatal 33-ODF Group	90 min session	256	-	-	-	-	-	256
Perinatal 34-ODF Individual	50 min session	77	-	-	-	-	-	77
33-ODF Group	90 min session	18,609	543	5,384	-	-	-	24,536
34-ODF Individual	50 min session	1,996	58	648	-	-	-	2,702
50-Residential Detox	bed day	-	-	-	3,526	-	-	3,526
Perinatal Childcare	staff hours	2,534	-	-	-	-	-	2,534
Perinatal 71 - Transportation	staff hours	72	-	-	-	-	-	72
34 - Drug Testing (8 tests = 1 staff hour)	staff hours	49	-	270	-	-	-	319
85-SATTA (8 tests = 1 staff hour)	staff hours	257	-	-	-	-	-	257
34 - ODF Individual -Case Management	staff hours	-	-	88	-	-	-	88
34 - ODF Individual -Family Engagement	staff hours	-	-	29	-	-	-	29
34 - ODF Individual -Recovery Activities	staff hours	-	-	9	-	-	-	9
34 - ODF Individual - Edu/ Voc Activities	staff hours	-	-	9	-	-	-	9
34 - ODF Individual - Parenting Activities	staff hours	-	-	29	-	-	-	29
17- Environmental	Cost Reimbursed	-	-	-	-	\$9,000	-	\$ 9,000
13 - Education	Cost Reimbursed	-	-	-	-	\$9,000	-	\$ 9,000
12 - Information Dissemination	Cost Reimbursed	-	-	-	-	\$1,000	-	\$ 1,000
14 - Alternatives	Cost Reimbursed	-	-	-	-	\$1,000	-	\$ 1,000
14 - Alternatives (FNL)	Cost Reimbursed	-	-	-	-	\$30,000	-	\$ 30,000
13 - Education: Mentoring	Cost Reimbursed	-	-	-	-	\$20,000	-	\$ 20,000
CARES Dual Diagnosis Specialist	Cost Reimbursed	-	-	-	-	-	\$121,000	\$ 121,000
COST PER UNIT/PROVISIONAL RATE:								
Perinatal 33-DCR					\$73.04			
Perinatal 33-ODF Group					\$57.26			
Perinatal 34-ODF Individual					\$95.23			
33-ODF Group Except Perinatal					\$28.27			
34-ODF Individual Except Perinatal					\$66.53			
50-Residential Detox					\$66.50			
Perinatal Childcare					\$17.96			
Perinatal 71 - Transportation					\$17.96			
34 - Drug Testing (8 tests = 1 staff hour)					\$66.53			
85-SATTA (8 tests = 1 staff hour)					\$66.53			
17- Environmental, 13-Education - All, 12 - Information Dissemination, 14-Alternatives - All					As Budgeted			
CARES Dual Diagnosis Specialist					As Budgeted			
GROSS COST:		\$1,826,376	\$ 36,646	\$ 743,913	\$ 300,510	\$ 158,366	\$ 121,035	\$ 3,186,846
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)								
A CLIENT FEES		\$ 222,011		\$ 7,000	\$ 40,000			\$269,011
B CLIENT INSURANCE								\$0
C CONTRIBUTIONS/GRANTS (includes unsecured)		\$ 248,323	\$ 17,446	\$ 167,478	\$ 26,006	\$ 48,114	\$ 35	\$507,402
D FOUNDATIONS/TRUSTS		\$ 3,684		\$ 40,164				\$43,848
E SPECIAL EVENTS				\$ 120,000				\$120,000
F OTHER (LIST): OTHER GOVERNMENT		\$ 685,119		\$ 67,655		\$ 40,252		\$793,026
OTHER (LIST): INVESTMENT INCOME				\$ 145,500				\$145,500
TOTAL CONTRACTOR REVENUES*		\$1,159,137	\$ 17,446	\$ 547,797	\$ 66,006	\$ 88,366	\$ 35	\$1,878,787
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 667,239	\$ 19,200	\$ 196,116	\$ 234,504	\$ 70,000	\$ 121,000	\$ 1,308,059
DM/C Administrative Fee**		\$ 83,824		\$ 28,235				\$ 112,059
DM/C Gross Claim Maximum		\$ 558,824	\$ -	\$ 188,235	\$ -	\$ -	\$ -	\$ 747,059
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT								
A Medi-Cal Treatment Services (6241)		\$ 400,000		\$ 160,000				\$ 560,000
B Medi-Cal Perinatal Services (6242)		\$ 75,000						\$ 75,000
C Drug Testing SB 233/SATTA (6239)		\$ 17,100						\$ 17,100
D SACPA Treatment Services (6240)		\$ 26,357			\$ 12,720			\$ 39,077
E SACPA OTP (6240)								\$ -
F ADP Treatment Services - SAPT (6243)		\$ 41,382	\$ 19,200		\$ 220,284			\$ 280,866
G Perinatal Non Drug Medi-Cal (6244)		\$ 70,500						\$ 70,500
H SAMHSA MARS Grant (6246)								\$ -
I Drug Court Services (6246)		\$ 29,400		\$ 4,116				\$ 33,516
J CalWORKS (6249)		\$ 7,500			\$ 1,500			\$ 9,000
K Youth Services (6250)				\$ 32,000				\$ 32,000
L Prevention Services (6351)						\$ 70,000		\$ 70,000
M Other County Funds							\$ 121,000	\$ 121,000
TOTAL (SOURCES OF FUNDING)		\$ 667,239	\$ 19,200	\$ 196,116	\$ 234,504	\$ 70,000	\$ 121,000	\$ 1,308,059

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

* Total Contractor Revenues serve as a hard match for SAPT funds. The source of the hard match shall be non-ADHHS sources secured by Contractor. The match does not apply to DM/C.

** The 15% Administrative Fee is deducted from the Drug Medi-Cal portion of the DM/C Gross Claim Maximum.

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IV. 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

G:\Contracts\2009-2010\CADA\CADA 09-10 reallocation budget no ROSC final 10-21-09.xls\Budget Worksheet

AGENCY NAME: COUNCIL ON ALCOHOLISM AND DRUG ABUSE

COUNTY FISCAL YEAR: 2009-10

Gray Shaded cells contain formulas, do not overwrite

Revised 10.21.09

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	DANIEL BRYANT CENTER	DETOX	YOUTH SERVICE SPECIALISTS (Project Recovery)	FRIDAY NIGHT LIVE	START	PERNATAL (Project Recovery)	PROJECT RECOVERY	HOTEL DE RIVIERA (Project Recovery)	ROSC (Project Recovery)	DU-PC 1000	
1	Contributions	\$ 121,670	\$ 14,600		\$ 2,000	\$ -	\$ 2,500		\$ 10,000	\$ -	\$ 100	\$ -	\$ -		
2	Foundations/Trusts	37,500	37,500		37,500										
3	Special Events	120,000	120,000		120,000										
4	Unsecured Grants & Contributions	649,258	502,802	35	165,478	26,005	160,446	48,114	-	18,230	67,047	17,446			
5	Associated Organizations	-	-												
6	Membership Dues	-	-												
7	Program Service Fees	319,801	-												
8	SB County Superior Court/UJJS	45,000	-												
9	Investment Income	203,620	145,500		145,500										
10	Miscellaneous Revenue/Rentals	53,978	-												
11	ADMHS Funding	1,421,829	1,421,829	121,000	196,116	234,504	290,000	70,000	113,770	153,000	224,239	19,200	-		
12	Other Government Funding	821,868	430,626		45,139		363,124				22,363	-	-		
13	SB County Probation	63,699	4,316		4,316										
14	SB County Public Health	86,762	40,252			-	-	40,252							
15	SB County Social Services	14,632	14,632							4,632	10,000	-	-		
16	United Way	32,788	6,348		2,664		3,684								
17	School Districts	303,200	303,200		18,200		265,000								
18	Total Other Revenue (Sum of lines 1 through 17)	4,295,595	3,041,605	121,035	736,913	260,510	1,104,754	158,366	123,770	175,862	323,749	36,646	-	-	
I.B Client and Third Party Revenues:															
19	Medicare		-												
20	Client Fees	657,054	646,521		7,000	40,000				2,828	219,183	-	-	377,510	
21	Insurance		-												
22	SSI														
23	Other (specify)		-												
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	657,054	646,521	-	7,000	40,000	-	-	-	2,828	219,183	-	-	377,510	
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	4,962,649	3,688,126	121,035	743,913	300,510	1,104,754	158,366	123,770	178,690	542,932	36,646	-	377,510	

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LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
III. DIRECT COSTS		TOTAL AGENCY ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	DANIEL BRYANT CENTER	DETOX	YOUTH SERVICE SPECIALISTS (Project Recovery)	FRIDAY NIGHT LIVE	START	PERINATAL (Project Recovery)	PROJECT RECOVERY	HOTEL DE RIVIERA (Project Recovery)	ROSC (Project Recovery)	DU-PC 1000	
26	Salaries (Complete Staffing Schedule)	3,151,223	2,359,464	87,465	391,311	202,225	735,636	113,231	87,672	111,073	336,261	23,814	-	270,776	
27	Employee Benefits	465,145	361,523	13,879	56,153	33,064	122,142	16,243	16,082	15,494	62,240	4,370	-	38,656	
28	Consultants		-					-		-	-	-	-		
29	Payroll Taxes	241,153	180,585	6,691	29,935	15,470	56,276	8,661	6,707	8,497	25,812	1,822	-	20,714	
30	Personnel Costs Total (Sum of lines 26 through 29)	3,877,521	2,921,571	108,035	477,399	250,759	914,054	140,135	110,461	136,064	424,313	30,005	-	330,346	
31	Professional Fees	129,494	63,451		3,000	8,651	13,250	600		6,050	26,953	1,747		3,200	
32	Supplies	33,700	33,700		6,150	5,000	5,600	900		3,250	9,016	584		3,200	
33	Telephone	36,310	22,975	500	3,700	1,825	3,500	950		3,000	5,165	335		4,000	
34	Postage & Shipping	5,363	2,775		1,000	125	100	100		100	94	6		1,250	
35	Occupancy (Facility Lease/Rent/Costs)	326,544	298,379		144,978	14,400	75,300	8,500		6,575	28,762	1,854	-	18,000	
36	Rental/Maintenance Equipment	30,179	30,179		29,679	100				100	94	6		200	
37	Printing/Publications	7,971	3,750		1,350	750	500	350		200	282	18		300	
38	Transportation	23,776	18,833	400	2,050	700	7,700	1,893	500	2,200	2,129	161		1,100	
39	Conferences, Meetings, Etc	26,915	23,300	100	825	500	15,800	2,200	400	200	1,678	122		1,275	
40	Insurance	39,600	29,638		6,000	2,500	10,250	1,188		1,300	5,635	365		2,400	
41	Program Supplies	101,954	89,691	1,000	27,507	14,700	12,000	1,000	1,500	8,001	20,702	1,342		1,939	
42	Advertising/Recruitment	26,000	4,875		1,525	200	1,500	450		200	939	61		-	
43	Dues & Subscriptions	12,320	3,850		750	300	1,700	100		200	470	30		300	
44	County Admin Fees	105,250	105,250		24,000		43,500			11,250	16,500	(0)	(0)	10,000	
45	Fundraising Expenses	131,300	14,000		14,000										
46	SUBTOTAL DIRECT COSTS	4,920,207	3,666,217	110,035	743,913	300,510	1,104,754	158,366	112,861	178,690	542,932	36,646	(0)	377,510	
III. INDIRECT COSTS															
47	Administrative Indirect Costs	42,442	21,909	11,000					10,909						
48	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 4,962,649	\$ 3,688,126	\$ 121,035	\$ 743,913	\$ 300,510	\$ 1,104,754	\$ 158,366	\$ 123,770	\$ 178,690	\$ 542,932	\$ 36,646	\$ (0)	\$ 377,510	

FIRST AMENDMENT

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Council on Alcoholism and Drug Abuse.

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

COUNTY OF SANTA BARBARA

By: _____
JOSEPH CENTENO
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-1878858.
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

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

By _____
Deputy County Counsel
Date: _____

By _____
Deputy
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ANN DETRICK, PH.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 10-032

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year 09-10
 D2. Budget Unit Number 043
 D3. Requisition Number N/A
 D4. Department Name Alcohol, Drug, & Mental Health
 D5. Contact Person Erin Jeffery
 D6. Telephone (805) 681-5168

K1. Contract Type (*check one*): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Alcohol and Drug Treatment
 K3. Contract Amount \$1308059
 K4. Contract Begin Date 7/1/2009
 K5. Original Contract End Date 6/30/2010
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09	-91231		1308059	6/30/10	Reallocate funds

B1. Is this a Board Contract? (*Yes/No*) True
 B2. Number of Workers Displaced (*if any*) N/A
 B3. Number of Competitive Bids (*if any*) N/A
 B4. Lowest Bid Amount (*if bid*) N/A
 B5. If Board waived bids, show Agenda Date N/A
 and Agenda Item Number
 B6. Boilerplate Contract Text Unaffected? (*Yes / or cite*) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$1308059
 F3. Fund Number 0049
 F4. Department Number 043
 F5. Division Number (*if applicable*) N/A
 F6. Account Number 7461
 F7. Cost Center number (*if applicable*) 6243
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=710170
 V2. Payee/Contractor Name Council on Alcoholism and Drug
 V3. Mailing Address PO Box 28.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93102
 V5. Telephone Number 8059631433
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 95-1878858
 V7. Contact Person Penny Jenkins Executive Director
 V8. Workers Comp Insurance Expiration Date 3/12/2010
 V9. Liability Insurance Expiration Date[s] G-4/1/2010; P-4/1/2010
 V10. Professional License Number
 V11. Verified by (name of county staff) Erin Jeffery
 V12. Company Type (*Check one*): Individual Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____