

## FIRST AMENDMENT 2012-2013

### 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 13-005**, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter, Inc.** (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 2012, 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 \$66000 to the Agreement so as to compensate Contractor for services to be rendered under this Agreement.

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 4, Clients, from Exhibit A-2, Statement of Work – Recovery Point, and replace with the following:**

4. **CLIENTS.** Contractor shall provide services as described in Section 3 to approximately 200 clients, ages 18 and over, referred by sources described in Section 5.A. Contractor shall admit clients with co-occurring disorders where appropriate.

**II. Delete Section 4, Clients, from Exhibit A-3, Statement of Work – Perinatal Programs, and replace with the following:**

4. **CLIENTS.** Contractor shall provide services as described in Section 3 to approximately 155 clients, ages 18 and over, referred by sources described in Section 5.A. Clients receiving DCR services may live independently, semi-independently, or in a supervised residential facility which does not provide this service. Contractor shall admit clients with co-occurring disorders where appropriate.

**III. Delete Section II, Maximum Contract Amount, from Exhibit B, Financial Provisions, 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 \$1273920. 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.

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

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

FISCAL YEAR:

2012-2013

DESCRIPTION/MODE/SERVICE FUNCTION:	PROGRAM											TOTAL
	Unit	Residential Detox (Santa Maria)	Residential Detox (Lompoc)	Recovery Point (Santa Maria)	Recovery Point - ROSC (Santa Maria)	Project PREMIE (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Transitional Living Centers (Santa Maria)	Transitional Living Centers (Lompoc)	CAM (Lompoc and Santa Maria)	CARES North Dual Diagnosis Specialist	
NUMBER OF UNITS PROJECTED (based on history):												
Perinatal 30 - DCR	session	-	-	-	-	2,200	1,269	-	-	-	-	3,469
Perinatal 33 - ODF Group	session	-	-	-	-	-	781	-	-	-	-	781
Perinatal 34 - ODF Individual	session	-	-	-	-	-	296	-	-	-	-	296
33 - ODF Group	session	-	-	2,991	-	2,273	-	-	-	-	-	5,264
34 - ODF Individual	session	-	-	318	-	644	-	-	-	-	-	962
50 - Residential Detox	bed day	1,594	1,304	-	-	-	-	-	-	-	-	2,898
56-TLC PN	bed day				-	-	-	3,529	3,859	-	-	7,388
SAMHSA CAM Services	reimburse d	-	-	-	-	-	-	-	\$ 68,830			\$68,830
CARES Dual Diagnosis Specialist	reimburse d	-	-	-	-	-	-	-	-	\$ 121,000		\$121,000
18-Recovery-Oriented Systems of Care	reimburse d	-	-	-	\$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							\$99.15					
56 - TLC PN							\$37.40					
SAMHSA CAM Services							As Budgeted					
CARES Dual Diagnosis Specialist							As Budgeted					
18-Recovery-Oriented Systems of Care							As Budgeted					
GROSS COST:		\$ 248,200	\$ 207,000	\$ 194,890	\$ 14,700	\$ 390,540	\$ 300,260	\$ 321,000	\$ 266,320	\$ 68,830	\$ 121,000	\$2,132,740
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)												
CLIENT FEES		\$ 30,000	\$ 20,000	\$ 6,000		\$ 6,000	\$ 3,000	\$ 24,000	\$ 12,000			\$101,000
CLIENT INSURANCE												\$0
CONTRIBUTIONS/GRANTS												\$0
FOUNDATIONS/TRUSTS												\$0
OTHER (LIST): FRESH START GRANT						\$ 80,000	\$ 80,000	\$ 80,000	\$ 80,000			\$320,000
OTHER (LIST): OTHER GOVERNMENT						\$ 20,000		\$ 80,000				\$100,000
OTHER (LIST): CWS		\$ 2,500	\$ 2,500	\$ 85,000		\$ 40,000	\$ 60,000	\$ 5,000	\$ 30,000			\$225,000
OTHER (LIST): CONTRACTOR RESERVES		\$ 57,620	\$ 55,200									\$112,820
TOTAL CONTRACTOR REVENUES		\$ 90,120	\$ 77,700	\$ 91,000	\$ -	\$ 146,000	\$ 143,000	\$ 189,000	\$ 122,000	\$ -	\$ -	\$858,820
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 158,080	\$ 129,300	\$ 103,890	\$ 14,700	\$ 244,540	\$ 157,260	\$ 132,000	\$ 144,320	\$ 68,830	\$ 121,000	\$ 1,273,920
DMC Administrative Fee (15%)*				\$ 9,314		\$ 42,272	\$ 20,061					\$ 71,647
DMC Gross Claim Maximum				\$ 62,094		\$ 281,812	\$ 133,741					\$ 477,647
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT												
Medi-Cal Treatment Services (6241)				\$ 52,780		\$ 93,380	\$ 60,900					\$ 207,060
Medi-Cal Perinatal Services (6242)						\$ 146,160	\$ 52,780					\$ 198,940
SACPA Treatment Services (6240)		\$ 49,880	\$ 15,000	\$ 31,810								\$ 96,690
ADP Treatment Services - SAPT (6243)		\$ 108,200	\$ 92,300	\$ 19,300			\$ 4,000		\$ 75,000			\$ 298,800
Recovery-Oriented Systems of Care (6243)					\$ 14,700							\$ 14,700
Perinatal Non Drug Medi-Cal (6244)			\$ 20,000			\$ 5,000	\$ 39,580	\$ 100,000	\$ 59,320			\$ 223,900
Drug Court Services (6246)												\$ -
SAMHSA CAM Grant (6246)									\$ 68,830			\$ 68,830
CalWORKS (6249)			\$ 2,000					\$ 32,000	\$ 10,000			\$ 44,000
Youth Services (6250)												\$ -
Prevention Services (6351)												\$ -
Other County Funds											\$ 121,000	\$ 121,000
TOTAL (SOURCES OF FUNDING)		\$ 158,080	\$ 129,300	\$ 103,890	\$ 14,700	\$ 244,540	\$ 157,260	\$ 132,000	\$ 144,320	\$ 68,830	\$ 121,000	\$ 1,273,920

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

\*The 15% Administrative Fee is deducted from the Drug Medi-Cal Gross Claim Maximum. Maximum (Net) Contract Amount is Less Administrative Fee of 15% (Drug Medi-Cal Only).

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## V. 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: Good Samaritan Shelter

COUNTY FISCAL YEAR: 2012-13

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13
	I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	LOMPOC DTX	TURNING POINT	LOMPOC TLC	RECOVERY POINT	SANTA MARIA DTX	SHELTER PROGRAMS SANTA MARIA	PROJECT PREMIE	SM-TLC	CAM GRANT	
1	Contributions	\$ 100,000	\$ -											
2	Foundations/Trusts	\$ 200,000	\$ 100,000							\$ 100,000				
3	Special Events	\$ 30,000	\$ -											
4	Legacies/Bequests		\$ -											
5	Associated Organizations		\$ -											
6	Membership Dues		\$ -											
7	Sales of Materials		\$ -											
8	Investment Income		\$ -											
9	Miscellaneous Revenue		\$ -											
10	ADMHS Funding	\$ 1,314,920	\$ 1,314,920	\$ 121,000	\$ 129,300	\$ 157,260	\$ 144,320	\$ 118,590	\$ 158,080	\$ 41,000	\$ 244,540	\$ 132,000	\$ 68,830	
11	Other Government Funding	\$ 905,000	\$ 423,000							\$ 323,000	\$ 20,000	\$ 80,000		
12	CWS	\$ 225,000	\$ 225,000		\$ 2,500	\$ 60,000	\$ 30,000	\$ 85,000	\$ 2,500		\$ 40,000	\$ 5,000		
13	Fresh Start	\$ 320,000	\$ 320,000			\$ 80,000	\$ 80,000				\$ 80,000	\$ 80,000		
14	Other (specify)		\$ -											
15	Other (specify)		\$ -											
16	Other (specify)		\$ -											
17	Operating Loss Reserve	\$ 112,820	\$ 112,820		\$ 55,200				\$ 57,620					
18	Total Other Revenue (Sum of lines 1 through 17)	\$ 3,207,740	\$ 2,495,740	\$ 121,000	\$ 187,000	\$ 297,260	\$ 254,320	\$ 203,590	\$ 218,200	\$ 464,000	\$ 384,540	\$ 297,000	\$ 68,830	
I.B Client and Third Party Revenues:														
19	Medicare		-											
20	Client Fees	\$ 136,000	136,000		\$ 20,000	\$ 3,000	\$ 12,000	\$ 6,000	\$ 30,000	\$ 35,000	\$ 6,000	\$ 24,000		
21	Insurance		-											
22	SSI		-											
23	Other (specify)		-											
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	136,000	136,000	-	20,000	3,000	12,000	6,000	30,000	35,000	6,000	24,000	-	
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	3,343,740	2,631,740	121,000	207,000	300,260	266,320	209,590	248,200	499,000	390,540	321,000	68,830	

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## Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet Entity Budget By Program

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: 2012-13

Gray Shaded cells contain formulas, do not overwrite

	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	LOMPOC DTX	TURNING POINT	LOMPOC TLC	RECOVERY POINT	SANTA MARIA DTX	SHELTER PROGRAMS SANTA MARIA	PROJECT PREMIE	SM-TLC	CAM GRANT
	III.A. Salaries and Benefits Object Level												
26	Salaries (Complete Staffing Schedule)	\$ 1,895,320	\$ 1,438,320	\$ 87,360	\$ 139,360	\$ 156,000	\$ 135,200	\$ 130,000	\$ 139,360	\$ 269,360	\$ 212,160	\$ 119,600	\$ 49,920
27	Employee Benefits	\$ 236,915	\$ 179,790	\$ 10,920	\$ 17,420	\$ 19,500	\$ 16,900	\$ 16,250	\$ 17,420	\$ 33,670	\$ 26,520	\$ 14,950	\$ 6,240
28	Consultants		\$ -										
29	Payroll Taxes	\$ 236,915	\$ 179,790	\$ 10,920	\$ 17,420	\$ 19,500	\$ 16,900	\$ 16,250	\$ 17,420	\$ 33,670	\$ 26,520	\$ 14,950	\$ 6,240
30	Salaries and Benefits Subtotal	\$ 2,369,150	\$ 1,797,900	\$ 109,200	\$ 174,200	\$ 195,000	\$ 169,000	\$ 162,500	\$ 174,200	\$ 336,700	\$ 265,200	\$ 149,500	\$ 62,400
	III.B Services and Supplies Object Level												
31	Professional Fees	85,000	\$ 47,333		\$ 5,333	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ -
32	Supplies	155,000	\$ 119,000		\$ 6,000	\$ 12,500	\$ 11,000	\$ 7,500	\$ 15,000	\$ 30,000	\$ 17,500	\$ 19,500	\$ -
33	Telephone	35,000	\$ 23,667		\$ 2,667	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ -
34	Postage & Shipping		\$ -					\$ -					
35	Occupancy (Facility Lease/Rent/Costs)	150,000	\$ 133,500		\$ 6,000	\$ 6,000	\$ 3,500	\$ 6,000	\$ 15,000	\$ 35,000	\$ 10,000	\$ 52,000	\$ -
36	Rental/Maintenance Equipment		\$ -										
37	Printing/Publications		\$ -										
38	Transportation	75,000	\$ 56,000		\$ 4,000	\$ 4,000	\$ 6,000	\$ 4,000	\$ 12,000	\$ 12,000	\$ 6,000	\$ 8,000	\$ -
39	Conferences, Meetings, Etc		\$ -										
40	Insurance	57,000	\$ 52,000		\$ 4,000	\$ 4,000	\$ 6,000	\$ 4,000	\$ 8,000	\$ 12,000	\$ 6,000	\$ 8,000	\$ -
41	Utilities	120,000	\$ 85,180		\$ 4,800	\$ 5,380	\$ 6,000	\$ 6,000	\$ 15,000	\$ 36,000	\$ 6,000	\$ 6,000	\$ -
42	Contracted Services	138,000	\$ 138,000			\$ 34,500	\$ 34,500				\$ 34,500	\$ 34,500	
43	Other (specify)		\$ -										
44	Other (specify)		\$ -										
45	Services and Supplies Subtotal	\$ 815,000	\$ 654,680	\$ -	\$ 32,800	\$ 75,380	\$ 76,000	\$ 36,500	\$ 74,000	\$ 134,000	\$ 89,000	\$ 137,000	\$ -
46	\$		\$ -										
47	SUBTOTAL DIRECT COSTS	\$ 3,184,150	\$ 2,452,580	\$ 109,200	\$ 207,000	\$ 270,380	\$ 245,000	\$ 199,000	\$ 248,200	\$ 470,700	\$ 354,200	\$ 286,500	\$ 62,400
	IV. INDIRECT COSTS												
48	Administrative Indirect Costs (limited to 15%)	\$ 159,590	\$ 179,160	\$ 11,800	\$ -	\$ 29,880	\$ 21,320	\$ 10,590	\$ -	\$ 28,300	\$ 36,340	\$ 34,500	\$ 6,430
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 3,343,740	\$ 2,631,740	\$ 121,000	\$ 207,000	\$ 300,260	\$ 266,320	\$ 209,590	\$ 248,200	\$ 499,000	\$ 390,540	\$ 321,000	\$ 68,830

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**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 Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
SALUD CARBAJAL, CHAIR  
BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

CONTRACTOR

By: \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Tax Id No 77-0133375  
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

APPROVED AS TO FORM :  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
TAKASHI WADA, MD, MPH  
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGER

By \_\_\_\_\_  
Director  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Date: \_\_\_\_\_

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## CONTRACT SUMMARY PAGE

**BC 13-005**

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 ..... 12-13  
D2. Budget Unit Number ..... 043  
D3. Requisition Number ..... N/A  
D4. Department Name ..... Alcohol, Drug, & Mental Health  
D5. Contact Person ..... Danielle Spahn  
D6. Telephone ..... (805) 681-5229

K1. Contract Type (*check one*): ☐ Personal Service ☐ Capital  
K2. Brief Summary of Contract Description/Purpose ..... Alcohol and Drug Treatment  
K3. Contract Amount ..... \$1273920  
K4. Contract Begin Date ..... 7/1/2012  
K5. Original Contract End Date ..... 6/30/2011  
K6. Amendment History .....

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2012	\$66000	\$66000	\$1273920	6/30/2013	Increase contract

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 ..... \$1273920  
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*) ..... 6240  
F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID ..... A=324348  
V2. Payee/Contractor Name ..... Good Samaritan Shelter, Inc.  
V3. Mailing Address ..... PO Box 5908.  
V4. City, State (two-letter) Zip (include +4 if known) ..... Santa Maria, CA 93457  
V5. Telephone Number ..... 8053468185  
V6. Contractor's Federal Tax ID Number (*EIN or SSN*) ..... 77-0133375  
V7. Contact Person ..... Sylvia Barnard, Executive Director  
V8. Workers Comp Insurance Expiration Date ..... 6/15/2013  
V9. Liability Insurance Expiration Date[s] ..... G-9/18/2013, P-9/18/2013  
V10. Professional License Number ..... Recovery Point Detox - 420010BN  
V11. Verified by (name of county staff) ..... Danielle Spahn  
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: \_\_\_\_\_