

FOURTH AMENDMENT 2011-2012

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fourth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 10-033**, 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, County intends to extend the term of the existing contract through Fiscal Year 11-12 and to compensate Contractor for the services to be provided during that Fiscal Year; and

Whereas, this Fourth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2009, the First Amendment approved by the County Board of Supervisors in November 2009, the Second Amendment approved by the ADMHS Director in June 2010, the Third Amendment approved by the County Board of Supervisors in July 2010, except as modified by this Fourth 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 4, Term, from Agreement and replace with the following:

4. **TERM.** Contractor shall commence performance on **July 1, 2011**, and end performance upon completion, but no later than **June 30, 2012**, unless otherwise directed by County or unless earlier terminated.

II. Delete Section "This Agreement Includes", from Agreement and replace with the following:

THIS AGREEMENT INCLUDES:

- A. EXHIBIT A, A-1, A-2, A-3, A-4, A-5, A-6, A-7, and A-8 – Statements of Work
- B. EXHIBIT B - Financial Provisions
- C. EXHIBIT B-1 – Schedule of Fees
- D. EXHIBIT B-2 – Contractor Budget
- E. EXHIBIT B-3 – Sliding Fee Scale
- F. EXHIBIT C – Standard Indemnification and Insurance Provisions
- G. EXHIBIT E – Program Goals, Outcomes and Measures

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III. Delete the heading of Exhibit A, Statement of Work, and replace with the following:

The following terms shall apply to all programs operated under this contract, included as Exhibits A-1 through A-8.

IV. Add Exhibit A-8, Statement of Work – Children Affected by Methamphetamine:

Exhibit A-8 Statement of Work

Children Affected by Methamphetamine

1. **PROGRAM SUMMARY:** The Children Affected by Methamphetamine (CAM) program (hereafter, “the Program”) will provide Matrix Model and Seeking Safety Alcohol and Other Drug treatment services to clients enrolled in the CAM grant. Treatment services will be provided through Contractor’s outpatient programs. In addition, Contractor will provide Transitional Living Center services, case management, and grant-required assessments. The Program will be located at:
 - A. 412 “B” East Tunnel Street, Santa Maria, California;
 - B. 604 Ocean Avenue, Lompoc, California.
2. **PROGRAM GOALS.**
 - A. Improve access and engagement in services for children with intensive supervision for families affected by methamphetamine and other drugs.
 - B. Provide comprehensive, culturally competent, and trauma-sensitive system of services for children and their families in treatment.
 - C. Reduce substance use and related problems of parents and care givers.
 - D. Strengthen the confidence and competence as parents/caregivers.
 - E. Improve physical, developmental and mental health of minor children of clients.
3. **DEFINITIONS.**
 - A. **Substance Abuse Mental Health Services Administration (SAMHSA):** SAMHSA is a division of the U.S. Department of Health and Human Services. SAMHSA aims to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders. SAMHSA provides funding to support substance abuse treatment.
 - B. **SAMHSA Children Affected by Methamphetamine (CAM):** The CAM grant will expand the services of the Family Treatment Drug Court (FTDC) in North Santa Barbara County. The program’s primary purpose is to design, organize and implement a system of interventions for parents and caregivers with methamphetamine use and/or abuse problems who are involved with Child Welfare Services and provide therapeutic services to their children. CAM focuses on evidence-based mental health and supportive services for children and their caregivers,

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transitional living services for pregnant women and their minor children in lieu of foster placement, and reunification of children with their families.

4. **SERVICES.** Contractor shall provide:

A. **Outpatient Drug Free (ODF)** is treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services [Federal Definition].

- i. **ODF – Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four (4) or more clients, up to a total of ten (10) clients, at the same time, focusing on the needs of the individuals served, in a 90 minute session.
- ii. **ODF – Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention.

B. **For all ODF – Individual, ODF-Group services and DCR services:**

- i. Contractor shall ensure that each client receives a minimum of two group counseling sessions (minimum 90 minutes per group session) per thirty (30) day period depending on the client's needs and treatment plan or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided by appointment. Each beneficiary shall receive at least two group counseling sessions per month, as specified in Title 22 CCR Section 51341.1.
- ii. Individual counseling shall be limited to intake, crisis intervention, collateral services, and treatment and discharge planning, subject to the limitations described in Title 22 CCR Section 51341.1.

C. Contractor shall refer clients to ancillary services, vocational, literacy, education, and family counseling where applicable and appropriate.

D. Contractor shall provide drug testing as described in the ADMHS Drug Testing Policy and Procedures, and SACPA/SATC requirements, as applicable.

E. Perinatal programs empower women to achieve and maintain clean and sober living, deliver healthy infants, strengthen family units, and lead productive lives. Services are designed to be gender- specific and culturally relevant, and are based on individual needs and demographics.

F. **For Perinatal clients only, Contractor shall provide:**

- i. **Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative (DCR))** [Service Code 30] DCR services are those that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes day care rehabilitative programs which provide counseling and rehabilitation services to individuals

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with substance abuse impairments. DCR clients participate according to a minimum attendance schedule and have regularly assigned treatment activities.

- ii. Contractor shall provide perinatal substance abuse/use services to pregnant and postpartum women and their children. Contractor shall provide Day Care Rehabilitative treatment model in which women receive treatment a minimum of three hours per day, three days per week. Per 22 CCR Section 51341.1:
 1. Contractor shall provide services that address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, trauma, sexual and physical abuse, and development of parenting skills;
 2. Contractor shall provide mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
 3. Contractor shall ensure service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment);
 4. Contractor shall provide education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
 5. Contractor shall provide coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

G. Transitional Living Center (TLC) Services

- iii. Contractor shall provide TLCs which are designed to help clients maintain an alcohol and drug free lifestyle and transition back into the community. Contractor shall supervise TLC activities and maintain an alcohol and drug-free environment.
- iv. Contractor shall provide residential recovery housing in support of clients receiving outpatient drug free treatment from County contracted treatment providers.
- v. Contractor shall require clients to attend recovery and treatment services with an ADP-funded treatment program. If services are provided on site, the site must be certified and licensed by State ADP.
- vi. Contractor shall provide case management to clients while in residence.
- vii. Contractor shall provide drug testing as described in the ADMHS Drug Testing Policy and Procedures.

H. Contractor shall provide parenting classes for clients residing in Contractor's Transitional Living Center. Clients in the outpatient program will be referred to CALM for parenting classes.

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- I. Contractor shall designate a staff to administer data collection and assessment tools, as required by SAMHSA.
 - J. Contractor shall attend monthly CAM Oversight Committee meetings.
5. **CLIENTS.** Contractor shall provide services as described in Section 4 to 40 adult clients per year, referred by sources described in Section 7.A. Contractor is expected to serve at least 120 unduplicated clients by the conclusion of the four-year grant period. 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.
6. **STAFF.** In addition to Contractor's alcohol and treatment and TLC staff, Contractor shall provide the following enhanced staffing for CAM grant clients:
- A. 0.5 FTE Case Manager who will provide case management to CAM grant clients and serve as the court liaison.
 - B. 0.2 FTE Clerical Support who will conduct data collection and data entry for CAM specific assessments, as described in Section 10.
7. **REFERRALS.**
- A. Contractor shall receive referrals from the Family Treatment Drug Court. Referrals (other than self-referrals) shall be accompanied by written documentation.
 - B. If services are mandated by the court, client will contact provider within twenty-four (24) hours of referral (except weekends or holidays). Contractor shall contact the referral source within seventy-two (72) hours with a verification of enrollment.
8. **ADMISSION PROCESS.**
- A. Contractor shall interview client to determine client's appropriateness for the Program.
 - B. Contractor shall admit clients referred by sources described in Section 7A unless the client meets one or more conditions specified in Section 9, or if space is not available in the Program.
 - C. Admission criteria will be determined by the referral source and/or eligibility for funding stream.
 - D. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:
 - i. Consent to Treatment form, Program rules and guidelines, signed by client;
 - ii. Release of information form, signed by client;
 - iii. Financial assessment and contract for fees.
 - iv. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:

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1. Social, economic and family background;
2. Education;
3. Vocational achievements;
4. Criminal history, legal status;
5. Medical history;
6. Drug history;
7. Previous treatment.

v. Emergency contact information for client;

E. Contractor shall notify referral source if client is not accepted into the Program, based on Section 9, within one business day of receiving the initial referral.

F. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.

G. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.

9. **EXCLUSION CRITERIA:** On a case-by-case basis, the following may be cause for client exclusion from the program:

A. Client threat of or actual violence toward staff or other clients;

B. Rude or disruptive behavior that cannot be redirected.

10. **DOCUMENTATION REQUIREMENTS.**

A. Contractor shall enter all CalOMS treatment data and all other client data required by County into the County's MIS system no later than seven (7) days after client entry into Program. Contractor shall complete an annual update of the CalOMS treatment data on the anniversary of client's admission to the Program (for clients in the same treatment service for one year or more), and when the client is discharged from the treatment service.

B. Contractor shall complete all assessments and follow-up as required by SAMHSA.

C. No later than thirty (30) days after client entry into Program, Contractor shall complete:

i. Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results of the ASI shall be utilized for treatment and discharge planning;

ii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the

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assignment of a primary counselor. The Plan shall be consistent with the results of the client's ASI. The Treatment Plan is considered complete and effective on the date of the counselor's signature. Contractor shall periodically review and update the Treatment Plan every ninety (90) days.

11. DISCHARGES.

- A. Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:
- i. Recommendations for post-discharge;
 - ii. Linkages to other services, if appropriate;
 - iii. Reason for discharge;
 - iv. Clinical discharge summary.
- B. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.
- C. Contractor shall document discharge information in CalOMS via the County MIS system no later than thirty (30) days following discharge.
- D. Any client that does not receive any service within a 30 day period shall be discharged, as of the date of last services, per CalOMS guidelines. The date of discharge shall be the last face to face contact.
- E. Clients with children shall be discharged to a specified location or service as determined by the Discharge Plan and the Treatment Team.
- V. **Delete Section II, Maximum Contract Amount of 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 **\$1391390**. 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.

- VI. **Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the attached.**

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

CONTRACTOR NAME: Good Samaritan Shelter Services, Inc. FISCAL YEAR: 2011-2012

DESCRIPTION/MODE/SERVICE FUNCTION:	Unit	PROGRAM										TOTAL
		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	-	-	-	-	2,468	1,218	-	-	-	-	3,686
Perinatal 33 - ODF Group	session	-	-	-	-	-	778	-	-	-	-	778
Perinatal 34 - ODF Individual	session	-	-	-	-	-	284	-	-	-	-	284
33 - ODF Group	session	-	-	3,598	-	2,551	-	-	-	-	-	6,150
34 - ODF Individual	session	-	-	382	-	723	-	-	-	-	-	1,105
50 - Residential Detox	bed day	1,342	1,304	-	-	-	-	-	-	-	-	2,646
56-TLC PN	bed day	-	-	-	-	-	-	3,529	1,853	-	-	5,383
SAMHSA MARS Services	reimbursed cost	\$ 4,250	-	-	-	\$ 12,750	-	-	-	-	-	\$ 17,000
SAMHSA SWHF Services	reimbursed cost	-	-	-	-	-	\$ 100,000	-	\$ 100,000	-	-	\$ 200,000
SAMHSA CAM Services	reimbursed cost	-	-	-	-	-	-	-	-	\$ 50,300	-	\$ 50,300
CARES Dual Diagnosis Specialist	reimbursed cost	-	-	-	-	-	-	-	-	-	\$ 121,000	\$ 121,000
18-Recovery-Oriented Systems of Care	reimbursed cost	-	-	-	\$ 14,700	-	-	-	-	-	-	\$ 14,700
COST PER UNIT/PROVISIONAL RATE:												
Perinatal 30 - DCR							\$ 74.14					
Perinatal 33 - ODF Group							\$ 55.95					
Perinatal 34-ODF Individual							\$ 96.66					
33-ODF Group Except Perinatal							\$ 28.69					
34-ODF Individual Except Perinatal							\$ 67.53					
50-Residential Detox							\$ 99.15					
56 - TLC PN							\$ 37.40					
SAMHSA MARS Services							As Budgeted					
SAMHSA SWHF Services							As Budgeted					
CARES Dual Diagnosis Specialist							As Budgeted					
18-Recovery-Oriented Systems of Care							As Budgeted					
GROSS COST:		\$ 174,580	\$ 174,143	\$ 234,863	\$ 14,700	\$ 282,750	\$ 253,580	\$ 304,877	\$ 228,030	\$ 50,300	\$ 121,000	\$ 1,838,823
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)												
CLIENT FEES		\$ 30,000	\$ 37,593	\$ 20,000				\$ 24,000	\$ 21,834			\$ 133,427
CLIENT INSURANCE												\$ 0
CONTRIBUTIONS/GRANTS												\$ 0
FOUNDATIONS/TRUSTS												\$ 0
SPECIAL EVENTS												\$ 0
OTHER (LIST): OTHER GOVERNMENT		\$ 5,000	\$ 5,000					\$ 112,000				\$ 122,000
OTHER (LIST): CWS		\$ 2,250	\$ 2,250	\$ 93,753		\$ 10,000	\$ 10,000	\$ 36,877	\$ 36,876			\$ 192,006
OTHER (LIST): MISCELLANEOUS												\$ 0
TOTAL CONTRACTOR REVENUES*		\$ 37,250	\$ 44,843	\$ 113,753	\$ -	\$ 10,000	\$ 10,000	\$ 172,877	\$ 58,710	\$ -	\$ -	\$ 447,433
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 137,330	\$ 129,300	\$ 121,110	\$ 14,700	\$ 272,750	\$ 243,580	\$ 132,000	\$ 169,320	\$ 50,300	\$ 121,000	\$ 1,391,390
DM/C Administrative Fee (15%)**				\$ 7,941		\$ 45,000	\$ 17,647					\$ 70,588
DM/C Gross Claim Maximum				\$ 52,941		\$ 300,000	\$ 117,647					\$ 470,588
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT												
Medi-Cal Treatment Services (6241)				\$ 45,000		\$ 75,000	\$ 25,000					\$ 145,000
Medi-Cal Perinatal Services (6242)						\$ 180,000	\$ 75,000					\$ 255,000
SACPA Treatment Services (6240)		\$ 24,880	\$ 15,000	\$ 56,810								\$ 96,690
ADP Treatment Services - SAPT (6243)		\$ 88,200	\$ 92,300	\$ 19,300			\$ 4,000					\$ 203,800
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
SAMHSA SWHF Grant (6244)							\$ 100,000		\$ 100,000			\$ 200,000
Drug Court Services (6246)		\$ 20,000										\$ 20,000
SAMHSA MARS Grant (6246)		\$ 4,250				\$ 12,750						\$ 17,000
SAMHSA CAM Grant (6246)										\$ 50,300		\$ 50,300
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)		\$ 137,330	\$ 129,300	\$ 121,110	\$ 14,700	\$ 272,750	\$ 243,580	\$ 132,000	\$ 169,320	\$ 50,300	\$ 121,000	\$ 1,391,390

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-ADMHS sources secured by Contractor. The match does not apply to DM/C.
 **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).
 ***This amount is an estimate based on a projection of the grant funds that will be available to the provider in FY 11-12 subject to SAMHSA approval of County's Carryover Request. The actual amount will be determined by the amount of unexpended grant funds remaining after June 30, 2011. County will disburse funds not to exceed the actual grant funds available. In the event available grant funds are lower than this estimate, County will not provide other funding to supplement grant funds.

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

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: 2011-12

Gray Shaded cells contain formulas, do not overwrite

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 Detox	Turning Point Lompoc	Lompoc-TLC	Recovery Point	Santa Maria Detox	Shelter Programs	Project Premie	SM-TLC	CAM Grant
1	Contributions	\$ 100,000	\$ 37,174							\$ 37,174			
2	Foundations/Trusts	\$ 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	\$ 1,462,390	\$ 1,432,390	\$ 121,000	\$ 129,300	\$ 243,580	\$ 169,320	\$ 135,810	\$ 137,330	\$ 41,000	\$ 272,750	\$ 132,000	\$ 50,300
11	Other Government Funding	\$ 670,222	\$ 485,226		\$ 5,000				\$ 5,000	\$ 363,226		\$ 112,000	
12	CWS	\$ 192,006	\$ 192,006		\$ 2,250	\$ 10,000	\$ 36,876	\$ 93,753	\$ 2,250		\$ 10,000	\$ 36,877	
13	Other (specify)		\$ -										
14	Other (specify)		\$ -										
15	Other (specify)		\$ -										
16	Other (specify)		\$ -										
17	Other (specify)		\$ -										
18	Total Other Revenue (Sum of lines 1 through 17)	\$ 2,554,618	\$ 2,146,796	\$ 121,000	\$ 136,550	\$ 253,580	\$ 206,196	\$ 229,563	\$ 144,580	\$ 441,400	\$ 282,750	\$ 280,877	\$ 50,300
I.B. Client and Third Party Revenues:													
19	Medicare		-										
20	Client Fees	\$ 210,427	210,427		\$ 37,593		\$ 21,834	\$ 20,000	\$ 30,000	\$ 77,000		\$ 24,000	
21	Insurance		-										
22	SSI		-										
23	Other (specify)	\$ 26,500	26,500							\$ 26,500			
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	236,927	236,927	-	37,593	-	21,834	20,000	30,000	103,500	-	24,000	-
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	2,791,545	2,383,723	121,000	174,143	253,580	228,030	249,563	174,580	544,900	282,750	304,877	50,300

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III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Cares	Lompoc Detox	Turning Point Lompoc	Lompoc-TLC	Recovery Point	Santa Maria Detox	Shelter Programs	Project Premie	SM-TLC	CAM Grant
III.A. Salaries and Benefits Object Level												
26 Salaries (Complete Staffing Schedule)	1,642,920	\$ 1,413,360	\$ 90,480	\$ 118,560	\$ 180,960	\$ 112,320	\$ 108,160	\$ 118,560	\$ 287,040	\$ 183,040	\$ 174,720	\$ 39,520
27 Employee Benefits	\$ 188,936	\$ 162,536	\$ 10,405	\$ 13,634	\$ 20,810	\$ 12,917	\$ 12,438	\$ 13,634	\$ 33,010	\$ 21,050	\$ 20,093	\$ 4,545
28 Consultants		\$ -										
29 Payroll Taxes	\$ 172,507	\$ 148,403	\$ 9,500	\$ 12,449	\$ 19,001	\$ 11,794	\$ 11,357	\$ 12,449	\$ 30,139	\$ 19,219	\$ 18,346	\$ 4,150
30 Salaries and Benefits Subtotal	\$ 2,004,362	\$ 1,724,299	\$ 110,386	\$ 144,643	\$ 220,771	\$ 137,030	\$ 131,955	\$ 144,643	\$ 350,189	\$ 223,309	\$ 213,158	\$ 48,214
III.B Services and Supplies Object Level												
31 Professional Fees		\$ -										
32 Supplies	245,000	\$ 225,000		\$ 10,500	\$ 5,500	\$ 40,000	\$ 41,000	\$ 10,500	\$ 66,500	\$ 15,500	\$ 35,500	
33 Telephone		\$ -										
34 Postage & Shipping		\$ -										
35 Occupancy (Facility Lease/Rent/Costs)	250,150	\$ 220,211		\$ 10,000	\$ 5,500	\$ 30,000	\$ 30,000	\$ 10,000	\$ 113,711	\$ 6,000	\$ 15,000	
36 Rental/Maintenance Equipment		\$ -										
37 Printing/Publications		\$ -										
38 Transportation	46,000	\$ 41,500		\$ 7,000	\$ 4,500	\$ 12,000		\$ 7,000	\$ 2,000	\$ 4,500	\$ 4,500	
39 Conferences, Meetings, Etc		\$ -										
40 Insurance	57,000	\$ 44,000		\$ 2,000	\$ 5,000	\$ 5,000	\$ 10,000	\$ 2,000	\$ 10,000	\$ 5,000	\$ 5,000	
41 Education and Training	31,000	\$ 25,500			\$ 4,000	\$ 4,000	\$ 7,500		\$ 2,500	\$ 3,750	\$ 3,750	
42 Other (specify)		\$ -										
43 Other (specify)		\$ -										
44 Other (specify)		\$ -										
45 Services and Supplies Subtotal	\$ 629,150	\$ 556,211	\$ -	\$ 29,500	\$ 24,500	\$ 91,000	\$ 88,500	\$ 29,500	\$ 194,711	\$ 34,750	\$ 63,750	\$ -
46 III.C. Client Expense Object Level Total		\$ -										
47 SUBTOTAL DIRECT COSTS	\$ 2,633,512	\$ 2,280,510	\$ 110,386	\$ 174,143	\$ 245,271	\$ 228,030	\$ 220,455	\$ 174,143	\$ 544,900	\$ 258,059	\$ 276,908	\$ 48,214
IV. INDIRECT COSTS												
48 Administrative Indirect Costs (limited to 15%)	158,033	\$ 103,213	10,614	(0)	8,309	(0)	29,108	437	0	24,691	27,969	2,086
49 GROSS DIRECT AND INDIRECT COSTS	\$ 2,791,545	\$ 2,383,723	\$ 121,000	\$ 174,143	\$ 253,580	\$ 228,030	\$ 249,563	\$ 174,580	\$ 544,900	\$ 282,750	\$ 304,877	\$ 50,300

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VIII. Delete Exhibit B-3, Fee Schedule, and replace with the following:

EXHIBIT B-3

**COUNTY OF SANTA BARBARA
ALCOHOL & DRUG PROGRAM
FEE SCHEDULE
FY 2011-2012**

ANNUAL GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	10,890	14,710	18,530	22,350	26,170	29,990	33,810	37,630
10	14,490	18,310	22,130	25,950	29,770	33,590	37,410	41,230
15	18,090	21,910	25,730	29,550	33,370	37,190	41,010	44,830
20	21,690	25,510	29,330	33,150	36,970	40,790	44,610	48,430
25	25,290	29,110	32,930	36,750	40,570	44,390	48,210	52,030
30	28,890	32,710	36,530	40,350	44,170	47,990	51,810	55,630
35	32,490	36,310	40,130	43,950	47,770	51,590	55,410	59,230
40	36,090	39,910	43,730	47,550	51,370	55,190	59,010	62,830
45	39,690	43,510	47,330	51,150	54,970	58,790	62,610	66,430
50	43,290	47,110	50,930	54,750	58,570	62,390	66,210	70,030
55	46,890	50,710	54,530	58,350	62,170	65,990	69,810	73,630
60	50,490	54,310	58,130	61,950	65,770	69,590	73,410	77,230
65	54,090	57,910	61,730	65,550	69,370	73,190	77,010	80,830
70	57,690	61,510	65,330	69,150	72,970	76,790	80,610	84,430
75	61,290	65,110	68,930	72,750	76,570	80,390	84,210	88,030
80	64,890	68,710	72,530	76,350	80,170	83,990	87,810	91,630
85	68,490	72,310	76,130	79,950	83,770	87,590	91,410	95,230
90	72,090	75,910	79,730	83,550	87,370	91,190	95,010	98,830

MONTHLY GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	908	1,226	1,544	1,863	2,181	2,499	2,818	3,136
10	1,208	1,526	1,844	2,163	2,481	2,799	3,118	3,436
15	1,508	1,826	2,144	2,463	2,781	3,099	3,418	3,736
20	1,808	2,126	2,444	2,763	3,081	3,399	3,718	4,036
25	2,108	2,426	2,744	3,063	3,381	3,699	4,018	4,336
30	2,408	2,726	3,044	3,363	3,681	3,999	4,318	4,636
35	2,708	3,026	3,344	3,663	3,981	4,299	4,618	4,936
40	3,008	3,326	3,644	3,963	4,281	4,599	4,918	5,236
45	3,308	3,626	3,944	4,263	4,581	4,899	5,218	5,536
50	3,608	3,926	4,244	4,563	4,881	5,199	5,518	5,836
55	3,908	4,226	4,544	4,863	5,181	5,499	5,818	6,136
60	4,208	4,526	4,844	5,163	5,481	5,799	6,118	6,436
65	4,508	4,826	5,144	5,463	5,781	6,099	6,418	6,736
70	4,808	5,126	5,444	5,763	6,081	6,399	6,718	7,036
75	5,108	5,426	5,744	6,063	6,381	6,699	7,018	7,336
80	5,408	5,726	6,044	6,363	6,681	6,999	7,318	7,636
85	5,708	6,026	6,344	6,663	6,981	7,299	7,618	7,936
90	6,008	6,326	6,644	6,963	7,281	7,599	7,918	8,236

FOURTH AMENDMENT 2011-2012

IX. Add the following to Exhibit E, Program Goals, Outcomes and Measures:

CAM Goals and Objectives	
Goals	Objectives
<ul style="list-style-type: none"> ➤ Reduce substance use and related problems of parents and care givers. 	<ul style="list-style-type: none"> ✓ 60% of participants admitted to FTDC will stay through completion of treatment and successfully reunite with their children. ✓ From baseline assessment to program exit, there will be a statistically significant improvement in the Addiction Severity Index composite scores for drug and alcohol use and other domains.
<ul style="list-style-type: none"> ➤ Strengthen the confidence and competence as parents/caregivers 	<ul style="list-style-type: none"> ✓ As measured by the Parenting Stress Inventory, 80% of parents/caregivers who score in the clinical or borderline categories at baseline will move into the non-clinical range by the program exit assessment.
<ul style="list-style-type: none"> ➤ Improve physical, developmental, and mental health of minor children of participants. 	<ul style="list-style-type: none"> ✓ 80% of children will score at age level in behavioral development at the time of program exit. ✓ 70% of children with clinical level trauma symptoms will show post-treatment reductions to non-clinical levels per the Trauma Symptom Checklist for Children. ✓ As measured by the Child Behavior Checklist or Youth Self-Report child and adolescent participants will show an overall reduction in problem behaviors and improvement in healthy behaviors after participation in the program.

FOURTH AMENDMENT 2011-2012

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: _____
JONI GRAY
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy Clerk
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
Date: _____

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

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

FOURTH AMENDMENT 2011-2012

CONTRACT SUMMARY PAGE

BC 10-033

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 11-12
 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 \$1391390
 K4. Contract Begin Date 7/1/2011
 K5. Original Contract End Date 6/30/10
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/10	\$1391390		\$1391390	6/30/11	Renew for FY 11-12

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 \$1391390
 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 401 W. Morrison Ave. Ste. B.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Maria, CA 93458
 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 6/15/2011
 V9. Liability Insurance Expiration Date[s] 9/18/2011
 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: _____