

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 15-035**, by and between the **County of Santa Barbara** (County) and **Sanctuary Psychiatric Centers** (Contractor), agrees to provide and County agrees to accept the services specified herein.

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 **\$30,600** to the prior Agreement maximum of **\$174,190** 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 **\$204,790** 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:

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

CONTRACTOR NAME:

Sanctuary

2014-15

	Unit	PROGRAM	
		Treatment Services	Total
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):	
33-ODF Group	session	4943	4,943
34-ODF Individual	session	1115	1,115
68-SAMHSA CSDC Grant Services	not reimbursed		
COST PER UNIT/PROVISIONAL RATE(PROPOSED):			
33-ODF Group		\$26.23	
34-ODF Individual		\$67.38	
68-SAMHSA CSDC Grant Services		as budgeted	
GROSS COST:		\$ 276,000	\$ 276,000
CONTRACTOR: (as depicted in Contractor's Budget)			
CLIENT FEES		\$ 49,810	\$ 49,810
CLIENT INSURANCE			-
CONTRIBUTIONS/GRANTS (includes unsecured)			-
FOUNDATIONS/TRUSTS			-
SPECIAL EVENTS			-
OTHER (LIST): OTHER GOVERNMENT		\$ 12,000	\$ 12,000
OTHER (LIST): TRANSFER FROM RESERVES		\$ 40,000	\$ 40,000
TOTAL CONTRACTOR REVENUES		\$ 101,810	\$ 101,810
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 204,790	\$ 204,790

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**			
Drug Medi-Cal		\$ 141,600	\$ 141,600
Realignment/SAPT - Discretionary		\$ 63,190	\$ 63,190
Realignment/SAPT Perinatal			-
Realignment/SAPT - Adolescent Treatment			-
Realignment/SAPT - HIV			-
Realignment/SAPT - Primary Prevention			-
SAMHSA Federal Grant - CAM			-
TOTAL (SOURCES OF FUNDING)		\$ 204,790	\$ 204,790

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

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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:		Sanctuary Centers of SB								
COUNTY FISCAL YEAR:		FY 2014-15								
Gray Shaded cells contain formulas, do not overwrite										
LINE #	COLUMN#	1	2	3	4	5	6	7	8	9
			TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Co-occurring Disorder/DMC	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
1	Contributions		\$ 180,000	\$ -						
2	Foundations/Trusts		\$ 50,000	\$ -						
3	Special Events			\$ -						
4	Legacies/Bequests			\$ -						
5	Associated Organizations			\$ -						
6	Membership Dues			\$ -						
7	Sales of Materials			\$ -						
8	Investment Income		\$ 10,000	\$ -						
9	Miscellaneous Revenue		\$ 65,000	\$ -						
10	ADMHS Funding		\$ 204,790	\$ 204,790	\$ 204,790					
11	Other Government Funding		\$ 12,000	\$ 12,000	\$ 12,000					
12	Rent Income		\$ 555,000	\$ -						
13	Reserve Amortization		\$ 20,000	\$ -						
14	From Sanctuary Operating Reserves			\$ 40,000	\$ 40,000					
15	Other (specify)			\$ -						
16	Other (specify)			\$ -						
17	Other (specify)			\$ -						
18	Total Other Revenue (Sum of lines 1 through 17)		\$ 1,096,790	\$ 256,790	\$ 256,790	\$ -	\$ -	\$ -	\$ -	\$ -
I.B Client and Third Party Revenues:										
19	Medicare			-						
20	Client Fees		\$ 1,649,810	49,810	\$ 49,810					
21	Insurance			-						
22	SSI			-						
23	Other (specify)			-						
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)		1,649,810	49,810	49,810	-	-	-	-	-
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)		2,746,600	306,600	306,600	-	-	-	-	-

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III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Co-occurring Disorder/DIC	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
III. A. Salaries and Benefits Object Level									
26 Salaries (Complete Staffing Schedule)	1,648,500	\$ 216,500	\$ 216,500		\$ -	\$ -	\$ -	\$ -	\$ -
27 Employee Benefits	172,550	\$ 22,750	\$ 22,750						
28 Consultants	42,000	\$ 3,000	\$ 3,000						
29 Payroll Taxes	140,200	\$ 18,500	\$ 18,500						
30 Salaries and Benefits Subtotal	\$ 2,003,250	\$ 260,750	\$ 260,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
III. B. Services and Supplies Object Level									
31 Professional Fees	33,000	\$ 4,000	\$ 4,000						
32 Supplies	101,350	\$ 5,400	\$ 5,400						
33 Telephone	21,000	\$ 750	\$ 750						
34 Postage & Shipping	7,000	\$ 500	\$ 500						
35 Occupancy (Facility Lease/Rent/Costs)	325,000	\$ 7,500	\$ 7,500						
36 Rental/Maintenance Equipment	20,000	\$ 500	\$ 500						
37 Printing/Publications	7,500	\$ 500	\$ 500						
38 Transportation	25,000	\$ 1,500	\$ 1,500						
39 Conferences, Meetings, Etc	10,000	\$ 1,500	\$ 1,500						
40 Insurance	40,000	\$ 3,200	\$ 3,200						
41 Depreciation Expense	110,000	\$ -							
42 ADP Outpatient Certification	3,500	\$ 3,500	\$ 3,500						
43 Tix to Oper Reserves for COD Program	40,000	\$ -							
44 Other (specify)		\$ -							
45 Services and Supplies Subtotal	\$ 743,350	\$ 28,850	\$ 28,850	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
46 III. C. Client Expense Object Level Total		\$ -							
47 SUBTOTAL DIRECT COSTS	\$ 2,746,600	\$ 289,600	\$ 289,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IV. INDIRECT COSTS									
48 Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 17,000	\$ 17,000						
49 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 2,746,600	\$ 306,600	\$ 306,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **Sanctuary Psychiatric Centers**.

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: _____

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ALICE A. GLEGHORN, PHD
DIRECTOR

CONTRACTOR:
SANCTUARY PSYCHIATRIC CENTERS

By _____
Director

By: _____

Date: _____

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

Date: _____

Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: _____

Date: _____