

THIRD AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Third 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 Third 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 County Board of Supervisors in June 2010, except as modified by this Third 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 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 – Statement of Work
- B. EXHIBIT B – Financial Provisions
- C. EXHIBIT B-1 – Schedule of Rates
- 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

II. Add Exhibit A-6, Statement of Work, Clean and Sober Drug Court:

**Exhibit A-6
Statement of Work
Clean and Sober Drug Court**

1. **PROGRAM SUMMARY:** The Council on Alcoholism and Drug Abuse (CADA) (hereafter Contractor") provides outpatient alcohol and other drug (AOD) treatment services to adults who have drug-related convictions and co-occurring substance use issues and mental illness (hereafter "clients"). Contractor shall serve clients in the Clean and Sober Drug Court (hereafter "the Program"), which is funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). The Program provides AOD treatment services to assist clients obtain and maintain sobriety and treatment for mental illness. Treatment services include best practice individual and group counseling, and drug testing. The Program provides assessment, referral and

THIRD AMENDMENT

treatment services to clients. CADA shall be responsible to conduct the initial screening; subsequently, the Program will provide varying levels of service, depending on client's needs. Sanctuary Psychiatric Centers shall serve clients who require the most intensive co-occurring treatment services, Phoenix will serve clients who require less intensive services and CADA will serve clients who require the least intensive treatment. The Program shall be certified by the California Department of Alcohol and Drug Programs (ADP) to provide Outpatient Alcohol and/or Other Drug Services and will be located at 133 E. Haley St., Santa Barbara, California.

2. PROGRAM GOALS.

- A. Assist clients to establish a clean and sober lifestyle;
- B. Improve client's quality of life, and reduce episodes of criminality and psychiatric disorder;
- C. Increase capacity in the South Santa Barbara County Drug Courts for culturally competent and gender-specific co-occurring treatment.

3. **PROGRAM COLLABORATION.** Contractor shall receive and screen referrals from Santa Barbara area courts. The CSDC Court Team shall refer clients to appropriate providers based upon client's treatment needs. In addition to Contractor, Program services may be provided by other treatment providers.

4. DEFINITIONS.

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.

5. **SERVICES.** Contractor will comply with Program requirements, and shall provide services as described in the CSDC Treatment Guidelines, accepted by the Therapeutic Justice Policy Council. Contractor's services include:

- A. **Screening.** Contractor will screen all clients with the Global Assessment of Individual Needs Short Screener (GAIN-SS). Results of the screening shall be used to determine referrals to appropriate treatment providers.
- B. **Referral.** Contractor shall assign staff to screen and refer clients to appropriate treatment programs. Clients with co-occurring disorders beyond Contractor's scope of practice will be referred to providers who can accommodate the client's needs. Determination of the appropriate treatment program will be made by the CSDC team which shall be comprised of a representative from the District Attorney's office, Court, Probation Department, client's Attorney and ADMHS when applicable.
- C. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health, including substance use issues. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural

THIRD AMENDMENT

issues and history; diagnosis; and use of testing procedures. Contractor shall conduct assessments for each client deemed appropriate for Contractor's treatment program. Contractor's assessment of clients will include the SAMHSA Government Performance Reporting Assessment (GPRA), the Addiction Severity Index (ASI) and the Trauma Symptom Inventory (TSI).

- D. **Outpatient Drug Free (ODF)** are 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. ODF 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, subject to the limitations described in Title 22 CCR Section 51341.1.
- E. Contractor shall use the **Matrix Model** and **Seeking Safety** for all clients in accordance with SAMHSA grant requirements and specifications.
- F. Contractor shall provide referrals to vocational, literacy, education, and family counseling as applicable.
- G. Contractor shall provide random drug testing as described in the ADMHS Drug Testing Policy and Procedures, and CSDC Guidelines.
- H. Contractor shall meet once per month as part of CSDC Oversight Committee.
- I. Contractor shall participate in a quarterly graduate activity in collaboration with the Court and other treatment contractors, sharing in the cost of the celebratory activities.
- J. Contractor shall attend Court Team meetings in Santa Barbara.
- K. Contractor shall attend SACPA/SATC Core Team and Policy Council meetings and work with County to develop recommendations, guidelines, and procedures for adult treatment services.
- L. **STAFFING.** Contractor shall make available 1.49 full time equivalent (FTE) staff to provide services as described in Section 5. A minimum of 0.5 FTE shall be AOD Counselors who meet the requirements as described in California Code of Regulations, Title 9, Division 4, Chapter 8.

THIRD AMENDMENT

6. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide services to drug court participants identified as having co-occurring substance abuse and mental health issues referred by the CSDC Court Team.

Contractor shall administer screenings to 65 unduplicated clients during the period of January 1, 2011 through June 30, 2011. Contractor is expected to screen at least 145 unduplicated clients by the conclusion of the grant period.

Contractor shall provide treatment services to 42 unduplicated clients during the period of January 1, 2011 through June 30, 2011. Contractor is expected to provide treatment services to at least 94 unduplicated clients by the conclusion of the grant period.

7. **LENGTH OF STAY.** Clients shall receive Program services for nine (9) to twelve (12) months.

8. **REFERRALS.**

- A. Contractor shall receive identified and eligible referrals from the CSDC Court Team. Referrals shall be accompanied by written documentation.
- B. Contractor shall contact the referral source within 72 hours with a verification of enrollment.

9. **ADMISSION PROCESS.**

- A. Contractor shall admit clients referred by sources described in Section 8.A and only those clients whose substance use issues and treatment needs are within the scope of the Contractor's practice.
- i. Admission criteria have been established by the CSDC Guidelines; determination of client's eligibility for enrollment in the Program shall be made by the CSDC Court Team.
 - ii. Contractor shall interview and screen client to confirm client's appropriateness for the Program.
- B. Contractor shall refer clients with severe and persistent mental illness (SPMI) to Sanctuary and Phoenix for treatment.
- C. **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:

THIRD AMENDMENT

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.

D. Contractor shall notify referral source if client is not accepted into the Program, based on Section 10, within one business day of receiving the initial referral.

E. 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.

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

10. **EXCLUSION CRITERIA.** In addition to exclusionary criteria specified in the CSDC Guidelines, the following may be cause for client exclusion from the program on a case-by-case basis:

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

B. Rude or disruptive behavior that cannot be redirected.

11. **DOCUMENTATION REQUIREMENTS.**

A. No later than seven (7) days after client entry into Program, Contractor shall complete the GPRA;

B. 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. Contractor shall report the results of the ASI and recommendations to the court;

ii. Trauma Symptom Inventory (TSI);

iii. 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

THIRD AMENDMENT

Treatment Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the 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.

C. Follow up Assessments:

- i. Per SAMHSA Grant requirements, Contractor shall administer a second ASI six (6) months after the initial ASI.
- ii. Per SAMHSA Grant requirements, Contractor shall administer a follow up GPRA assessment with each client six (6) months after entry into the Program, at discharge and six (6) months after discharge.

12. 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.

III. **Add Exhibit A-7, Statement of Work, Bridges to Recovery:**

Exhibit A-7 Statement of Work Bridges to Recovery

1. **PROGRAM SUMMARY:** The Council on Alcoholism and Drug Abuse (CADA) (hereafter "Contractor") provides outpatient alcohol and other drug (AOD) treatment to assist high-risk adolescent males who have substance abuse issues and/or co-occurring mental health issues (hereafter "clients") obtain and maintain sobriety in the Bridges to Recovery Program (hereafter "the Program") . The Program, funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) is designed to provide a collaborative multi-agency approach to juvenile re-entry for clients from Probation institutions throughout Santa Barbara County. Contractor, in conjunction with Community Action Commission (CAC), shall provide a comprehensive approach to juvenile substance use treatment and rehabilitation. Contractor will provide treatment services including best practice individual and group counseling and drug testing. Contractor shall be certified by the California Department of Alcohol and Drug Programs

THIRD AMENDMENT

(ADP) to provide Outpatient AOD and Drug Medi-Cal services. The Program will be located at 25 W. Anapamu Street, Santa Barbara, California.

2. PROGRAM GOALS.

- A. Promote recovery from alcohol and other drug problems of Program clients.
- B. Reduce the recidivism rate of Program clients.
- C. Improve the mental health and overall wellbeing of Program clients.
- D. Create multi-agency collaboration between corrections institutions and Community Based Organizations to provide culturally competent substance abuse treatment services for clients.

3. PROGRAM COLLABORATION.

- A. CAC shall receive client referrals from the Program Court Team while clients are incarcerated at the Los Prietos Boys Camp (LPBC) and/ or Los Prietos Boys Academy (LPBA). Prior to release from LPBC/LBPA, CAC shall administer client assessments and provide clients with referrals to regional AOD treatment providers in Lompoc, Santa Barbara and Santa Maria.
- B. Clients shall receive AOD treatment from the appropriate regional treatment provider and concurrent case management services from CAC. CAC shall provide ongoing services for a period of time after client has been discharged from the treatment program.

4. DEFINITIONS.

- A. **Drug Medi-Cal (DMC):** DMC benefits are optional Medi-Cal benefits as described in the California State Plan for Medicaid. DMC services provide medically necessary alcohol and other drug treatment to California's Medi-Cal eligible population. The services include Outpatient Drug-Free Treatment, Narcotic Treatment Program, and Naltrexone Treatment. In addition, Day Care Rehabilitative Treatment and Residential Treatment are available to pregnant and postpartum women who are full-scope Medi-Cal beneficiaries.
- B. **Minor Consent DMC:** Minor Consent is a State funded program which excludes parental income and resources from consideration as a condition of Medi-Cal eligibility for certain, limited services to youth under the age of 21 who are living with their parent(s) or guardian(s), as specified in Family Code Section 6929. State law and regulations prohibit Contractor from contacting the parent(s)/guardian(s) of the youth who is applying for Minor Consent services. If the minor is twelve (12) years of age or older, he/she is eligible for substance abuse services, primarily outpatient drug free counseling services, under Minor Consent DMC. To obtain Minor Consent DMC, the client must apply for benefits through the Department of Social Services.
- C. **Substance Abuse Mental Health Services Administration (SAMHSA):** SAMHSA is a division of the U.S. Department of Health and Human Services. SAMHSA aims to

THIRD AMENDMENT

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.

5. **SERVICES.** Contractor shall provide the following:

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. ODF 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. **For DMC clients, and all ODF-Group services:** 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. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session.

iii. **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, subject to the limitations described in Title 22 CCR Section 51341.1.

B. Contractor shall provide ODF Youth and Family Treatment per Program grant guidelines:

i. Contractor shall provide youth and family treatment services in accordance with the Adolescent Community Reinforcement Approach (ACRA) as specified in the Program grant.

ii. Contractor shall provide celebratory activities, recognizing clients for their achievements in the recovery process through special activities in the facility or outings to events in the community. A maximum of 2 sessions per month may be billed at the ODF - Individual rate for such activities.

C. Contractor shall provide family engagement activities and services which initiate and encourage family participation in treatment, such as groups to provide an introduction and orientation to the treatment program.

THIRD AMENDMENT

- D. Per grant requirements, Contractor shall be a member of the Program Oversight Committee and will attend monthly Program meetings for the duration of the contract period.
6. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide services to adolescent males who have substance abuse issues and/or co-occurring mental health issues discharged from LPBC and LPBA. Contractor shall provide services to an average caseload of 15 clients. For the period of January 1, 2011 through June 30, 2011, Contractor is expected to serve 15 unduplicated clients. Contractor is expected to serve 100 unduplicated clients by the conclusion of the grant period.
7. **LENGTH OF STAY.** Clients shall receive treatment services from Contractor and concurrent case management services from CAC for six (6) months.
8. **STAFF.** Contractor shall use SAMHSA grant funds to provide a minimum 0.5 Full Time Equivalent (FTE) alcohol and other drug (AOD) counselor who meets the requirements as described in California Code of Regulations, Title 9, Division 4, Chapter 8 to provide the services described in Section 5.
9. **REFERRALS.**
- A. Contractor shall receive Program referrals from CAC case manager(s).
- i. Contractor shall receive referral via phone or written referral.
 - ii. Contractor shall coordinate the transition between CAC and Contractor.
 - iii. Contractor will ensure that each client will be immediately entered into treatment, unless client is excluded per Section 11.
- B. Referral Packet. Contractor shall maintain a Referral Packet within its files (either hard copy or electronic) for each client referred and treated, which shall contain a copy of the Government Performance Reporting Assessment (GPRA) and Global Appraisal of Individual Needs (GAIN) assessments administered by CAC.
10. **ADMISSION PROCESS.**
- A. All clients referred by CAC will be accepted by Contractor unless excluded per Section 11 below.
- B. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:
- i. All required consent and release forms with appropriate signatures;
 - ii. Financial assessment and contract for fees;
 - iii. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
 - 1. Social, economic and family background;

THIRD AMENDMENT

2. Education;
 3. Vocational achievements;
 4. Criminal history, legal status;
 5. Medical history;
 6. Drug history;
 7. Previous treatment.
- iv. Emergency contact information for client.
- C. Contractor shall notify CAC if client is not accepted into the Program, based on Section 11, within one business day of receiving the initial referral.
- D. Contractor shall complete and send a Verification of Enrollment form to CAC upon acceptance of client into Program, no later than 72 hours after admission.
11. **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.
12. **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. 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 Treatment Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the assignment of a primary counselor. The Treatment 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.

THIRD AMENDMENT

13. DISCHARGES.

- A. Contractor shall develop a Discharge Plan for each client prior to discharge, in coordination with CAC 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. The Discharge Plan shall include a referral to CAC for the follow up assessment. Contractor shall make efforts to obtain information from client which will assist in locating client for the follow up assessment and shall provide this information to CAC.
- C. Contractor shall provide client and CAC with a copy of the Discharge Plan, and place one copy in the client's file.
- D. Contractor shall document discharge information in CalOMS via the County MIS system no later than thirty (30) days following discharge.
- E. 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.

IV. 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 **\$1336525**. 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.

THIRD AMENDMENT

V. Delete Exhibit B-1, Schedule of Rates, and replace with the following:

CONTRACTOR NAME: Council on Alcoholism and Drug Abuse FISCAL YEAR: 2010-11

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	Clean & Sober Drug Court (CSDC) 1/1/11 - 6/30/11	Bridges to Recovery (B2R) 1/1/11 - 6/30/11	
NUMBER OF UNITS PROJECTED (based on history):										
Perinatal 33-DCR	day	39	-	-	-	-	-	-	-	39
Perinatal 33-ODF Group	90 min session	258	-	-	-	-	-	-	-	258
Perinatal 34-ODF Individual	50 min session	75	-	-	-	-	-	-	-	75
33-ODF Group	90 min session	18,012	461	5,202	-	-	-	-	318	23,675
34-ODF Individual	50 min session	1,932	49	626	-	-	-	-	90	2,607
50-Residential Detox	bed day	-	-	-	3,516	-	-	-	-	3,516
Perinatal Childcare	staff hours	2,483	-	-	-	-	-	-	-	2,483
Perinatal 71 - Transportation	staff hours	71	-	-	-	-	-	-	-	71
34 - Drug Testing (8 tests = 1 staff hour)	staff hours	47	-	260	-	-	-	-	-	308
85-SATTA (8 tests = 1 staff hour)	staff hours	218	-	-	-	-	-	-	-	218
34 - ODF Individual -Case Management	staff hours	-	-	85	-	-	-	-	-	85
34 - ODF Individual -Family Engagement	staff hours	-	-	28	-	-	-	-	-	28
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	-	-	28	-	-	-	-	-	28
17- Environmental	Cost Reimbursed	-	-	-	-	\$ 7,740	-	-	-	\$ 7,740
13 - Education	Cost Reimbursed	-	-	-	-	\$ 7,740	-	-	-	\$ 7,740
12 - Information Dissemination	Cost Reimbursed	-	-	-	-	\$ 860	-	-	-	\$ 860
14 - Alternatives	Cost Reimbursed	-	-	-	-	\$ 860	-	-	-	\$ 860
14 - Alternatives (FNL)	Cost Reimbursed	-	-	-	-	\$ 25,800	-	-	-	\$ 25,800
13 - Education: Mentoring	Cost Reimbursed	-	-	-	-	\$ 17,200	-	-	-	\$ 17,200
CARES Dual Diagnosis Specialist	Cost Reimbursed	0	0	0	0	0	\$ 121,000	-	-	\$ 121,000
68-SAMHSA CSDC Grant Services	Cost Reimbursed	-	-	-	-	-	-	\$ 46,475	-	\$ 46,475
68-SAMHSA B2R Grant Services	Cost Reimbursed	-	-	-	-	-	-	-	\$ 15,190	\$ 15,190
COST PER UNIT/PROVISIONAL RATE:										
Perinatal 33-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						\$66.50				
Perinatal Childcare						\$17.96				
Perinatal 71 - Transportation						\$17.96				
34 - Drug Testing (8 tests = 1 staff hour)						\$67.53				
85-SATTA (8 tests = 1 staff hour)						\$67.53				
17- Environmental, 13-Education - All, 12 - Information Dissemination, 14-Alternatives - All						As Budgeted				
CARES Dual Diagnosis Specialist						As Budgeted				
68-SAMHSA CSDC Grant Services						As Budgeted				
68-SAMHSA B2R Grant Services						As Budgeted				
GROSS COST:		\$ 1,933,931	\$ 40,736	\$ 784,985	\$ 339,043	\$ 177,467	\$ 124,761	\$ 46,475	\$ 15,190	\$ 3,462,588
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)										
A CLIENT FEES		\$ 152,549		\$ 6,000	\$ 20,000	\$ 1,595				\$ 180,144
B CLIENT INSURANCE										\$ -
C CONTRIBUTIONS/GRANTS (includes unsecured)		\$ 440,861	\$ 24,220	\$ 214,030	\$ 54,946	\$ 75,420	\$ 3,761			\$ 813,238
D FOUNDATIONS/TRUSTS				\$ 37,500						\$ 37,500
E SPECIAL EVENTS				\$ 120,000						\$ 120,000
F OTHER (LIST): OTHER GOVERNMENT		\$ 400,119		\$ 49,455	\$ 30,307	\$ 40,252				\$ 520,133
OTHER (LIST): UNITED WAY		\$ 3,684		\$ 2,664						\$ 6,348
OTHER (LIST): SCHOOL DISTRICTS		\$ 285,000		\$ 18,200						\$ 303,200
OTHER (LIST): INVESTMENT INCOME				\$ 145,500						\$ 145,500
TOTAL CONTRACTOR REVENUES*		\$ 1,282,213	\$ 24,220	\$ 593,349	\$ 105,253	\$ 117,267	\$ 3,761	\$ -	\$ -	\$ 2,126,063
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 651,718	\$ 16,516	\$ 191,636	\$ 233,790	\$ 60,200	\$ 121,000	\$ 46,475	\$ 15,190	\$ 1,336,525
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)		\$ 14,700								\$ 14,700
D SACPA Treatment Services (6240)		\$ 33,600								\$ 33,600
E ADP Treatment Services - SAPT (6243)		\$ 35,584	\$ 16,516		\$ 232,290					\$ 284,390
F Recovery Oriented System of Care (ROSC) (6243)										\$ -
G Perinatal Non Drug Medi-Cal (6244)		\$ 60,630								\$ 60,630
H SAMHSA SIWHF Grant (6244)										\$ -
I Drug Court Services (6246)		\$ 24,704		\$ 4,116						\$ 28,820
J SAMHSA MARS Grant (6246)										\$ -
K SAMHSA CSDC Grant (6246)								\$ 46,475		\$ 46,475
L CalWORKS (6249)		\$ 7,500			\$ 1,500					\$ 9,000
M Youth Services (6250)				\$ 27,520						\$ 27,520
N SAMHSA B2R Grant (6250)								\$ 15,190		\$ 15,190
O Prevention Services (6351)						\$ 60,200				\$ 60,200
P Other County Funds							\$ 121,000			\$ 121,000
TOTAL (SOURCES OF FUNDING)		\$ 651,718	\$ 16,516	\$ 191,636	\$ 233,790	\$ 60,200	\$ 121,000	\$ 46,475	\$ 15,190	\$ 1,336,525

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 portion of the DM/C Gross Claim Maximum.

THIRD AMENDMENT

VI. 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: COUNCIL ON ALCOHOLISM AND DRUG ABUSE

COUNTY FISCAL YEAR: 2010-11

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	DANIEL BRYANT CENTER	BRIDGES TO RECOVERY	DETOX	YOUTH SERVICE SPECIALISTS (Project Recovery)	FRIDAY NIGHT LIVE	START	PERINATAL (Project Recovery)	PROJECT RECOVERY	HOTEL DE RIVERA (Project Recovery)	CLEAN & SOBER DRUG COURT	DU-PC 1000	
1	Contributions	\$ 62,065	\$ 24,687		\$ 3,000		\$ 19,087	\$ 2,500		\$ -	\$ -	\$ 100	\$ -	\$ -		
2	Foundations/Trusts	37,500	37,500		37,500											
3	Special Events	120,000	120,000		120,000											
4	Unsecured Grants & Contributions	802,158	800,719	3,761	211,030		35,859	241,537	75,420	12,168	35,675	161,049	24,220			
5	Membership Dues	-	-													
6	Program Service Fees	113,659	-													
7	SB County Superior Court/UJJS	45,000	-													
8	Investment Income	203,620	145,500		145,500											
9	Miscellaneous Revenue/Rentals	52,462	-													
10	Additional ADMHS Funding for Detox	-	-													
11	ADMHS Funding	1,441,275	1,441,275	121,000	191,636	15,190	233,790	290,000	60,200	104,750	143,130	218,588	16,516	46,475		
12	Other Government Funding	821,868	450,626		45,139		20,000	363,124				22,363				
13	SB County Probation	63,699	4,316		4,316											
14	SB County Public Health	86,752	50,559				10,307		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	314,200	314,200		18,200			285,000		11,000						
18	Total Other Revenue (Sum of lines 1 through 17)	4,211,678	3,410,362	124,761	778,985	15,190	319,043	1,185,845	175,872	127,918	183,437	412,100	40,736	46,475	-	
I.B. Client and Third Party Revenues:																
19	Medicare		-													
20	Client Fees	647,873	602,682		6,000		20,000		1,595		2,549	150,000			422,538	
21	Insurance		-													
22	SSI		-													
23	Other (specify)		-													
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	647,873	602,682		6,000		20,000		1,595		2,549	150,000			422,538	
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	4,859,551	4,013,044	124,761	784,985	15,190	339,043	1,185,845	177,467	127,918	185,986	562,100	40,736	46,475	422,538	

THIRD AMENDMENT

LINE ITEM	COLUMN#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		II. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMINIS PROGRAMS TOTALS	CARES	DANIEL BRYANT CENTER		DETOX	YOUTH SERVICE SPECIALISTS (Project Recovery)	FRIDAY NIGHT LIVE	START	PERNATAL (Project Recovery)	PROJECT RECOVERY	HOTEL DE RIVERA (Project Recovery)	CLEAN & SOBER DRUG COURT	DU-PC 1000
26		Salaries (Complete Staffing Schedule)	2,872,823	2,397,628	87,465	391,311	11,000	211,734	735,638	113,231	87,672	111,073	320,801	23,814	33,115	270,776
27		Employee Benefits	441,701	388,375	13,879	55,153	1,914	35,147	122,142	18,243	16,082	16,494	59,378	4,370	5,717	38,856
28		Consultants														
29		Payroll Taxes	219,084	183,479	6,691	29,938	938	16,198	56,278	8,661	6,707	8,497	24,625	1,822	2,517	20,714
30		Personnel Costs Total (Sum of lines 26 through 29)	3,532,608	2,969,481	108,035	477,399	13,750	263,079	914,054	140,135	110,461	136,064	404,804	30,005	41,349	330,346
31		Professional Fees	117,810	57,390		3,000		2,590	13,250	600		6,050	26,953	1,747		3,200
32		Supplies	40,155	36,013		6,150		4,700	5,600	900		3,250	9,016	584	2,613	3,200
33		Telephone	29,993	22,650	500	3,700		1,500	3,500	950		3,000	5,165	335		4,000
34		Postage & Shipping	4,879	2,685		1,000		35	100	100		100	94	6		1,250
35		Occupancy (Facility Lease/Rent/Costs)	323,544	298,479		144,978		14,500	75,300	8,500		6,575	28,752	1,854		18,000
36		Rental/Maintenance Equipment	30,579	30,579		29,679		500				100	94	6		200
37		Printing/Publications	4,493	3,300		1,350		300	500	350		200	282	18		300
38		Transportation	22,221	20,323	400	2,050	290	1,600	7,700	1,893	500	2,200	2,129	161	300	1,100
39		Conferences, Meetings, Etc	26,706	23,600	100	825	400	400	15,800	2,200	400	200	1,878	122		1,275
40		Insurance	36,027	29,118		6,000		1,980	10,250	1,188		1,300	5,635	365		2,400
41		Program Supplies	90,843	86,991	1,000	27,507		12,000	12,000	1,000	1,500	8,001	20,702	1,342		1,939
42		Advertising/Recruitment	23,553	4,675		1,525			1,500	450		200	939	61		
43		Dues & Subscriptions	11,208	3,550		750			1,700	100		200	470	30		300
44		County Admin Fees	10,000	10,000										(0)	(0)	10,000
45		Fundraising Expenses	76,826	14,000		14,000										
46		SUBTOTAL DIRECT COSTS	4,382,448	3,612,834	110,035	719,913	14,440	303,184	1,061,254	158,366	112,861	167,440	506,923	36,648	44,262	377,510
		III. INDIRECT COSTS														
47		Administrative Indirect Costs	477,105	400,210	14,726	65,072	750	35,859	124,591	19,101	15,057	18,546	55,177	4,090	2,213	45,028
48		GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 4,859,551	\$ 4,013,044	\$ 124,761	\$ 784,985	\$ 15,190	\$ 339,043	\$ 1,185,845	\$ 177,467	\$ 127,918	\$ 185,986	\$ 562,100	\$ 40,736	\$ 46,475	\$ 422,538

THIRD 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: _____
CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
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: _____

THIRD AMENDMENT

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 10-11
 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 \$1336525
 K4. Contract Begin Date 7/1/2010
 K5. Original Contract End Date 6/30/2011
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/10	1274860		1274860	6/30/11	FY 10-11 funds
2	1/1/11	61665	1336525	1336525	6/30/11	Add programs & 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

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$1336525
 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 3/12/2011
 V9. Liability Insurance Expiration Date[s] G-4/1/2011; P-4/1/2011
 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: _____