

**CONTRACT TO PROVIDE ALCOHOL AND DRUG TREATMENT SERVICES
TO CHILD WELFARE SERVICES (CWS) CLIENTS**

Santa Barbara County
Department of Social Services

**Second Amendment
Effective upon Execution**

This is a second amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** (COUNTY) and **Good Samaritan Shelter** (CONTRACTOR), for the continued provision of providing Alcohol and Drug Treatment Services to Child Welfare Services (CWS) clients.

RECITALS

Whereas, the parties desire to amend the Agreement to increase the compensation for the period July 1, 2010 through June 30, 2011; and

Whereas, the budget projection for the above period was below expectation due to increased drug testing required by the juvenile court; and

Whereas, the parties desire to amend the Agreement to extend the term of the existing Agreement; and

Whereas, efforts will be put forth to contain costs at original contract amount; and

Whereas, this Second Amended Agreement incorporates the terms and conditions set forth in the original Agreement, approved by the County Board of Supervisors on November 10, 2009.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows.

1. **Amendments**

A. The Agreement is amended as follows:

1. **TERM.** For the extension period, 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.

B. Exhibit B, Page 1 is amended as follows:

1. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$ 192,004 for year one (FY09/10), \$237,004 for year two (FY10/11) and \$192,004 for year three (FY11/12).

C. *Replace Exhibit B-1, Schedule of Fees, FY 10/11.*

D. *Add Exhibit B-2, Schedule of Fees, FY 11/12.*

EXHIBIT B-1
SCHEDULE OF FEES
FY 2010/2011

FEE FOR SERVICE BUDGET

SERVICE TO BE PROVIDED	RATE PER UNIT OF SERVICE	PROJECTED NUMBER OF UNITS OF SERVICE	TOTAL PROJECTED AMOUNT
OUTPATIENT INDIVIDUAL	\$67.53	255	\$17,220
OUTPATIENT GROUP	\$28.69	2,410	\$69,144
DRUG TEST-FULL PANEL	\$25.00	5,740	\$143,500
DRUG TEST-SINGLE STICK	\$10.00	494	\$4,940
DETOX BED DAY	\$25.00	88	\$2,200
MAXIMUM OBLIGATION			\$237,004

EXHIBIT B-2
SCHEDULE OF FEES
FY 2011/2012

FEE FOR SERVICE BUDGET

SERVICE TO BE PROVIDED	RATE PER UNIT OF SERVICE	PROJECTED NUMBER OF UNITS OF SERVICE	TOTAL PROJECTED AMOUNT
OUTPATIENT INDIVIDUAL	\$67.53	300	\$20,259
OUTPATIENT GROUP	\$28.69	2,600	\$74,594
DRUG TEST-FULL PANEL	\$25.00	2,745	\$68,626
DRUG TEST-SINGLE STICK	\$10.00	498	\$4,980
DETOX BED DAY	\$25.00	180	\$4,500
PERINATAL BED DAY	\$38.02	501	\$19,045
MAXIMUM OBLIGATION			\$192,004

IN WITNESS WHEREOF, this Second Amendment to the Agreement has been executed by parties hereto upon this date first above written.

COUNTY OF SANTA BARBARA

By: _____
Chair, Board of Supervisors

ATTEST:

CHANDRA L. WALLAR

KATHY M. GALLAGHER
DEPARTMENT OF SOCIAL SERVICES-
DIRECTOR

BY: _____
Clerk of the Board

By: _____

Date: _____

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

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

By _____
Deputy

By _____
Deputy County Counsel
Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Program Administrator

IN WITNESS WHEREOF, this Second Amendment to the Agreement has been executed by parties hereto upon this date first above written.

CONTRACTOR

By: _____

Date: _____