

## FIFTH AMENDMENT 2011-2012

### TO THE 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 10-036**, by and between the **County of Santa Barbara** (County) and **Phoenix of Santa Barbara** (Contractor), for the continued provision of **Outpatient Alcohol and Other Drug treatment services for dual diagnosis clients**.

Whereas, this Fifth 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 July 2010, the Third Amendment approved by the County Board of Supervisors in January 2011, the Fourth Amendment approved by the County Board of Supervisors in June 2011, except as modified by this Fifth 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 \$7500 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 II. MAXIMUM CONTACT 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 **\$164995**. 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.

**II. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, 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:** Phoenix **FISCAL YEAR:** 2011-12

DESCRIPTION/MODE/SERVICE FUNCTION:	Unit	PROGRAM			
		Outpatient Treatment	ROSC	Clean & Sober Drug Court	Total
		NUMBER OF UNITS PROJECTED (based on history):			
33-ODF Group	session	3891			3,891
34-ODF Individual	session	363			363
18-Recovery-Oriented Systems of Care	cost reimbursed		\$8,600		\$ 8,600
68-SAMHSA CSDC Grant Services	cost reimbursed			\$37,005	\$ 37,005
<b>COST PER UNIT/PROVISIONAL RATE:</b>					
33-ODF Group				\$28.69	
34-ODF Individual				\$67.53	
18-Recovery-Oriented Systems of Care				As Budgeted	
68-SAMHSA CSDC Grant Services				As Budgeted	
<b>GROSS COST:</b>		\$ 156,544	\$ 8,600	\$ 37,005	\$ 202,149
<b>LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)</b>					
CLIENT FEES		\$ 12,000			\$12,000
CLIENT INSURANCE					\$0
CONTRIBUTIONS/GRANTS (includes unsecured)		\$ 25,154			\$25,154
FOUNDATIONS/TRUSTS					\$0
SPECIAL EVENTS					\$0
OTHER (LIST): OTHER GOVERNMENT					\$0
OTHER (LIST): INVESTMENT INCOME					\$0
<b>TOTAL CONTRACTOR REVENUES*</b>		\$ 37,154	\$ -		\$37,154
<b>MAXIMUM (NET) CONTRACT AMOUNT:</b>		<b>\$ 119,390</b>	<b>\$ 8,600</b>	<b>\$ 37,005</b>	<b>\$ 164,995</b>
DM/C Administrative Fee (15%) **		\$ 16,765			
DM/C Gross Claim Maximum		\$ 111,765			

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT					
Medi-Cal Treatment Services (6241)		\$95,000			\$95,000
Medi-Cal Perinatal Services (6242)					\$0
SACPA Treatment Services (6240)		\$17,620			\$17,620
ADP Treatment Services - SAPT (6243)					\$0
Recovery Oriented System of Care (ROSC) (6243)			\$8,600		\$8,600
Perinatal Non-Drug Medi-Cal (6244)					\$0
SAMHSA SWHF Grant (6244)					\$0
Drug Court Services (6246)		\$6,770			\$6,770
SAMHSA MARS Grant (6246)					\$0
SAMHSA CSDC Grant (6246)				\$37,005	\$37,005
CalWORKS (6249)					\$0
Youth Services (6250)					\$0
SAMHSA B2R Grant (6250)					\$0
Prevention Services (6351)					\$0
<b>TOTAL (SOURCES OF FUNDING)</b>		<b>\$ 119,390</b>	<b>\$ 8,600</b>	<b>\$ 37,005</b>	<b>\$164,995</b>

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).

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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 ( )  
Entity Budget By Program**

AGENCY NAME: The Phoenix of Santa Barbara

COUNTY FISCAL YEAR: 2011-12 4/19/2012

**Gray Shaded cells contain formulas, do not overwrite**

LINE #	COLUMN #	1	2	3	4	5	6	7	
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Phoenix House	Mountain House	ADP	CSDS	
1	Contributions		\$ 175,230	\$ 124,327	\$ 74,761	\$ 24,412	\$ 25,154		
2	Foundations/Trusts			\$ -					
3	Special Events			\$ -					
4	Legacies/Bequests			\$ -					
5	Associated Organizations			\$ -					
6	Membership Dues			\$ -					
7	Program Service Fees		\$ 77,000	\$ 12,000			\$ 12,000		
8	SAMHSA CSDC Grant		\$ 29,505	\$ 37,005				\$ 37,005	
9	ROSC		\$ 8,600	\$ 8,600			\$ 8,600		
10	ADMHS Funding - MH MC & ADP MC		\$ 981,136	\$ 981,136	\$ 406,146	\$ 479,990	\$ 95,000		
11	ADP - SACPA Services		\$ 17,620	\$ 17,620			\$ 17,620		
12	Residential - Shelter Plus			\$ -					
13	Residential Board & Care Rent			\$ -					
14	Residential Private Pay			\$ -					
15	Drug Testing			\$ -					
16	Drug Court		\$ 6,770	\$ 6,770			\$ 6,770		
17	Interest Income		\$ 1,000	\$ -					
18	Total Other Revenue (Sum of lines 1 through 17)		\$ 1,296,861	\$ 1,187,458	\$ 480,907	\$ 504,402	\$ 165,144	\$ 37,005	
	<b>I.B Client and Third Party Revenues:</b>								
19	Residential - Shelter Plus		\$ 37,618	37,618	\$ 19,368	\$ 18,250			
20	Residential Board & Care Rent		\$ 241,826	241,826	\$ 110,361	\$ 131,465			
21	Residential Private Pay		\$ 89,680	89,680	\$ 44,840	\$ 44,840			
22	Residential - County Private Pay		\$ 36,922	36,922		\$ 36,922			
23	Other (specify)			-					
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)		406,046	406,046	174,569	231,477	-	-	

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III. DIRECT COSTS		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Phoenix House	Mountain House	ADP	CSDS
<b>III.A. Salaries and Benefits Object Level</b>							
26	Salaries (Complete Staffing Schedule)	813,541	\$ 739,897	\$ 316,826	\$ 297,568	\$ 99,215	\$ 26,288
27	Employee Benefits	93,431	\$ 88,033	\$ 36,508	\$ 45,073	\$ 6,452	
28	Consultants	18,000	\$ 17,480	\$ 8,460	\$ 7,400	\$ 1,620	
29	Payroll Taxes	81,354	\$ 73,968	\$ 31,682	\$ 29,756	\$ 9,920	\$ 2,610
30	<b>Salaries and Benefits Subtotal</b>	<b>\$ 1,006,326</b>	<b>\$ 919,378</b>	<b>\$ 393,476</b>	<b>\$ 379,797</b>	<b>\$ 117,207</b>	<b>\$ 28,898</b>
<b>III.B Services and Supplies Object Level</b>							
31	Professional Fees	17,000	\$ 13,320	\$ 4,340	\$ 6,700	\$ 2,080	\$ 200
32	Supplies	14,608	\$ 11,681	\$ 3,027	\$ 3,264	\$ 4,300	\$ 1,090
33	Telephone	13,829	\$ 13,002	\$ 5,345	\$ 6,596	\$ 811	\$ 250
34	Postage & Shipping	925	\$ 864	\$ 350	\$ 400	\$ 114	
35	Occupancy (Facility Lease/Rent/Costs)	64,231	\$ 64,200	\$ 4,200	\$ 60,000	\$ -	
36	Rental/Maintenance Equipment	29,006	\$ 28,677	\$ 11,580	\$ 14,941	\$ 1,956	\$ 200
37	Printing/Publications	4,648	\$ 4,558	\$ 1,395	\$ 2,766	\$ 297	\$ 100
38	Transportation	7,000	\$ 5,650	\$ 2,700	\$ 2,225	\$ 575	\$ 150
39	Conferences, Meetings, etc	8,013	\$ 7,438	\$ 3,458	\$ 2,979	\$ 781	\$ 220
40	Insurance	39,975	\$ 37,485	\$ 14,320	\$ 15,500	\$ 7,185	\$ 480
41	Utilities	33,242	\$ 31,737	\$ 13,623	\$ 16,076	\$ 1,668	\$ 370
42	Office Supplies	10,791	\$ 10,374	\$ 4,154	\$ 4,868	\$ 1,182	\$ 170
43	Community Outreach	5,000	\$ -	\$ -	\$ -	\$ -	
	Capital Improvements						
	Non-payable by ADMHS	70,300	\$ 70,300	\$ 44,150	\$ 26,150		
44	Depreciation	84,090	\$ 82,365	\$ 18,700	\$ 58,665	\$ 4,810	\$ 190
45	<b>Services and Supplies Subtotal</b>	<b>\$ 402,658</b>	<b>\$ 381,651</b>	<b>\$ 131,342</b>	<b>\$ 221,130</b>	<b>\$ 25,759</b>	<b>\$ 3,420</b>
46	<b>III.C. Client Expense Object Level Total Non-payable by ADMHS</b>	<b>93,200</b>	<b>\$ 93,200</b>	<b>\$ 49,569</b>	<b>\$ 41,631</b>	<b>\$ 2,000</b>	
47	<b>SUBTOTAL DIRECT COSTS</b>	<b>\$ 1,502,184</b>	<b>\$ 1,394,229</b>	<b>\$ 574,387</b>	<b>\$ 642,558</b>	<b>\$ 144,966</b>	<b>\$ 32,318</b>
<b>IV. INDIRECT COSTS</b>							
48	Administrative Indirect Costs (limited to 15%)	200,723	\$ 199,275	\$ 81,089	\$ 93,321	\$ 20,178	\$ 4,687
49	<b>GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)</b>	<b>\$ 1,702,907</b>	<b>\$ 1,593,504</b>	<b>\$ 655,476</b>	<b>\$ 735,879</b>	<b>\$ 165,144</b>	<b>\$ 37,005</b>

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Phoenix of Santa Barbara.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
DOREEN FARR, CHAIR  
BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

CONTRACTOR

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

By: \_\_\_\_\_  
Tax Id No 23-7220562.  
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: \_\_\_\_\_

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**CONTRACT SUMMARY PAGE**

**BC 10-036**

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 .....  
 D4. Department Name ..... Alcohol, Drug, & Mental Health Services  
 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 ..... Outpatient Alcohol and Other Drug  
 K3. Contract Amount..... \$164995  
 K4. Contract Begin Date ..... 7/1/2011  
 K5. Original Contract End Date..... 6/30/2012  
 K6. Amendment History .....

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2011	\$7500	\$7500	\$164995	6/30/2012	Add funds for CSDC

B1. Is this a Board Contract? (Yes/No)..... Yes  
 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 Paragraph)..... Yes

F1. Encumbrance Transaction Code ..... 1701  
 F2. Current Year Encumbrance Amount..... \$164995  
 F3. Fund Number..... 0049  
 F4. Department Number ..... 043  
 F5. Division Number (if applicable).....  
 F6. Account Number..... 7461  
 F7. Cost Center number (if applicable)..... 6100  
 F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID..... A=633270  
 V2. Payee/Contractor Name ..... Phoenix of Santa Barbara  
 V3. Mailing Address ..... 107 E. Micheltorena St..  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Santa Barbara, CA 93101  
 V5. Telephone Number ..... 8059653434  
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 23-7220562  
 V7. Contact Person..... John Turner, MFT Executive Director  
 V8. Workers Comp Insurance Expiration Date ..... 4/1/2013  
 V9. Liability Insurance Expiration Date[s] ..... G=8/1/2012, P=8/1/2012  
 V10. Professional License Number..... N/A  
 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: \_\_\_\_\_