

FIRST AMENDMENT

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, number **BC 12-047**, 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 First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2011, 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 \$104062 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 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 \$1488937. 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: Council on Alcoholism and Drug Abuse FISCAL YEAR: 2011-12

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)	Bridges to Recovery (B2R)	
NUMBER OF UNITS PROJECTED (based on history):										
Perinatal 33-DCR	day	42	-	-	-	-	-	-	-	42
Perinatal 33-ODF Group	90 min session	301	-	-	-	-	-	-	-	301
Perinatal 34-ODF Individual	50 min session	81	-	-	-	-	-	-	-	81
33-ODF Group	90 min session	19,666	447	6,032	-	-	-	-	719	26,145
34-ODF Individual	50 min session	2,110	47	830	-	-	-	-	204	2,987
50-Residential Detox	bed day	-	-	-	3,516	-	-	-	-	3,516
Perinatal Childcare	staff hours	2,786	-	-	-	-	-	-	-	2,786
Perinatal 71 - Transportation	staff hours	80	-	-	-	-	-	-	-	80
34 - ODF Individual -Case Management	staff hours	-	-	93	-	-	-	-	-	93
34 - ODF Individual -Family Engagement	staff hours	-	-	31	-	-	-	-	-	31
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	-	-	31	-	-	-	-	-	31
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	-	-	-	-	-	-	\$ 91,875	-	\$ 91,875
68-SAMHSA B2R Grant Services	Cost Reimbursed	-	-	-	-	-	-	-	\$ 35,442	\$ 35,442
COST PER UNIT/PROVISIONAL RATE:										
Perinatal 33-DCR						\$ 76.46				
Perinatal 33-ODF Group						\$ 53.80				
Perinatal 34-ODF Individual						\$ 99.61				
33-ODF Group Except Perinatal						\$ 29.57				
34-ODF Individual Except Perinatal						\$ 69.59				
50-Residential Detox						\$ 66.50				
Perinatal Childcare						\$ 17.96				
Perinatal 71 - Transportation						\$ 17.96				
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:		\$ 1,793,427	\$ 40,903	\$ 744,710	\$ 289,641	\$ 178,014	\$ 125,183	\$ 98,992	\$ 37,851	\$ 3,308,721
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)										
CLIENT FEES		\$ 152,549		\$ 6,000	\$ 13,680	\$ 1,595				\$ 173,824
CLIENT INSURANCE										\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)		\$ 533,271	\$ 24,387	\$ 150,055	\$ 13,171	\$ 75,967	\$ 4,183	\$ 7,117	\$ 2,409	\$ 810,560
FOUNDATIONS/TRUSTS				\$ 37,500	\$ 2,000					\$ 39,500
SPECIAL EVENTS				\$ 120,000						\$ 120,000
OTHER (LIST): OTHER GOVERNMENT		\$ 204,145		\$ 49,455	\$ 27,000	\$ 40,252				\$ 320,852
OTHER (LIST): UNITED WAY		\$ 3,684		\$ 2,664						\$ 6,348
OTHER (LIST): SCHOOL DISTRICTS		\$ 185,000		\$ 18,200						\$ 203,200
OTHER (LIST): INVESTMENT INCOME				\$ 145,500						\$ 145,500
TOTAL CONTRACTOR REVENUES*		\$ 1,078,649	\$ 24,387	\$ 529,374	\$ 55,851	\$ 117,814	\$ 4,183	\$ 7,117	\$ 2,409	\$ 1,819,784
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 714,778	\$ 16,516	\$ 215,336	\$ 233,790	\$ 60,200	\$ 121,000	\$ 91,875	\$ 35,442	\$ 1,488,937
DM/C Administrative Fee**		\$ 96,229		\$ 32,418	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 128,647
DM/C Gross Claim Maximum		\$ 641,529	\$ -	\$ 216,118	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 857,647
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT										
Medi-Cal Treatment Services (6241)		\$ 475,300		\$ 183,700						\$ 659,000
Medi-Cal Perinatal Services (6242)		\$ 70,000								\$ 70,000
SACPA Treatment Services (6240)		\$ 41,060								\$ 41,060
ADP Treatment Services - SAPT (6243)		\$ 35,584	\$ 16,516		\$ 232,290					\$ 284,390
Perinatal Non Drug Medi-Cal (6244)		\$ 60,630								\$ 60,630
Drug Court Services (6246)		\$ 24,704		\$ 4,116						\$ 28,820
SAMHSA CSDC Grant (6246)								\$ 91,875		\$ 91,875
CalWORKS (6249)		\$ 7,500			\$ 1,500					\$ 9,000
Youth Services (6250)				\$ 27,520						\$ 27,520
SAMHSA B2R Grant (6250)									\$ 35,442	\$ 35,442
Prevention Services (6351)						\$ 60,200				\$ 60,200
Other County Funds							\$ 121,000			\$ 121,000
TOTAL (SOURCES OF FUNDING)		\$ 714,778	\$ 16,516	\$ 215,336	\$ 233,790	\$ 60,200	\$ 121,000	\$ 91,875	\$ 35,442	\$ 1,488,937

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.

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

AGENCY NAME: COUNCIL ON ALCOHOLISM AND DRUG ABUSE

COUNTY FISCAL YEAR: 2011-12

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 RIVIERA (Project Recovery)	CLEAN & SOBER DRUG COURT	DUI-PC 1000	
1	Contributions	\$ 62,065	\$ 5,600		\$ 3,000		\$ -	\$ 2,500		\$ -	\$ -	\$ 100	\$ -	\$ -		
2	Foundations/Trusts	39,500	39,500		37,500		2,000									
3	Special Events	120,000	120,000		120,000											
4	Unsecured Grants & Contributions	808,754	808,754	4,183	147,055	2,409	13,171	394,020	75,967	3,794	41,425	95,226	24,387	7,117		
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	1,593,687	1,593,687	121,000	215,336	35,442	233,790	290,000	60,200	104,750	138,130	286,648	16,516	91,875		
12	Other Government Funding	481,802	261,652		45,139		27,000	167,150				22,363	-	-		
13	SB County Probation	63,699	4,316		4,316											
14	SB County Public Health	76,752	40,252						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	214,200	203,200		18,200			185,000								
18	Total Other Revenue (Sum of lines 1 through 17)	3,922,620	3,243,441	125,183	738,710	37,851	275,961	1,042,354	176,419	108,544	184,187	414,337	40,903	98,992	-	
I.B. Client and Third Party Revenues:																
19	Medicare	-	-													
20	Client Fees	646,811	597,652		6,000		13,680		1,595		2,549	150,000	-	-	423,828	
21	Insurance	-	-													
22	SSI	-	-													
23	Other (specify)	-	-													
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	646,811	597,652	-	6,000	-	13,680	-	1,595	-	2,549	150,000	-	-	423,828	
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	4,569,431	3,841,093	125,183	744,710	37,851	289,641	1,042,354	178,014	108,544	186,736	564,337	40,903	98,992	423,828	

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III. DIRECT COSTS	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 RIVIERA (Project Recovery)	CLEAN & SOBER DRUG COURT	DUI-PC 1000
III.A. Salaries and Benefits Object Level														
26 Salaries (Complete Staffing Schedule)	2,734,212	2,334,203	87,465	387,162	26,149	175,336	676,668	113,231	76,444	111,073	320,801	23,814	65,284	270,776
27 Employee Benefits	444,811	380,418	13,879	55,558	4,423	35,596	112,351	18,243	9,938	16,494	59,378	4,370	11,332	38,856
28 Consultants	22,637	22,637		6,240			6,330	-	3,120	1,560	4,680	347	360	
29 Payroll Taxes	202,271	171,628	6,691	29,617	1,990	6,782	51,765	8,661	5,475	8,497	24,625	1,822	4,989	20,714
30 Salaries and Benefits Subtotal	3,403,931	2,908,886	108,035	478,577	32,562	217,714	847,114	140,135	94,977	137,624	409,484	30,353	81,965	330,346
III.B Services and Supplies Object Level														
31 Professional Fees	69,056	42,723		-		3,840	6,920	600	-	4,490	22,273	1,400	-	3,200
32 Supplies	44,342	38,935		6,150		5,000	5,600	900	-	3,250	9,016	584	5,235	3,200
33 Telephone	33,220	22,900	500	3,700		1,750	3,500	950		3,000	5,165	335		4,000
34 Postage & Shipping	5,363	2,650		1,000			100	100		100	94	6		1,250
35 Occupancy (Facility Lease/Rent/Costs)	266,760	196,021		107,025		14,400	10,895	8,500		6,575	28,762	1,864	-	18,000
36 Rental/Maintenance Equipment	33,615	27,439		26,439		600				100	94	6		200
37 Printing/Publications	4,539	3,600		1,350		600	500	350		200	282	18		300
38 Transportation	22,627	20,516	400	2,050	633	1,900	7,700	1,893	50	2,200	2,129	161	300	1,100
39 Conferences, Meetings, Etc	29,457	23,700	100	825	800	500	15,800	2,200	-	200	1,878	122	-	1,275
40 Insurance	39,603	29,118		6,000		1,980	10,250	1,188		1,300	5,635	365		2,400
41 Program Supplies	96,977	85,691	1,000	27,507		12,000	12,000	1,000	200	8,001	20,702	1,342		1,939
42 Advertising/Recruitment	5,139	4,675		1,525			1,500	450		200	939	61		-
43 Dues & Subscriptions	12,121	3,550		750			1,700	100		200	470	30		300
44 County Admin Fees	11,191	10,000		-			-			-	-	(0)	(0)	10,000
45 Fundraising Expenses	15,390	14,000		14,000										
46 Services and Supplies Subtotal	689,400	525,518	2,000	198,321	1,433	42,570	76,465	18,231	250	29,816	97,439	6,294	5,535	47,164
47 III.C. Client Expense Object Level Total		\$ -												
48 SUBTOTAL DIRECT COSTS	\$ 4,093,331	\$ 3,434,404	\$ 110,035	\$ 676,898	\$ 33,995	\$ 260,284	\$ 923,579	\$ 158,366	\$ 95,227	\$ 167,440	\$ 506,923	\$ 36,647	\$ 87,500	\$ 377,510
IV. INDIRECT COSTS														
49 Administrative Indirect Costs (limited to 15%)	476,100	406,689	15,148	67,812	3,856	29,357	118,775	19,648	13,317	19,296	57,414	4,256	11,492	46,318
50 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 48+ 49)	\$ 4,569,431	\$ 3,841,093	\$ 125,183	\$ 744,710	\$ 37,851	\$ 289,641	\$ 1,042,354	\$ 178,014	\$ 108,544	\$ 186,736	\$ 564,337	\$ 40,903	\$ 98,992	\$ 423,828

FIRST 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: _____
DOREEN FARR, 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 MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 12-047

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 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 \$1488937
 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	104062	104062	1488937	6/30/2012	Add funds for DMC & B2R

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 \$1488937
 F3. Fund Number 0049
 F4. Department Number 043
 F5. Division Number (*if applicable*)
 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 3/12/2013
 V9. Liability Insurance Expiration Date[s] G=4/1/2013; P=4/1/2013
 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: _____