

## SECOND AMENDMENT 2015-2016

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 16-008**, by and between the **County of Santa Barbara** (County) and **Sanctuary Centers of Santa Barbara, Inc.** (Contractor), wherein Contractor agrees to provide and County agrees to accept the services specified herein.

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the and contract approved by the County Board of Supervisors in June 2015 and the First Amended Contract approved by the County Board of Supervisors in December 2015, except as modified by this Second Amended Contract;

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original and amended Agreements, and will incur expenses beyond the value of these Agreement. This amendment adds funds in the amount of **\$35,000** to the prior Agreement maximum of **\$279,790** for a new Agreement maximum of **\$314,790** so as to compensate Contractor for the additional services to be rendered under this Agreement through June 30, 2016.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

**I. Delete Section 1, Program Summary, of Exhibit A-1, Statement of Work ADP Outpatient Treatment, and replace with the following:**

- 1. PROGRAM SUMMARY:** Sanctuary Centers of Santa Barbara, Inc.(hereafter "Contractor") provides outpatient alcohol and other drug (AOD) treatment (hereafter "the Program") to assist adult clients with co-occurring substance abuse and mental health issues to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling, and drug testing. The Program shall be certified to provide Outpatient Alcohol and/or Other Drug Services. The Program will be located at 222 West Valerio Street, Santa Barbara, California and 1136 De La Vina Street, Santa Barbara, California.

**II. 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 **\$314,790** 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.

**III. Delete Exhibit B-1 ADP, Schedule of Rates and Contract Maximum, and replace with the following:**

**SECOND AMENDMENT 2015-2016**

EXHIBIT B-1

ADP

SCHEDULE OF RATES AND CONTRACT MAXIMUM

<b>Contractor Name:</b>	Sanctuary Centers of Santa Barbara, Inc.	<b>Fiscal Year:</b>	2015-16
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Drug Medi-Cal / Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate
Drug Medi-Cal Billable Services	Day Services	10	Intensive Outpatient Treatment (IOT) non-perinatal - (Group -180 minutes)	Session	30	30	\$58.30
	Outpatient	15	ODF Individual Counseling	Session	80	34	\$66.93
			ODF Group Counseling	Session	85	33	\$27.14

	PROGRAM					TOTAL
	Treatment Services					
<b>GROSS COST:</b>	\$ 416,600					\$416,600
<b>LESS REVENUES COLLECTED BY CONTRACTOR:</b>						
PATIENT FEES	\$ 64,810					\$ 64,810
CONTRIBUTIONS						\$ -
OTHER (LIST):	\$ 37,000					\$ 37,000
<b>TOTAL CONTRACTOR REVENUES</b>	\$ 101,810	\$ -	\$ -	\$ -	\$ -	\$101,810
<b>MAXIMUM CONTRACT AMOUNT PAYABLE:</b>	\$ 314,790	\$ -	\$ -	\$ -	\$ -	\$ 314,790

SOURCES OF ADMHS FUNDING FOR MAXIMUM CONTRACT AMOUNT**						
Drug Medi-Cal	\$ 251,600					\$ 251,600
Realignment/SAPT - Discretionary	\$ 63,190					\$ 63,190
Realignment/SAPT - Perinatal						\$ -
Realignment/SAPT - Adolescent Treatment						\$ -
Realignment/SAPT - HIV						\$ -
Realignment/SAPT - Primary Prevention						\$ -
SAMHSA Grant - VETS						\$ -
CalWORKS						\$ -
Other County Funds						\$ -
<b>TOTAL (SOURCES OF ADMHS FUNDING)</b>	\$ 314,790	\$ -	\$ -	\$ -	\$ -	\$ 314,790

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

# FIRST AMENDMENT 2015-2016

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

### Santa Barbara County Department of Behavioral Wellness Contract Budget Packet Entity Budget By Program

AGENCY NAME: Sanctuary Centers of Santa Barbara, Inc.

COUNTY FISCAL YEAR: FY2015-16

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

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13
II. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Co-Occurring Disorder/DMC	IOT	ADTC	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)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
1	Contributions	\$ 175,000	\$ -											
2	Foundations/Trusts	\$ 65,000	\$ -											
3	Miscellaneous Revenue	\$ 60,000	\$ -											
4	ADMHS Funding	\$ 314,790	\$ 314,790	\$ 204,790	\$ 75,000	\$ 35,000								
5	Other Government Funding	\$ 12,000	\$ 12,000	\$ 12,000										
6	From Sanctuary Operating Reserves		\$ 40,000	\$ 25,000	\$ 10,000	\$ 5,000								
7	Rental Income	\$ 560,000	\$ -											
8	Investment Income	\$ 10,000	\$ -											
9	Other (specify)		\$ -											
10	<b>Total Other Revenue</b>	<b>\$ 1,196,790</b>	<b>\$ 366,790</b>	<b>\$ 241,790</b>	<b>\$ 85,000</b>	<b>\$ 40,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>II.B Client and Third Party Revenues:</b>														
11	Client Fees	\$ 1,600,000	\$ 64,810	\$ 64,810	\$ -	\$ -								
12	SSI													
13	Other (specify)													
14	<b>Total Client and Third Party Revenues (Sum of lines 19 through 23)</b>	<b>1,600,000</b>	<b>64,810</b>	<b>64,810</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
15	<b>GROSS PROGRAM REVENUE BUDGET</b>	<b>2,796,790</b>	<b>431,600</b>	<b>306,600</b>	<b>85,000</b>	<b>40,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

III. DIRECT COSTS		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Co-Occurring Disorder/DMC	IOT	ADTC	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)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
<b>III.A. Salaries and Benefits Object Level</b>														
16	Salaries (Complete Staffing Schedule)	1,682,500	\$ 303,000	\$ 216,500	\$ 57,000	\$ 29,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17	Employee Benefits	178,128	\$ 31,250	\$ 22,750	\$ 6,000	\$ 2,500								
18	Consultants	41,250	\$ 4,250	\$ 3,000	\$ 1,000	\$ 250								
19	Payroll Taxes	146,741	\$ 25,500	\$ 18,500	\$ 5,000	\$ 2,000								
20	<b>Salaries and Benefits Subtotal</b>	<b>\$ 2,048,619</b>	<b>\$ 364,000</b>	<b>\$ 260,750</b>	<b>\$ 69,000</b>	<b>\$ 34,250</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>III.B Services and Supplies Object Level</b>														
21	Professional Fees	52,000	\$ 6,000	\$ 4,000	\$ 1,500	\$ 500								
22	Supplies	137,571	\$ 8,550	\$ 5,900	\$ 2,400	\$ 250								
23	Telephone	12,450	\$ 1,200	\$ 750	\$ 250	\$ 200								
24	Utilities	25,250	\$ 750	\$ 500	\$ 100	\$ 150								
25	Facility Costs (Rent/Lease/Mortgage)	252,750	\$ 10,250	\$ 7,500	\$ 2,000	\$ 750								
26	Repairs and Maintenance	50,200	\$ 700	\$ 500	\$ 100	\$ 100								
27	Printing/Publications	10,250	\$ 750	\$ 500	\$ 150	\$ 100								
28	Transportation and Travel	10,600	\$ 2,100	\$ 1,500	\$ 500	\$ 100								
29	Depreciation	105,000	\$ -	\$ -	\$ -	\$ -								
30	Insurance	41,500	\$ 4,700	\$ 3,200	\$ 1,000	\$ 500								
31	Board and Care (not Medi-Cal reimbursable)	-	\$ -	\$ -	\$ -	\$ -								
32	Conferences/Meetings	10,600	\$ 2,100	\$ 1,500	\$ 500	\$ 100								
33	From Sanctuary Operating Reserves	40,000	\$ -	\$ -	\$ -	\$ -								
34	Other (specify)		\$ -	\$ -	\$ -	\$ -								
35	<b>Services and Supplies Subtotal</b>	<b>\$ 748,171</b>	<b>\$ 37,100</b>	<b>\$ 25,850</b>	<b>\$ 8,500</b>	<b>\$ 2,750</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
36	<b>III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)</b>		\$ -	\$ -	\$ -	\$ -								
37	<b>SUBTOTAL DIRECT COSTS</b>	<b>\$ 2,796,790</b>	<b>\$ 401,100</b>	<b>\$ 286,600</b>	<b>\$ 77,500</b>	<b>\$ 37,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>IV. INDIRECT COSTS</b>														
38	Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 30,500	\$ 20,000	\$ 7,500	\$ 3,000								
39	<b>GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)</b>	<b>\$ 2,796,790</b>	<b>\$ 431,600</b>	<b>\$ 306,600</b>	<b>\$ 85,000</b>	<b>\$ 40,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**SECOND AMENDMENT 2015-2016**

**SIGNATURE PAGE**

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

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

**COUNTY OF SANTA BARBARA**

By: \_\_\_\_\_  
PETER ADAM, CHAIR  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

**CONTRACTOR:**  
SANCTUARY CENTERS OF SANTA BARBARA,  
INC.

By: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTEST:**  
MONA MIYASATO, COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

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

Date: \_\_\_\_\_

**APPROVED AS TO FORM:**  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

By \_\_\_\_\_  
Deputy County Counsel

**APPROVED AS TO ACCOUNTING FORM:**  
THEODORE A. FALLATI, CPA  
AUDITOR-CONTROLLER

By \_\_\_\_\_  
Deputy

**RECOMMENDED FOR APPROVAL:**  
ALICE A. GLEGHORN, PHD  
DIRECTOR, DEPARTMENT OF BEHAVIORAL  
WELLNESS

By \_\_\_\_\_  
Director

**APPROVED AS TO INSURANCE FORM:**  
RAY AROMATORIO  
RISK MANAGER

By: \_\_\_\_\_  
Manager