

Attachment A: First Amendment to Agreement with Good Samaritan  
Shelter Fiscal Year 2022-2023 Agreement, BC 21285

## AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

between  
County of Santa Barbara  
and  
Good Samaritan Shelter

### First AMENDMENT

This is the First Amendment (hereafter referred to as "First Amendment") to Agreement, BC 21285 (hereafter Agreement), by and between the County of Santa Barbara (County) and Good Samaritan Shelter (Contractor), for the provision of enhanced treatment services to County of Santa Barbara Probation clients.

**WHEREAS**, the Agreement is effective through June 30, 2023;

**WHEREAS**, County and Contractor desire to amend several sections of EXHIBIT A, "STATEMENT OF WORK" to change budgeted service level rates so the rates are consistent with EXHIBIT B, "SCHEDULE OF FEES" to the Agreement.

WHEREAS, this First Amendment incorporates the terms and conditions set forth in the Agreement approved by the County of Santa Barbara on, May 17, 2022, BC 21285;

**NOW, THEREFORE**, this Agreement is amended as follows:

1. EXHIBIT A, STATEMENT OF WORK, Section II -Transitional Sober Living in Lompoc, Subsection C. Budgeted Service Level is replaced with the following:

C. Budgeted Service Level:

1. Two (2) guaranteed beds at \$1,140.63, per month, per bed. Additional referrals at \$42, per bed, per day.

2. EXHIBIT A, STATEMENT OF WORK, Section III – Sober Living in the Santa Maria region, Subsection C, Budgeted Service Level is replaced with the following:

C. Budgeted Service Level:

1. Three (3) guaranteed beds at \$1,140.63, per month, per bed. Additional referrals at \$42, per bed, per day.

3. EXHIBIT A, STATEMENT OF WORK, Section IV – Shelter Beds in Santa Maria and Lompoc, Subsection C, Budgeted Service Level is replaced with the following:

C. Budgeted Service Level:

Rate is \$42, per day, for up to 250 bed days.

4. EXHIBIT A, STATEMENT OF WORK, Section V - Detoxification Services (Detox), Subsection B, Budgeted Service Level is replaced with the following:

B. Budgeted Service Level:

1. Rate per day \$170.00. Maximum number of service days 730.
2. Additional Beds are \$170/day for Santa Maria and \$230/day for Lompoc for a maximum of 50 bed days not to exceed the budget.

5. EXHIBIT A, STATEMENT OF WORK, Section VI - Recovery Oriented Systems of Care (ROSC) Group, Subsection C, number 3, Budgeted Service Level is replaced with the following:

C. Budgeted Service level:

3. Budget: Group sessions rate of \$100 per session, not to exceed 104 sessions.

6. **Ratifications.** The terms and provisions set forth in this First Amendment shall modify and supersede all inconsistent terms and provisions set forth in the Agreement and Exhibit(s). The terms and provisions of the Agreement, as expressly modified and superseded by this First Amendment, are ratified and confirmed and shall continue in full force and effect, and shall continue to be legal, valid, binding and enforceable obligations of the parties.

7. **Counterparts.** This First Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

**IN WITNESS WHEREOF**, the parties have executed this First Amendment to the Agreement for services of Independent Contractor between County of Santa Barbara and Good Samaritan to be effective on the date executed by COUNTY.

**ATTEST:**

Mona Miyasato  
County Executive Officer  
Clerk of the Board

**COUNTY OF SANTA BARBARA:**

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

By: \_\_\_\_\_  
Joan Hartmann, Chair, Board of  
Supervisors

Date \_\_\_\_\_

**RECOMMENDED FOR APPROVAL:  
PROBATION**

DocuSigned by:  
By: Tanja Heitman  
Tanja Heitman, Chief  
Department Head

**CONTRACTOR:  
Good Samaritan Shelter**

DocuSigned by:  
By: [Signature]  
Authorized Representative

Name Sylvia Barnard

Title Executive Director

**APPROVED AS TO FORM:**

Rachel Van Mullem  
County Counsel

**APPROVED AS TO ACCOUNTING FORM:**

Betsy M. Schaffer, CPA  
Auditor-Controller

DocuSigned by:  
By: Maria Mvatt  
Deputy County Counsel

DocuSigned by:  
By: Robert Gais  
Deputy

**APPROVED AS TO FORM:**

Gregory Milligan, ARM  
Risk Manager

DocuSigned by:  
By: Gregory Milligan  
Risk Management