

FIRST AMENDED AGREEMENT

FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS First Amendment to the AGREEMENT for services of Independent Contractor, is made by and between the County of Santa Barbara (County) and **Central Coast Headway, Inc.**, (a local vendor), a California corporation, (hereafter Contractor) wherein Contractor agrees to provide and County agrees to accept the services specified herein (hereafter First Amended Agreement).

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County and County desires to continue to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth;

WHEREAS, the County Board of Supervisors authorized the County to enter into a multiyear Revenue Agreement on May 7, 2019 for the provision of DUI program services, with a projected annual revenue of \$25,000 for the period of July 1, 2019 through June 30, 2022;

WHEREAS, the County and Contractor wishes to enter into this First Amended Agreement to update the rates for Driving Under the Influence (DUI) services, approved by the California Department of Health Care Services (DHCS), effective July 1, 2019, for the period of July 1, 2019 through June 30, 2022; and

WHEREAS, this First Amended Agreement incorporates the terms set forth in the Agreement approved by the County Board of Supervisors on May 7, 2019, except as modified by this First Amended Agreement.

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

- I. **Delete Exhibit B-1- Schedule of Rates DUI Program and replace with the following:**

EXHIBIT B-1
SCHEDULE OF RATES
DUI PROGRAM

The program services, as listed below and described in Exhibit A-1, have been mutually agreed to by Contractor and County.

TYPE OF SERVICE	Unit Rate	Projected Number of Clients	Projected Annual Fees Paid to County
Driving Under the Influence (DUI) Program	\$30.00 per client enrolled	824	\$25,000
Total Annual Revenue Fees (projected):			\$25,000

Annual Revenue is based on the number of individuals participating in the program at the approved rates listed below and in accordance with the sliding fee scale:

DUI Program Participant Fee Schedule	
Wet & Reckless Program	\$388
3-Month Program	\$868
6-Month Program	\$1,360
9-Month Program	\$1,798
12-Month Program	\$2,260
18-Month Program	\$2,320
OTHER FEES	
DUI Program	
Return Check	\$36
Transfer-Out	\$75
Reinstatement	\$45
Rescheduling	\$15
Missed Activity	\$25
Leave of Absence	\$20

II. Delete Exhibit B-2 ADP Sliding Fee Scale and replace with the following:

**EXHIBIT B-2
SLIDING FEE SCALE**

**COUNTY OF SANTA BARBARA
ALCOHOL & DRUG PROGRAM
FEE SCHEDULE *
2020-2021**

**ANNUAL GROSS FAMILY INCOME
NUMBER OF DEPENDENTS**

FEE PER VISIT	1	2	3	4	5	6	7	8
5	17,236	23,336	29,435	35,535	41,635	47,734	53,734	59,834
10	21,556	27,656	33,755	39,855	45,955	52,054	58,054	64,154
15	25,876	31,976	38,075	44,175	50,275	56,374	62,374	68,474
20	30,196	36,296	42,395	48,495	54,595	60,694	66,694	72,794
25	34,516	40,616	46,715	52,815	58,915	65,014	71,014	77,114
30	38,836	44,936	51,035	57,135	63,235	69,334	75,334	81,434
35	43,156	49,256	55,355	61,455	67,555	73,654	79,654	85,754
40	47,476	53,576	59,675	65,775	71,875	77,974	83,974	90,074
45	51,796	57,896	63,995	70,095	76,195	82,294	88,294	94,394
50	56,116	62,216	68,315	74,415	80,515	86,614	92,614	98,714
55	60,436	66,536	72,635	78,735	84,835	90,934	96,934	103,034
60	64,756	70,856	76,955	83,055	89,155	95,254	101,254	107,354
65	69,076	75,176	81,275	87,375	93,475	99,574	105,574	111,674
70	73,396	79,496	85,595	91,695	97,795	103,894	109,894	115,994
75	77,716	83,816	89,915	96,015	102,115	108,214	114,214	120,314
80	82,036	88,136	94,235	100,335	106,435	112,534	118,534	124,634
85	86,356	92,456	98,555	104,655	110,755	116,854	122,854	128,954
90	90,676	96,776	102,875	108,975	115,075	121,174	127,174	133,274

**MONTHLY GROSS FAMILY INCOME
NUMBER OF DEPENDENTS**

FEE PER VISIT	1	2	3	4	5	6	7	8
5	1,436	1,945	2,453	2,961	3,470	3,978	4,478	4,986
10	1,796	2,305	2,813	3,321	3,830	4,338	4,838	5,346
15	2,156	2,665	3,173	3,681	4,190	4,698	5,198	5,706
20	2,516	3,025	3,533	4,041	4,550	5,058	5,558	6,066
25	2,876	3,385	3,893	4,401	4,910	5,418	5,918	6,426
30	3,236	3,745	4,253	4,761	5,270	5,778	6,278	6,786
35	3,596	4,105	4,613	5,121	5,630	6,138	6,638	7,146
40	3,956	4,465	4,973	5,481	5,990	6,498	6,998	7,506
45	4,316	4,825	5,333	5,841	6,350	6,858	7,358	7,866
50	4,676	5,185	5,693	6,201	6,710	7,218	7,718	8,226
55	5,036	5,545	6,053	6,561	7,070	7,578	8,078	8,586
60	5,396	5,905	6,413	6,921	7,430	7,938	8,438	8,946
65	5,756	6,265	6,773	7,281	7,790	8,298	8,798	9,306
70	6,116	6,625	7,133	7,641	8,150	8,658	9,158	9,666
75	6,476	6,985	7,493	8,001	8,510	9,018	9,518	10,026
80	6,836	7,345	7,853	8,361	8,870	9,378	9,878	10,386
85	7,196	7,705	8,213	8,721	9,230	9,738	10,238	10,746
90	7,556	8,065	8,573	9,081	9,590	10,098	10,598	11,106

* For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

III. All other terms shall remain in full force and effect.

SIGNATURE PAGE

First Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Central Coast Headway, Inc.**

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on July 1, 2019.

COUNTY OF SANTA BARBARA:

By: _____
BOB NELSON, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

Deputy Clerk
Date: _____

CONTRACTOR:

CENTRAL COAST HEADWAY, INC.

By: _____
Authorized Representative
Name: _____
Title: _____
Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO, RISK MANAGER
DEPARTMENT OF RISK MANAGEMENT

By: _____
Risk Manager