

FIRST AMENDMENT 2014-2015

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, referenced as number **BC 15-050**, by and between the **County of Santa Barbara** (County) and **Coast Valley Substance Abuse Treatment Center** (Contractor), agrees to provide and County agrees to accept the services specified herein.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2014, 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 **\$306,000** to the prior Agreement maximum of **\$575,532** so as to compensate Contractor for the additional services to be rendered under this Agreement through June 30, 2015.

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

I. **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 **\$881,532, inclusive of \$306,000** 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.

II. Delete Exhibit B-1 ADP, and replace with the following:

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ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Coast Valley FISCAL YEAR: 14-15

	Unit	PROGRAM						Total
		Outpatient Treatment - Lompoc	Outpatient Treatment - Santa Maria	Outpatient Treatment - ROSC	VETS Housing	Outpatient Treatment - VETS (10/1/13 - 6/30/14)		
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):						
33-ODF Group	session	10117	9939				20,056	
34-ODF Individual	session	3147	2041				5,188	
18-Recovery Oriented System of Care (ROSC)	cost reimbursed	236		\$ 14,700			\$ 14,936	
SAMHSA VETS Grant Services	cost reimbursed	106			\$ 30,420	\$ 94,205	\$ 124,731	
COST PER UNIT/PROVISIONAL RATE:								
33-ODF Group				\$26.23				
34-ODF Individual				\$67.38				
18-Recovery Oriented System of Care (ROSC)				as budgeted				
SAMHSA VETS Grant Services				as budgeted				
GROSS COST:		\$ 776,594	\$ 566,594	\$ 14,700	\$ 12,420	\$ 61,705	\$ 1,432,013	
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)								
CLIENT FEES		\$ 25,000	\$ 15,000				\$ 40,000	
CLIENT INSURANCE							\$ -	
CONTRIBUTIONS/GRANTS (includes unsecured)		\$ 6,000	\$ 13,200				\$ 19,200	
FOUNDATIONS/TRUSTS							\$ -	
SPECIAL EVENTS							\$ -	
OTHER (LIST): OTHER GOVERNMENT		\$ 289,651	\$ 252,130				\$ 541,781	
OTHER (LIST): INVESTMENT INCOME							\$ -	
TOTAL CONTRACTOR REVENUES		\$ 320,651	\$ 280,330	\$ -	\$ -	\$ -	\$ 600,981	
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 455,943	\$ 286,264	\$ 14,700	\$ 30,420	\$ 94,205	\$ 881,532	
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**								
Drug Medi-Cal		\$ 353,283	\$ 172,784				\$ 526,067	
Realignment/SAPT - Discretionary		\$ 83,869	\$ 113,480	\$ 14,700			\$ 212,049	
Realignment/SAPT Perinatal							\$ -	
Realignment/SAPT - Adolescent Treatment		\$ 18,791					\$ 18,791	
SAMHSA Federal Grant - VETS					\$ 30,420	\$ 94,205	\$ 124,625	
Other County Funds							\$ -	
TOTAL (SOURCES OF FUNDING)		\$ 455,943	\$ 286,264	\$ 14,700	\$ 30,420	\$ 94,205	\$ 881,532	

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.

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

Place holder

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet Entity Budget By Program										
AGENCY NAME:		Coast Valley								
COUNTY FISCAL YEAR:		14/15								
(round amounts the nearest dollar)										
Gray Shaded cells contain formulas, do not overwrite										
LINE #	COLUMN #	1	2	3	4	5	6	7	8	9
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley SM (Fac/Prog)	Coast Valley LM	ROSC	VETS	VETS Housing	Enter PROGRAM NAME (Fac/Prog)
1	Contributions		\$19,200	\$19,200	\$13,200	\$6,000				
2	Foundations/Trusts			\$0						
3	Special Events			\$0						
4	Legacies/Bequests			\$0						
5	Associated Organizations			\$0						
6	Membership Dues			\$0						
7	Sales of Materials			\$0						
8	Sober Living Home		\$85,000	\$85,000	\$60,000	\$25,000				
9	Covered CA		\$10,000	\$10,000	\$5,000	\$5,000				
10	ADMHS Funding		\$626,032	\$626,032	\$248,764	\$237,943	\$14,700	\$94,205	\$30,420	
11	Other Government Funding			\$0						
12	SAMHSA VETS			\$0						
13	MediCAL		\$526,067	\$526,067	\$172,784	\$353,283				
14	Probation/AB109		\$106,214	\$106,214	\$21,846	\$84,368				
15	CWS		\$30,000	\$30,000		\$30,000				
16	Federal Probation		\$20,000	\$562,428	\$10,000	\$10,000		\$176,214	\$95,000	\$271,214
17	Private Grant		\$20,000	\$20,000	\$20,000					
18	Total Other Revenue (Sum of lines 1 through 17)		\$1,442,513	\$1,984,941	\$551,594	\$751,594	\$14,700	\$270,419	\$125,420	\$271,214
	I.B Client and Third Party Revenues:									
19	Medicare			0						
20	Client Fees		\$40,000	40,000	\$15,000	\$25,000				
21	Insurance			0						
22	SSI			0						
23	Other (specify)			0						
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)		40,000	40,000	15,000	25,000	0	0	0	0
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)		1,482,513	2,024,941	566,594	776,594	14,700	270,419	125,420	271,214

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley SM (Fac/Prog)	Coast Valley LM	ROSC	VETS	VETS Housing	Enter PROGRAM NAME (Fac/Prog)
III.A. Salaries and Benefits Object Level									
26	Salaries (Complete Staffing Schedule)	1,071,752	\$1,071,752	\$405,496	\$604,636	\$0	\$61,620	\$0	\$0
27	Employee Benefits	32,931	\$32,931	\$13,728	\$13,728		\$5,475		
28	Consultants	7,200	\$7,200				\$7,200		
29	Payroll Taxes	74,000	\$74,000	\$36,000	\$38,000				
30	Salaries and Benefits Subtotal	\$1,185,883	\$1,185,883	\$455,224	\$656,364	\$0	\$74,295	\$0	\$0
III.B Services and Supplies Object Level									
31	Professional Fees		\$0						
32	Supplies	110,000	\$110,000	\$45,000	\$45,000		\$20,000		
33	Telephone	1,290	\$1,290		\$1,290				
34	Postage & Shipping		\$0						
35	Occupancy (Facility Lease/Rent/Costs)	171,190	\$171,190	\$57,795	\$68,275	\$14,700		\$30,420	
36	Rental/Maintenance Equipment	2,700	\$2,700	\$1,350	\$1,350				
37	Printing/Publications		\$0						
38	Transportation		\$0						
39	Conferences, Meetings, Etc	3,000	\$3,000	\$3,000					
40	Insurance	8,450	\$8,450	\$4,225	\$4,225				
41	Other (specify)		\$0						
42	Other (specify)		\$0						
43	Other (specify)		\$0						
44	Other (specify)		\$0						
45	Services and Supplies Subtotal	\$296,630	\$296,630	\$111,370	\$120,140	\$14,700	\$20,000	\$30,420	\$0
46	III.C. Client Expense Object Level Total		\$0						
47	SUBTOTAL DIRECT COSTS	\$1,482,513	\$1,482,513	\$566,594	\$776,504	\$14,700	\$94,295	\$30,420	\$0
IV. INDIRECT COSTS									
48	Administrative Indirect Costs (Reimbursement limited to 15%)		\$0						
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$1,482,513	\$1,482,513	\$566,594	\$776,504	\$14,700	\$94,295	\$30,420	\$0

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **Coast Valley Substance Abuse Treatment Center**.

IN WITNESS WHEREOF, the parties have executed this Agreement 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

By: _____
JANET WOLF, CHAIR
BOARD OF SUPERVISORS

Date: _____

Date: _____

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ALICE A. GLEGHORN, PHD
DIRECTOR

CONTRACTOR:
COAST VALLEY SUBSTANCE ABUSE
TREATMENT CENTER
MR. MATTHEW HAILIN, EXECUTIVE
DIRECTOR

By _____
Director

By: _____

Date: _____

Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel

By _____
Deputy

Date: _____

Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: _____

Date: _____