

**CONTRACT TO PROVIDE ALCOHOL AND DRUG TREATMENT SERVICES
TO CHILD WELFARE SERVICES (CWS) CLIENTS**

Santa Barbara County
Department of Social Services

**First Amendment
Effective upon Execution**

This is a first amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** (COUNTY) and **Good Samaritan Shelter** (CONTRACTOR), for the continued provision of providing Alcohol and Drug Treatment Services to Child Welfare Services (CWS) clients.

RECITALS

Whereas, the parties desire to amend the Agreement to increase the compensation for the period July 1, 2012 through June 30, 2014; and

Whereas, the budget projection for the above period was below expectation due to an increase in the number of clients who are court ordered to participate in alcohol and drug treatment services; and

Whereas, this First Amended Agreement incorporates the terms and conditions set forth in the original Agreement, approved by the County Board of Supervisors on June 19, 2012.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows.

1. **Amendments**

A. Exhibit B, Page 1 is amended as follows:

1. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total agreement amount, including cost reimbursements, not to exceed \$560,000 (for FY 12/13, the contract amount shall not exceed \$280,000; and for FY 13/14, the contract amount shall not exceed \$280,000).

B. Replace Exhibit B-1, Schedule of Fees, FY 12/13.

C. Replace Exhibit B-2, Schedule of Fees, FY 13/14.

EXHIBIT B-1
SCHEDULE OF FEES
FY 2012/2013

FEE FOR SERVICE BUDGET

SERVICE TO BE PROVIDED	RATE PER UNIT OF SERVICE	PROJECTED NUMBER OF UNITS OF SERVICE	TOTAL PROJECTED AMOUNT
OUTPATIENT INDIVIDUAL	\$69.59	300	\$20,877
OUTPATIENT GROUP	\$29.57	4,650	\$137,498
DRUG TEST-FULL PANEL	\$25.00	4,500	\$112,500
ALCOHOL TEST	\$0.00	1,000	\$0.00
DETOX BED DAY	\$25.00	365	\$9,125
PERINATAL BED DAY	\$38.02	0	\$0
MAXIMUM OBLIGATION			\$280,000

EXHIBIT B-2
SCHEDULE OF FEES
FY 2013/2014

FEE FOR SERVICE BUDGET

SERVICE TO BE PROVIDED	RATE PER UNIT OF SERVICE	PROJECTED NUMBER OF UNITS OF SERVICE	TOTAL PROJECTED AMOUNT
OUTPATIENT INDIVIDUAL	\$69.59	300	\$20,877
OUTPATIENT GROUP	\$29.57	4,650	\$137,498
DRUG TEST-FULL PANEL	\$25.00	4,500	\$112,500
ALCOHOL TEST	\$0.00	1,000	\$0.00
DETOX BED DAY	\$25.00	365	\$9,125
PERINATAL BED DAY	\$38.02	0	\$0.00
MAXIMUM OBLIGATION			\$280,000

IN WITNESS WHEREOF, this First Amendment to the Agreement has been executed by parties hereto upon this date first above written.

COUNTY OF SANTA BARBARA

By: _____
Salud Carbajal, Chair
Board of Supervisors

ATTEST:
CHANDRA L. WALLAR

TED MYERS
DEPARTMENT OF SOCIAL SERVICES-
INTERIM DIRECTOR

BY: _____
Clerk of the Board

By: _____

Date: _____

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

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

By _____
Deputy

By _____
Deputy County Counsel
Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Manager

IN WITNESS WHEREOF, this First Amendment to the Agreement has been executed by parties hereto upon this date first above written.

CONTRACTOR

By: _____

Date: _____