

## FIRST AMENDMENT 2015-2016

### 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 16-081** by and between the **County of Santa Barbara** (County) and **Council on Alcoholism and Drug Abuse** (Contractor), wherein 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 June 2015, except as modified by this First Amended Contract;

Whereas, County is amending the contract due to changes in service delivery and due to unanticipated cost increases resulting in an increase in the maximum amount of the contract. This amendment adds funds in the amount of **\$29,000** from the prior Agreement maximum of **\$1,923,075** for a new Agreement maximum of **\$1,952,075** so as to compensate Contractor for the additional costs for 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 of Exhibit A1 Statement of Work ADP – Daniel Bryant Youth and Family Treatment Center and replace it with the following:**

**EXHIBIT A-1  
STATEMENT OF WORK – ADP  
DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER**

1. **PROGRAM SUMMARY:** The Daniel Bryant Youth and Family Treatment Center Program (hereafter "the Program") provides outpatient Alcohol and Other Drug (AOD) treatment to adolescent clients to assist clients to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling and drug testing that is age appropriate in alignment with the State of California Youth Treatment Guidelines available at:

[http://www.dhcs.ca.gov/individuals/Documents/Youth\\_Treatment\\_Guidelines.pdf](http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf).

Adolescent treatment will address youth-specific developmental issues, provide comprehensive and integrated services, involve families, and allow youth to remain in the most appropriate, but least restrictive, setting so they can be served within their families, and community. The Program shall be certified by the State to provide Outpatient ODF Services.

Where indicated, non DMC individual services, using procedure code 4408 – ODF Individual counseling may be provided at the following sites:

- i. Carpinteria High School – 4810 Foothill Road, Carpinteria, CA
- ii. Maple Continuation School – 4010 Jupiter Avenue Lompoc, CA
- iii. Dos Pueblos High School – 7266 Alameda Ave, Goleta, CA

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- iv. Peter FitzGerald Community School – 402 Farnel Road, Santa Maria, CA
- v. Goleta Valley Junior High School – 6100 Stow Canyon Road, Goleta, CA
- vi. La Colina Junior High School – 4025 Foothill Road, Santa Barbara, CA
- vii. La Cuesta Continuation High School – 710 Santa Barbara St., Santa Barbara, CA
- viii. La Cumbre Junior High – 2255 Modoc Road, Santa Barbara, CA
- ix. Rincon High School – 4698 Foothill Road, Carpinteria, CA
- x. San Marcos High School – 4750 Hollister Ave., Santa Barbara, CA
- xi. Santa Barbara High School – 700 E. Anapamu Street, Santa Barbara, CA
- xii. Santa Barbara Junior High School – 721 E. Cota, Santa Barbara, CA.

Cannabis Youth Treatment (CYT) services, provided in accordance with Section 3 Services, subsections A, B, C E and F, will be provided at 526 East Chapel Street, Santa Maria, California. This site has received “provisional” DMC certification and is authorized by the State of CA Department of Health Care Services (DHCS) to provide DMC services. If for whatever reason, DMC certification is not established, CYT services will not be provided past the end of this fiscal year.

- I. **Delete Exhibit A-3 Statement of Work ADP – Project Recovery and replace it with the following:**

### EXHIBIT A-3 STATEMENT OF WORK – ADP PROJECT RECOVERY

1. **PROGRAM SUMMARY:** The Project Recovery Program (hereafter “the Program”) provides services to both adults and adolescents as follows.
  - A. The outpatient alcohol and other drug (AOD) treatment services will assist adult clients in obtaining and maintaining sobriety. Treatment services will include best practice individual and group counseling and drug testing. Intensive Outpatient Treatment (IOT) perinatal substance abuse services will also provide to pregnant and postpartum women, including individual and group counseling, case management, child care and transportation. The Program shall be licensed as a Non-residential Outpatient Program. The Program will be located at 133 E. Haley St., Santa Barbara, California.
  - B. Adolescent Program services will include Screening, Brief Intervention and Referral to Treatment (SBIRT) services. These services will address youth-specific developmental issues, provide comprehensive and integrated services, involve families, and allow youth to remain in the most appropriate, but least restrictive, setting so they can be served within their families, group and community. The Adolescent Program will be located at the following State-certified satellite sites:

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- i. Carpinteria High School – 4810 Foothill Road, Carpinteria, CA
- ii. Maple Continuation School, 4010 Jupiter Ave, Lompoc, CA 93436
- iii. Dos Pueblos High School – 7266 Alameda Ave, Goleta, CA
- iv. Peter FitzGerald Community School – 402 Farnel Road, Santa Maria, CA
- v. Goleta Valley Junior High School – 6100 Stow Canyon Road, Goleta, CA
- vi. La Colina Junior High School – 4025 Foothill Road, Santa Barbara, CA
- vii. La Cuesta Continuation High School – 710 Santa Barbara St., Santa Barbara, CA
- viii. La Cumbre Junior High – 2255 Modoc Road, Santa Barbara, CA
- ix. Rincon High School – 4698 Foothill Road, Carpinteria, CA
- x. San Marcos High School – 4750 Hollister Ave., Santa Barbara, CA
- xi. Santa Barbara High School – 700 E. Anapamu Street, Santa Barbara, CA
- xii. Santa Barbara Junior High School – 721 E. Cota, Santa Barbara, CA

### **2. PROGRAM GOALS.**

#### **A. Outpatient alcohol and other drug (AOD) treatment services – Adult and Perinatal:**

- i. Introduce clients to an ongoing process of recovery designed to achieve total abstinence from abuse of AOD;
- ii. Promote client self-sufficiency and empower substance abusers to become productive and responsible members of the community;
- iii. Reduce recidivism and increase community safety;
- iv. For Substance Abuse Treatment Court (SATC) clients, reduce costs associated with criminal case processing and re-arrest; and
- v. For Perinatal clients, 100% of babies born to women in the Program shall be drug free.

#### **B. Adolescent Services:**

- i. Screen adolescents in a school setting for possible substance use problems;
- ii. Intervene with adolescents who may be developing substance use problems to prevent the development of substance use disorders; and
- iii. Refer clients who are screened as having substance use disorders to appropriate level of services including treatment.

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### 3. SERVICES.

- A. **Outpatient Drug Free (ODF)** is treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. ODF is also known as nonresidential services [Federal Definition].
- i. **ODF – Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat two (2) or more clients, up to a total of twelve (12) clients, at the same time, focusing on the needs of the individuals served, in a 30, 60, or 90 minute session.
- a. Contractor shall ensure that each client receives a minimum of two group counseling sessions (minimum 90 minutes per group session) per 30 day period depending on the client's needs and treatment plan in accordance with Title 22 CCR Section 51341.1(d) or be subject to discharge. Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided as scheduled. At least one of the clients in the group session must be Drug Medi-Cal (DMC) eligible to claim DMC reimbursement for the group session.
- ii. **ODF – Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention, subject to the limitations described in Title 22 CCR Section 51341.1.
- B. Contractor shall refer clients to ancillary services and provide referral to vocational, literacy, education, and family counseling where applicable and appropriate.
- C. Contractor shall provide drug testing as described in the ADMHS Drug Testing Policy and Procedures, and SATC requirements, available at <http://cosb.countyofsb.org/admhs/>, as applicable.
- D. **For SATC:**
- i. Contractor shall provide SATC Treatment Services to Court referred adults for whom substance use disorder services are determined to be medically necessary consistent with Title 22 Section 51303 and 51341.1, per SATC guidelines.
- ii. Contractor shall participate in a quarterly graduate activity in collaboration with the Court and other treatment contractors, sharing in the cost of the celebratory activities.
- iii. Contractor shall attend Court Staffing meetings in the regions of Santa Barbara County served by Contractor.

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- iv. Contractor shall attend SATC Core Team and Policy Council meetings and work with County to develop recommendations, guidelines, and procedures for adult treatment services.

**E. For Adolescent Services in the school,** (Screening, Brief Intervention and Referral to Treatment), Contractor will provide the following:

- i. Early Intervention:
  - a. Brief, early intervention for students in the early stages of alcohol or drug involvement. Integrating stages of change theory, motivational enhancement, and cognitive-behavioral therapy, Brief Intervention aims to help adolescents reduce and ultimately eliminate their substance use.
  - b. Early intervention family educational series for students and their parents, for students who have committed a first-time alcohol or drug offense on campus or have been referred for presenting issues.
  - c. Early intervention short-term individual counseling support with an emphasis on students who are experiencing co-occurring substance abuse and mental health issues.
  - d. Early intervention psycho-educational groups that teach skills to build resiliency against risk factors and control of substance abuse and emotional distress. Outreach/Intervention; or
  - e. Referrals/Screening/Intake.
- ii. All SBIRT services will be provided under the following SAMHSA service codes:
  - a. 18 - Early Intervention - This strategy is designed to come between a substance user and his or her actions in order to modify behavior. It includes a wide spectrum of activities ranging from user education to formal intervention and referral to appropriate treatment/recovery services. This service code is defined as activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment.
    1. All services provided at the above school sites will not be billed to Minor Consent or Drug Medi-Cal, as these are not medically indicated services
  - b. 21 - Referrals, Screening, and Intake: Activities involved in the assessment of a client's needs regarding treatment to ensure the most appropriate treatment. This may include the completion of record-keeping documents.
    1. Provide standardized screening for all referred adolescents;
    2. Intervene and refer all adolescents who have been screened as possibly having substance use disorders to the appropriate level of services, including treatment;

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3. Provide alcohol and other drug (AOD) educational services to all clients referred who are screened as needing those intervention services;
4. Services can include individual and group modalities;
5. Provide data on all clients screened, intervened and referred to other level of services, including treatment; and
6. All services provided at the above school sites will not be billed to Minor Consent or Drug Medi-Cal, as these are not medically indicated services

### F. For Perinatal clients only, Contractor shall provide:

- i. **Intensive Outpatient Treatment (IOT)** [Service Code 30] (IOT) services are those that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes Intensive Outpatient Treatment programs which provide counseling and rehabilitation services to individuals with substance abuse impairments. OIT clients, as described in Section 4.A (Clients), participate according to a minimum attendance schedule and have regularly assigned treatment activities.
- ii. **DMC Perinatal IOT.** DMC reimbursement for IOT services shall be available only for services provided to pregnant and postpartum beneficiaries or beneficiaries under the age of 21 who are targeted for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. Within the IOT program, only pregnant and postpartum women are eligible to receive DMC services through the perinatal certified program. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met, as defined in Title 22 CCR Section 50260 and 50262.3(a). Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11<sup>th</sup>. Her eligibility as a pregnant and postpartum woman ends on October 31<sup>st</sup>. Contractor shall ensure that at the end of the sixty (60) day postpartum period, as defined by Title 22, women will continue in clinically indicated Treatment modalities, such as ODF Group and Individual Treatment.
- iii. Empower women to achieve and maintain clean and sober living, deliver healthy infants, strengthen family units, and lead productive lives. Services are designed to be gender- specific and culturally relevant, and are based on individual needs and demographics.
- iv. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs.
- v. Contractor shall provide perinatal substance abuse/use services to pregnant and postpartum women and their children. Contractor shall provide Intensive Outpatient Treatment model in which women receive treatment a minimum of three hours per day, three days per week. Per 22 CCR Section 51341.1:

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- a. Contractor shall provide services that address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills;
  - b. Contractor shall provide mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
  - c. Contractor shall ensure service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment). Transportation and childcare shall be reimbursed only with non-DMC funds, as specified in Exhibit B-1;
  - d. Contractor shall provide education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
  - e. Contractor shall provide coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
4. **CLIENTS.** For adult services, contractor shall provide services as described in Section 3 (Services) to approximately 18 pregnant and postpartum clients during the term of this contract, referred by sources described in Section 5 (Referrals). Clients receiving IOT services may live independently, semi-independently, or in a supervised residential facility which does not provide this service.
- A. Contractor shall admit clients with co-occurring disorders where appropriate.
  - B. Contractor shall provide services, at the Project Recovery site, to adult drug program clients with co-occurring disorders who reside at the Hotel de Riviera.

### 5. REFERRALS.

- A. For adult services, contractor shall receive client referrals from Parole, Probation, Courts, CalWORKs staff, other County agencies, other outpatient contractors, and self-referrals.
  - i. Contractor shall receive client referrals via phone, written referral, or walk in.
  - ii. Referrals (other than self-referrals) shall be accompanied by written documentation.
- B. For Adolescent Services, contractor shall receive client referrals from schools, teachers, coaches, guidance counselors, school administration, parents, community agencies, and student self/friend referrals.
  - i. Contractor shall receive client referrals via phone, written referral, or walk in.
  - ii. Referrals (other than self-referrals) shall be accompanied by written documentation.

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C. If services are mandated by the court, client will contact Contractor within 24 hours of client referral (except weekends or holidays). Contractor shall contact the referral source within 72 hours with a verification of client's enrollment. Contractor shall contact the referral source within 7 days of being informed by the client of his or her being referred for treatment. The Contractor shall inform the referral source that the referred client has an intake appointment, pending Contractor's determination that substance use disorder services are medically necessary consistent with Title 22 Section 51303 and 51341.1.

### 6. **ADMISSION PROCESS** – (Applicable to ODF clients only)

A. Contractor shall interview client to determine client's appropriateness for the Program.

B. Admission criteria will be determined by the referral source, eligibility for a funding stream, or both.

C. Contractor shall admit clients referred by sources described in Section 5 (Referrals) unless the client meets one or more conditions specified in Section 7 (Exclusion Criteria), or if space is not available in the Program.

D. **Admission Packet.** At Contractor's intake/interview meeting with client, Contractor shall complete an admission packet with the following information:

i. Consent to Treatment form, Program rules and guidelines, signed by client;

ii. Release of information form, signed by client;

iii. Financial assessment and contract for fees;

iv. Emergency contact information for client; and

v. Personal and demographic information of client, as described in Title 22, CCR Section 51341.1(h)(2) including:

a. Social, economic and family background;

b. Education;

c. Vocational achievements;

d. Criminal history, legal status;

e. Medical history;

f. Drug history; and

g. Previous treatment.

E. Contractor shall notify referral source if client is not accepted into the Program, based on Section 7 (Exclusion Criteria), within one business day of receiving the initial referral.

F. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.



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G. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.

7. **EXCLUSION CRITERIA.** (Applicable to ODF and Adolescent clients)- On a case-by-case basis, the following may be cause for client exclusion from the program:

A. Client threat of or actual violence toward staff or other clients; or

B. Rude or disruptive behavior that cannot be redirected.

8. **DOCUMENTATION REQUIREMENTS.** (Applicable to ODF clients only)

A. Contractor shall enter all California Outcomes Measurement System (CalOMS) treatment data and all other client data required by County into the County's Management Information System (MIS) system no later than seven (7) days after client entry into Program. Contractor shall complete an annual update of the CalOMS treatment data on the anniversary of client's admission to the Program (for clients in the same treatment service for one year or more), and when the client is discharged from the treatment service.

B. No later than 30 days after client entry into Program, Contractor shall complete:

i. Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results of the ASI shall be utilized for treatment and discharge planning. For SATC funded clients, Contractor shall report the results of the ASI and recommendations to the court;

ii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV, DSM 5, or ICD 10 as determined by State and Federal regulations), and the assignment of a primary counselor. The Plan shall be consistent with the results of the client's ASI. Treatment planning must conform to DMC Regulations as defined in Title 22, CCR Section 51341.1(h)(2). Contractor shall review and update the Treatment Plan every ninety (90) days or more frequently as determined medically necessary.

9. **DISCHARGES.** (Applicable to ODF clients only)

A. Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in Title 22, CCR Section 51341. The Discharge Plan shall include:

i. Recommendations for post-discharge;

ii. Linkages to other services, if appropriate;

iii. Reason for discharge; and

iv. Clinical discharge summary.

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- B. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.
- C. Contractor shall document discharge information in CalOMS via the County MIS system no later than 30 days following discharge.
- D. Any client that does not receive any service within a 30 day period shall be discharged, as of the date of last services, per CalOMS guidelines. The date of discharge shall be the last face to face contact.

### **III. Delete Section II, Maximum Agreement Amount, of Exhibit B Financial Provisions - ADP, and replace with the following:**

#### **II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Agreement Amount shall not exceed **\$1,952,075 inclusive of \$1,721,810** in Alcohol and Drug Program funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Agreement Amount for Contractor's performance hereunder without a properly executed amendment.

### **IV. Delete Section II, Maximum Agreement Amount, of Exhibit B Financial Provisions MH, and replace with the following:**

#### **II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Agreement Amount shall not exceed **\$1,952,075 inclusive of \$230,265** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Agreement Amount for Contractor's performance hereunder without a properly executed amendment.

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

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EXHIBIT B-1  
SCHEDULE OF RATES AND CONTRACT MAXIMUM

<b>Contractor Name:</b>		The Council on Alcoholism and Drug Abuse			Fiscal Year: 2015-16		
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) - Perinatal	Session	30	30	\$80.78
	Outpatient	15	ODF Individual Counseling	Session	80	34	\$67.38
			ODF Group Counseling	Session	85	33	\$26.23
			ODF Individual Counseling - Perinatal	Session	80	34	\$105.32
			ODF Group Counseling - Perinatal	Session	85	33	\$63.33
Non - Drug Medi-Cal Billable Services	Primary Prevention	N/A	Other	Cal OMS	N/A	11	Actual Cost
			Information Dissemination	Cal OMS	N/A	12	Actual Cost
			Education	Cal OMS	N/A	13	Actual Cost
			Alternatives	Cal OMS	N/A	14	Actual Cost
			Problem Identification and Referral	Cal OMS	N/A	15	Actual Cost
			Community-Based Process	Cal OMS	N/A	16	Actual Cost
	Early Intervention / Secondary	N/A	Environmental	Cal OMS	N/A	17	Actual Cost
			Early Intervention	Hours	N/A	18	Actual Cost
			Outreach / Intervention	Hours	N/A	19	Actual Cost
	CalWORKS	N/A	Referrals/ Screening/ Intake	Hours	N/A	21	Actual Cost
			Interim Treatment Services CalWORKS	Hours	N/A	35	Actual Cost
	Residential	N/A	Free-Standing Residential Detoxification	Bed Day	N/A	50	Actual Cost
	Ancillary Services	N/A	Perinatal Outreach	Hours	N/A	22	Actual Cost
Interim Services (within 48 hours)			Hours	N/A	67	Actual Cost	
Case Management (excluding SACPA clients)			Hours	N/A	68	Actual Cost	
			Transportation (Perinatal/Parolee Only)	Hours	N/A	71	Actual Cost

PROGRAM									TOTAL
	Project Recovery	Project Recovery - Adolescent Services	Project Recovery - Hotel de Riviera Residents	Daniel Bryant Youth & Family TC	Residential Detox	SAPT & Friday Night Live/ Club Live	ROSC	SPF SIG (July 1 - Sept. 30, 2015)	
GROSS COST:	\$ 542,503	\$ 1,252,712	\$ 297,864	\$ 830,875	\$ 605,606	\$ 125,917	\$ 11,000	\$ 25,100	\$ 3,691,577
LESS REVENUES COLLECTED BY CONTRACTOR:									
PATIENT FEES									\$ -
CONTRIBUTIONS	\$ 47,959	\$ 284,240	\$ 153,645	\$ 270,496	\$ 154,903	\$ 15,717	\$ 1,000		\$ 927,960
OTHER (LIST):		\$ 488,472	\$ 124,219	\$ 303,213	\$ 154,903				\$ 1,070,807
TOTAL CONTRACTOR REVENUES	\$ 47,959	\$ 772,712	\$ 277,864	\$ 573,709	\$ 309,806	\$ 15,717	\$ 1,000	\$ -	\$ 1,998,867
<b>MAXIMUM (NET) CONTRACT AMOUNT PAYABLE:</b>	<b>\$ 494,544</b>	<b>\$ 480,000</b>	<b>\$ 20,000</b>	<b>\$ 257,166</b>	<b>\$ 295,800</b>	<b>\$ 110,200</b>	<b>\$ 10,000</b>	<b>\$ 25,100</b>	<b>\$ 1,692,810</b>

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**									
	Project Recovery	Project Recovery - Adolescent Services	Project Recovery - Hotel de Riviera Residents	Daniel Bryant Youth & Family TC	Residential Detox	SAPT & Friday Night Live/ Club Live	ROSC	SPF SIG (July 1 - Sept. 30, 2015)	
Drug Medi-Cal	\$ 317,700			\$ 209,000					\$ 526,700
Realignment/SAPT - Discretionary	\$ 116,214	\$ 80,000	\$ 20,000	\$ 20,646	\$ 324,800		\$ 10,000		\$ 571,660
Realignment/SAPT - Perinatal	\$ 60,630								\$ 60,630
Realignment/SAPT - Adolescent Treatment		\$ 400,000		\$ 27,520					\$ 427,520
Realignment/SAPT - HIV									\$ -
Realignment/SAPT - Primary Prevention						\$ 110,200			\$ 110,200
SPF SIG Grant (ending September 30, 2015)								\$ 25,100	\$ 25,100
CalWORKS									\$ -
Other County Funds									\$ -
<b>TOTAL (SOURCES OF FUNDING)</b>	<b>\$ 494,544</b>	<b>\$ 480,000</b>	<b>\$ 20,000</b>	<b>\$ 257,166</b>	<b>\$ 324,800</b>	<b>\$ 110,200</b>	<b>\$ 10,000</b>	<b>\$ 25,100</b>	<b>\$ 1,721,810</b>

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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**VI. Delete Exhibit B-2 and replace with the following:**

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet															
Entity Budget By Program															
AGENCY NAME:		Council on Alcoholism and Drug Abuse													
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	14
	I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	Daniel Bryant Family Treatment Center	Residential Detor	Youth Services Specialists (Project Recovery)	Friday Night Live	Strategic Prevention Framework State Incentive Grant	START	Project Recovery (Includes Hotel de Riviera)	Perinatal (Project Recovery)	ROSC	DUI-PC1000	
1	Contributions	\$ 949,327	\$ 942,920		\$ 270,496	\$ 125,903	\$ 284,240	\$ 15,717	\$ -		\$ 153,645	\$ 47,959	\$ 1,000	\$ 43,960	
2	Foundations/Trusts	\$ 113,000	\$ -												
3	Miscellaneous Revenue		\$ -												
4	ADMHS Funding	\$ 1,952,075	\$ 1,952,075	\$ 123,420	\$ 257,166	\$ 324,800	\$ 480,000	\$ 110,200	\$ 25,100	\$ 106,845	\$ 408,914	\$ 105,630	\$ 10,000	\$ -	
5	Other Government Funding	\$ 557,763	\$ 534,541		\$ 133,213	\$ 26,000	\$ 263,472			\$ 10,000	\$ 101,856				
6	Formerly ESSC - DOE Unsecured	\$ 225,000	\$ 225,000				\$ 225,000								
7	Other - CHC	\$ 22,363	\$ 22,363								\$ 22,363				
8	Investment Income	\$ 178,577	\$ -												
9	Fundraising Income	\$ 470,000	\$ 170,000		\$ 170,000										
10	Total Other Revenue	\$ 4,468,105	\$ 3,846,899	\$ 123,420	\$ 830,875	\$ 476,703	\$ 1,252,712	\$ 125,917	\$ 25,100	\$ 116,845	\$ 686,778	\$ 153,589	\$ 11,000	\$ 43,960	
I.B Client and Third Party Revenues:															
11	Client Fees	\$ 859,551	605,928		\$ 2,262	\$ 35,000		\$ 5,574			\$ 160,487			\$ 402,605	
12	SSI		-												
13	Other (specify)		-												
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)	859,551	605,928	-	2,262	35,000	-	5,574	-	-	160,487	-	-	402,605	
15	GROSS PROGRAM REVENUE BUDGET	5,327,656	4,452,827	123,420	833,137	511,703	1,252,712	131,491	25,100	116,845	847,265	153,589	11,000	446,565	

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III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	Daniel Bryant Family Treatment Center	Residential Detox	Youth Services Specialists (Project Recovery)	Friday Night Live	Strategic Prevention Framework State Incentive Grant	START	Project Recovery (includes Hotel de Riviera)	Perinatal (Project Recovery)	ROSC	DUIPC1000
<b>III. A. Salaries and Benefits Object Level</b>													
16 Salaries (Complete Staffing Schedule)	3,251,415	\$ 2,748,834	\$ 91,790	\$ 497,056	\$ 263,895	\$ 833,035	\$ 79,862	\$ 8,340	\$ 85,221	\$ 526,363	\$ 96,232	\$ 7,758	\$ 259,283
17 Employee Benefits	407,412	\$ 376,859	\$ 13,172	\$ 71,326	\$ 66,950	\$ 88,985	\$ 8,784	\$ 1,197	\$ 12,233	\$ 63,866	\$ 8,149	\$ 1,137	\$ 41,060
18 Consultants		\$ -										\$ -	
19 Payroll Taxes	234,742	\$ 204,773	\$ 7,022	\$ 38,025	\$ 20,188	\$ 60,367	\$ 5,580	\$ 638	\$ 6,519	\$ 40,290	\$ 7,079	\$ 570	\$ 18,495
20 Salaries and Benefits Subtotal	\$ 3,893,569	\$ 3,330,466	\$ 111,984	\$ 606,407	\$ 351,033	\$ 982,387	\$ 94,226	\$ 10,175	\$ 103,973	\$ 630,519	\$ 111,460	\$ 9,465	\$ 318,838
<b>III. B Services and Supplies Object Level</b>													
21 Professional Fees	154,550	\$ 81,220		\$ 9,623	\$ 3,737	\$ 28,502	\$ 5,512			\$ 13,311	\$ 1,200		\$ 19,335
22 Supplies	177,033	\$ 169,027	\$ 216	\$ 14,584	\$ 55,776	\$ 19,691	\$ 7,515	\$ 12,643	\$ 1,335	\$ 35,233	\$ 7,442	\$ 500	\$ 14,092
23 Telephone	37,935	\$ 23,804		\$ 3,700	\$ 2,572	\$ 2,812	\$ 651		\$ 150	\$ 6,743	\$ 1,724		\$ 5,452
24 Utilities		\$ -											
25 Facility Costs (Rent/Lease/Mortgage)	259,781	\$ 198,109		\$ 86,823	\$ 14,732	\$ 39,417	\$ 4,731			\$ 28,327	\$ 5,720		\$ 18,359
26 Repairs and Maintenance	60,761	\$ 57,151		\$ 12,071	\$ 15,120	\$ 5,223	\$ 1,193			\$ 11,324	\$ 2,740		\$ 9,480
27 Printing/Publications	12,564	\$ 6,266		\$ 1,569	\$ 495	\$ 852	\$ 105			\$ 1,649	\$ 191		\$ 1,405
28 Transportation and Travel	46,704	\$ 38,471		\$ 4,265	\$ 11,041	\$ 3,757	\$ 1,231		\$ 1,674	\$ 10,490	\$ 3,343	\$ 35	\$ 2,635
29 Depreciation		\$ -											
30 Insurance	62,941	\$ 53,153		\$ 10,491	\$ 4,196	\$ 18,183	\$ 2,098			\$ 10,491	\$ 2,099		\$ 5,595
31 Board and Care (not Medi-Cal reimbursable)		\$ -											
32 Other (specify)		\$ -											
33 Other (specify)		\$ -											
34 Fundraising Expense		\$ -											
35 Services and Supplies Subtotal	\$ 812,269	\$ 627,201	\$ 216	\$ 143,126	\$ 107,669	\$ 118,437	\$ 23,036	\$ 12,643	\$ 3,159	\$ 117,568	\$ 24,459	\$ 535	\$ 76,353
36 III. C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)		\$ -											
37 SUBTOTAL DIRECT COSTS	\$ 4,705,838	\$ 3,957,667	\$ 112,200	\$ 749,533	\$ 458,702	\$ 1,100,824	\$ 117,262	\$ 22,818	\$ 107,132	\$ 748,087	\$ 135,919	\$ 10,000	\$ 395,191
<b>IV. INDIRECT COSTS</b>													
38 Administrative Indirect Costs (Reimbursement limited to 15%)	621,818	\$ 495,159	\$ 11,220	\$ 83,604	\$ 53,001	\$ 151,888	\$ 14,229	\$ 2,282	\$ 9,713	\$ 99,178	\$ 17,670	\$ 1,000	\$ 51,374
39 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 5,327,656	\$ 4,452,826	\$ 123,420	\$ 833,137	\$ 511,703	\$ 1,252,712	\$ 131,491	\$ 25,100	\$ 116,845	\$ 847,265	\$ 153,589	\$ 11,000	\$ 446,565

**FIRST AMENDMENT 2015-2016**

**VII. All other terms remain in full force and effect.**

**FIRST AMENDMENT 2015-2016**

**SIGNATURE PAGE**

First Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **Council on Alcoholism and Drug Abuse.**

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

**COUNTY OF SANTA BARBARA**

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

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

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

**CONTRACTOR:**  
COUNCIL ON ALCOHOLISM AND DRUG  
ABUSE

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

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

Title: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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