

## THIRD AMENDMENT 2016-2017

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Third Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 17-077**, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter, Inc.** (Contractor), agrees to provide and County agrees to accept the services specified herein.

Whereas, this Third Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2016, the First Amendment approved by the County Board of Supervisors in September 2016, and the Second Amendment approved by the County Board of Supervisors in December 2016, except as modified by this Third 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 Alcohol Drug Program funds in the amount of **\$125,000** to the prior Agreement maximum of **\$1,750,138** for a new Agreement maximum of **\$1,875,138** so as to compensate Contractor for the additional services to be rendered under this Agreement through June 30, 2017.

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 of this Agreement shall not exceed **\$1,875,138**, inclusive of **\$1,634,138** 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 Section II, Maximum Contract Amount, of Exhibit B MH, and replace with the following:**

**II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount shall not exceed **\$1,875,138** inclusive of **\$241,000** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MH. 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.

**IV. 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

CONTRACTOR NAME: **Good Samaritan**

FISCAL YEAR: **2016-17**

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	Report Service Code	AoD Cost	County Maximum Allowable Rate
<b>Drug Medi-Cal Billable Services</b>	<b>Day Services</b>	10	Intensive Outpatient Treatment (IOT) - Perinatal	Session	30	30	\$80.78	
	<b>Outpatient</b>	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	
<b>Non - Drug Medi-Cal Billable Services</b>	<b>Early Intervention / Secondary Prevention</b>	N/A	Early Intervention	Hours	N/A	18	Actual Cost	
			Outreach / Intervention	Hours	N/A	19	Actual Cost	
			Intravenous Drug User (IDU or IVDU)	Hours	N/A	20	Actual Cost	
			Referrals/ Screening/ Intake	Hours	N/A	21	Actual Cost	
	<b>CalWORKs</b>	N/A	Interim Treatment Services CalWORKs	Hours	N/A	35	Actual Cost	
			Free-Standing Residential Detoxification	Bed Day	N/A	50	Actual Cost	
			Transitional Living Center (Perinatal/Parolee Only)	Bed Day	N/A	56	Actual Cost	
	<b>Residential</b>	N/A	Alcohol/Drug Free Housing (Perinatal/Parolee Only)	Bed Day	N/A	57	Actual Cost	
			Perinatal Outreach	Hours	N/A	22	Actual Cost	
			Case Management (excluding SACPA clients)	Hours	N/A	68	\$51.84	
	<b>Ancillary Services</b>	N/A	Transportation (Perinatal/Parolee Only)	Hours	N/A	71	Actual Cost	

\* used the same rate as Perinatal Residential Treatment UOS (Daily) \$80.92

56-TLC PN is not DMC Svc -this rate comes from actual costs based on prior cost reports (both locations/beds-costs)

Good Sam FY1617														
	Program													
	Residential Detox (Santa Maria)	Residential Detox (Lompoc)	Recovery Point (Santa Maria)	ROSC	Project PREMIE (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Transitional Living Centers (Santa Maria)	Transitional Living Centers (Lompoc)	Alcohol and Drug Free Housing (Santa Maria)	Family Treatment Drug Court (Lompoc and Santa Maria)	Lompoc Recovery Center	CASA DE FAMILIA TREATMENT CENTER	VETS Treatment Services (Santa Maria) to 9/30/2016	TOTAL
<b>GROSS COST:</b>	\$ 263,141	\$ 180,800	\$ 324,810	\$ 14,700	\$ 288,900	\$ 316,680	\$ 183,091	\$ 180,000	\$ 498,735	\$ 64,000	\$ 108,000	\$ 108,000	\$ 15,689	\$2,546,546
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)														
<b>PATIENT FEES</b>	\$ 25,000	\$ 25,000	\$ 15,000		\$ -		\$ 25,000	\$ 20,000	\$ -		\$ 3,000	\$ 3,000		\$116,000
<b>CONTRIBUTIONS</b>									\$ -					\$0
<b>OTHER (LIST): Other Govern</b>	\$ 75,000	\$ 26,500	\$ 72,000		\$ 22,000	\$ 22,000	\$ 60,000	\$ 50,000	\$ 438,908		\$ 15,000	\$ 15,000		\$796,408
<b>TOTAL CONTRACTOR REVENUE</b>	\$ 100,000	\$ 51,500	\$ 87,000	\$ -	\$ 22,000	\$ 22,000	\$ 85,000	\$ 70,000	\$ 438,908	\$ -	\$ 18,000	\$ 18,000	\$ -	\$912,408
<b>MAXIMUM CONTRACT AMOUNT</b>	\$ 163,141	\$ 129,300	\$ 237,810	\$ 14,700	\$ 266,900	\$ 294,680	\$ 98,091	\$ 110,000	\$ 59,827	\$ 64,000	\$ 90,000	\$ 90,000	\$ 15,689	\$ 1,634,138
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**														
<b>Drug Medi-Cal</b>			\$ 186,700		\$ 261,900	\$ 251,100					\$ 82,500	\$ 83,500		\$ 865,700
<b>Realignment/SAPT - Discretion</b>	\$ 158,080	\$ 107,300	\$ 51,110	\$ 14,700		\$ 4,000				\$ 64,000	\$ 7,500	\$ 6,500		\$ 413,190
<b>Realignment/SAPT - Perinatal</b>		\$ 20,000			\$ 5,000	\$ 39,580	\$ 59,320	\$ 100,000						\$ 223,900
<b>SAMHSA Federal Grant - VET</b>	\$ 5,061						\$ 6,771		\$ 8,827				\$ 15,689	\$ 36,348
<b>CalWORKS</b>		\$ 2,000					\$ 32,000	\$ 10,000	\$ 51,000					\$ 95,000
<b>Other County Funds</b>														\$ -
<b>TOTAL (SOURCES OF FUND)</b>	\$ 163,141	\$ 129,300	\$ 237,810	\$ 14,700	\$ 266,900	\$ 294,680	\$ 98,091	\$ 110,000	\$ 59,827	\$ 64,000	\$ 90,000	\$ 90,000	\$ 15,689	\$ 1,634,138

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

\*The 15% Administrative Fee is deducted from the Drug Medi-Cal Gross Claim Maximum. Maximum (Net) Contract Amount is Less Administrative Fee of 15% (Drug Medi-Cal Only).

\*\* Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.

### THIRD AMENDMENT 2016-2017

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

Santa Barbara County Behavioral Wellness Services Contract Budget Packet Entity Budget By Program																
AGENCY NAME:		Good Samaritan Shelter														
COUNTY FISCAL YEAR:		2016-2017														
Gray Shaded cells contain formulas, do not overwrite																
LINE #	COLUMN#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CASA DE FAMILIA TREATMENT CENTER	RECOVERY POINT	PROJECT FREME	TURNING POINT	LOMPOC RECOVERY CENTER	HOMELESS CLINICIANS	SANTA MARIA EMERGENCY SHELTER	SANTA MARIA TLC	LOMPOC TLC	SANTA MARIA DX	LOMPOC DX	FAMILY TREATMENT DRUG COURT	
1	Contributions	\$ 85,200	\$ -													
2	Foundations/Trusts	\$ 100,000	\$ 50,000								\$ 50,000					
3	Miscellaneous Revenue	\$ 15,000	\$ -													
4	Behavioral Wellness Funding	\$ 1,875,138	\$ 1,875,138	\$ 90,000	\$ 253,499	\$ 266,900	\$ 294,680	\$ 90,000	\$ 200,000	\$ 115,527	\$ 98,091	\$ 110,000	\$ 163,141	\$ 129,300	\$ 64,000	
5	Other Government Funding	\$ 2,958,652	\$ 781,708	\$ 15,000	\$ 72,000	\$ 22,000	\$ 22,000	\$ 15,000		\$ 424,208	\$ 60,000	\$ 50,000	\$ 75,000	\$ 26,500		
6	Reserves		\$ -													
7	Other (specify)		\$ -													
8	Other (specify)		\$ -													
9	Other (specify)		\$ -													
10	Total Other Revenue	\$ 5,033,990	\$ 2,706,846	\$ 105,000	\$ 325,499	\$ 288,900	\$ 316,680	\$ 105,000	\$ 200,000	\$ 589,735	\$ 158,091	\$ 160,000	\$ 238,141	\$ 155,800	\$ 64,000	
I.B Client and Third Party Revenues:																
11	Client Fees	\$ 116,000	116,000	\$ 3,000	\$ 15,000			\$ 3,000			\$ 25,000	\$ 20,000	\$ 25,000	\$ 25,000		
12	SSI															
13	Rents	\$ 184,031														
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)	300,031	116,000	3,000	15,000	-	-	3,000	-	-	25,000	20,000	25,000	25,000	-	
15	GROSS PROGRAM REVENUE BUDGET	5,334,021	2,822,846	108,000	340,499	288,900	316,680	108,000	200,000	589,735	183,091	180,000	263,141	180,800	64,000	

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III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMS PROGRAMS TOTALS	CASA DE FAMILIA TREATMENT CENTER	RECOVERY POINT	PROJECT PREMIE	TURNING POINT	LOMPOC RECOVERY CENTER	HOMELESS CLINICIANS	SANTA MARIA EMERGENCY SHELTER	SANTA MARIA TLC	LOMPOC TLC	SANTA MARIA DX	LOMPOC DX	FAMILY TREATMENT DRUG COURT
<b>III.A. Salaries and Benefits Object Level</b>														
Salaries (Complete Staffing Schedule)	2,664,669	\$ 1,404,998	\$ 65,927	\$ 203,222	\$ 151,084	\$ 158,807	\$ 52,533	\$ 120,457	\$ 213,644	\$ 76,999	\$ 69,288	\$ 137,896	\$ 111,662	\$ 43,478
Employee Benefits	479,640	\$ 252,900	\$ 11,867	\$ 36,580	\$ 27,195	\$ 28,585	\$ 9,456	\$ 21,682	\$ 38,456	\$ 13,860	\$ 12,472	\$ 24,821	\$ 20,099	\$ 7,826
Consultants		\$ -												
Payroll Taxes	266,467	\$ 140,500	\$ 6,593	\$ 20,322	\$ 15,108	\$ 15,881	\$ 5,253	\$ 12,046	\$ 21,364	\$ 7,700	\$ 6,929	\$ 13,790	\$ 11,166	\$ 4,348
<b>Salaries and Benefits Subtotal</b>	<b>\$ 3,410,777</b>	<b>\$ 1,798,397</b>	<b>\$ 84,387</b>	<b>\$ 260,124</b>	<b>\$ 193,388</b>	<b>\$ 203,273</b>	<b>\$ 67,242</b>	<b>\$ 154,185</b>	<b>\$ 273,464</b>	<b>\$ 98,559</b>	<b>\$ 88,689</b>	<b>\$ 176,507</b>	<b>\$ 142,927</b>	<b>\$ 55,652</b>
<b>III.B Services and Supplies Object Level</b>														
Auto	25,825	\$ 20,349	306	77	3,704	1,616	0	1,817	5,869	2,331	1,853	1,886	890	
Contracted Services	43,743	\$ 36,401	0	450	6,400	1,025	800	7,676	6,500	5,200	6,300	1,900	150	
Occupancy (Facility Lease/Rent/Costs)	344,680	\$ 184,430	0	600	3,000	31,330	0	0	70,000	37,200	31,300	11,000	0	
Drug Testing	47,221	\$ 41,541	1,100	18,225	5,600	5,080	4,036	0	4,300	0	950	1,450	800	
Education & Training	8,306	\$ 6,827	220	0	2,725	1,400	32	0	0	800	1,400	100	150	
Gov'tl Fees & Charges	7,859	\$ 5,225	4,550	0	0	100	0	0	200	0	100	275	0	
Insurance	46,908	\$ 24,596	0	750	2,900	2,400	1,146	0	8,850	2,100	2,000	2,700	1,750	
Laundry	1,340	\$ 1,310	0	0	0	150	0	0	0	960	200	0	0	
Legal & Accounting	1,420	\$ 700	0	0	0	0	0	0	0	0	700	0	0	
Office Supplies	20,470	\$ 16,155	200	2,625	2,100	2,450	1,930	1,050	2,400	0	950	1,600	850	
Postage	1,279	\$ 250	0	50	0	50	0	0	50	0	50	50	0	
Program Supplies Food	37,892	\$ 18,267	50	60	750	1,050	557	0	7,050	0	1,200	4,800	2,750	
Program Supplies	113,393	\$ 62,700	250	3,350	10,300	5,800	3,550	850	25,000	1,450	3,050	6,900	2,200	
Rental of Buildings	18,786	\$ 18,786	0	0	0	0	11,286	7,500	0	0	0	0	0	
Rental of Equipment	2,605	\$ 2,000	0	650	0	0	0	0	600	0	0	500	250	
Repairs & Maintenance	73,867	\$ 45,685	125	2,800	7,250	4,100	55	55	22,500	2,500	3,800	2,100	400	
Telephone/Internet	34,500	\$ 20,334	0	3,250	3,000	3,050	2,234	500	1,800	3,150	1,600	750	1,000	
Travel Expense	5,437	\$ 3,107	225	250	100	100	61	80	2,000	110	80	50	50	
Util - Electricity	87,361	\$ 47,828	1,000	2,300	5,300	5,600	378	100	19,000	0	5,500	7,400	1,250	
Util - Heat (Gas)	21,026	\$ 9,350	500	0	1,000	1,300	0	0	3,100	1,850	1,300	0	300	
Util - Trash Disposal	1,534	\$ 500	500	0	0	0	0	0	0	0	0	0	0	
Util - Water/Sewer	69,405	\$ 37,231	500	525	3,400	5,500	606	100	8,500	3,000	5,500	8,500	1,100	
Utilities-Cable	5,086	\$ 1,400	0	0	300				350	0		350	400	
Rapid Rehousing Payments	207,560	\$ 51,280							51,280					
<b>Services and Supplies Subtotal</b>	<b>\$ 1,227,503</b>	<b>\$ 656,251</b>	<b>\$ 9,526</b>	<b>\$ 35,962</b>	<b>\$ 57,829</b>	<b>\$ 72,101</b>	<b>\$ 26,671</b>	<b>\$ 19,728</b>	<b>\$ 239,349</b>	<b>\$ 60,651</b>	<b>\$ 67,833</b>	<b>\$ 52,311</b>	<b>\$ 14,290</b>	<b>\$ -</b>
<b>III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)</b>		\$ -												
<b>SUBTOTAL DIRECT COSTS</b>	<b>\$ 4,638,280</b>	<b>\$ 2,454,649</b>	<b>\$ 93,913</b>	<b>\$ 296,086</b>	<b>\$ 251,217</b>	<b>\$ 275,374</b>	<b>\$ 93,913</b>	<b>\$ 173,913</b>	<b>\$ 512,813</b>	<b>\$ 159,210</b>	<b>\$ 156,522</b>	<b>\$ 228,818</b>	<b>\$ 157,217</b>	<b>\$ 55,652</b>
<b>IV. INDIRECT COSTS</b>														
Administrative Indirect Costs (Reimbursement limited to 15%)	695,741	\$ 368,197	\$ 14,087	\$ 44,413	\$ 37,683	\$ 41,306	\$ 14,087	\$ 26,087	\$ 76,922	\$ 23,881	\$ 23,478	\$ 34,323	\$ 23,583	\$ 8,348
<b>GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)</b>	<b>\$ 5,334,021</b>	<b>\$ 2,822,846</b>	<b>\$ 108,000</b>	<b>\$ 340,499</b>	<b>\$ 288,900</b>	<b>\$ 316,680</b>	<b>\$ 108,000</b>	<b>\$ 200,000</b>	<b>\$ 589,735</b>	<b>\$ 183,091</b>	<b>\$ 180,000</b>	<b>\$ 263,141</b>	<b>\$ 180,800</b>	<b>\$ 64,000</b>

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

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**SIGNATURE PAGE**

Third Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **Good Samaritan Shelter, Inc..**

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

**COUNTY OF SANTA BARBARA**

By: \_\_\_\_\_  
JOAN HARTMANN, CHAIR  
BOARD OF SUPERVISORS

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

**CONTRACTOR:**  
GOOD SAMARITAN SHELTER, INC.

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

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

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

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

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

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

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

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

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

**RECOMMENDED FOR APPROVAL:**  
ALICE A. GLEGHORN, PHD  
DIRECTOR, ALCOHOL, DRUG, AND MENTAL  
HEALTH SERVICES

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

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

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