

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

Santa Barbara County
Department of Social Services

**Third Amendment
Effective upon Execution**

This is a third 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, 2011 through June 30, 2012; and

Whereas, the budget projection for the above period was below expectation due to increased drug testing required by the juvenile court; and

Whereas, this Third Amended Agreement incorporates the terms and conditions set forth in the original Agreement, approved by the County Board of Supervisors on November 10, 2009.

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 contract amount, including cost reimbursements, not to exceed \$ 192,004 for year one (FY09/10), \$237,004 for year two (FY10/11) and \$252,004 for year three (FY11/12).

B. *Replace* Exhibit B-2, Schedule of Fees, FY 11/12.

EXHIBIT B-2
SCHEDULE OF FEES
FY 2011/2012

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	250	\$17,398
OUTPATIENT GROUP	\$29.57	2,990	\$88,414
DRUG TEST-FULL PANEL	\$25.00	5,470	\$136,750
DRUG TEST-SINGLE STICK	\$10.00	94	\$940
DETOX BED DAY	\$25.00	150	\$3,750
PERINATAL BED DAY	\$38.02	125	\$4,753
MAXIMUM OBLIGATION			\$252,004

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

COUNTY OF SANTA BARBARA

By: _____
Chair, Board of Supervisors

ATTEST:

CHANDRA L. WALLAR

KATHY M. GALLAGHER
DEPARTMENT OF SOCIAL SERVICES-
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 Third Amendment to the Agreement has been executed by parties hereto upon this date first above written.

CONTRACTOR-GOOD SAMARITAN SHELTER

By: _____

Date: _____