

FIRST AMENDMENT

TO THE 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, number **BC 12-016**, by and between the **County of Santa Barbara** (County) and **Coast Valley Substance Abuse Treatment Center** (Contractor), for the continued provision of **Substance Abuse Treatment Services**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2011, 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 \$5062 to the Agreement so as to compensate Contractor for services to be rendered under this Agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

I. Delete Section 1. PROGRAM SUMMARY from Exhibit A-3, Statement of Work – Bridges to Recovery, and replace with the following:

- 1. PROGRAM SUMMARY:** Coast Valley Substance Abuse Treatment Center (hereafter "Contractor") provides outpatient alcohol and other drug (AOD) treatment to assist high-risk adolescent males who have substance abuse issues and/or co-occurring mental health issues (hereafter "clients") obtain and maintain sobriety in the Bridges to Recovery Program (hereafter "the Program"). The Program, funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) is designed to provide a collaborative multi-agency approach to juvenile re-entry for clients from Probation institutions throughout Santa Barbara County. Contractor, in conjunction with Community Action Commission (CAC), shall provide a comprehensive approach to juvenile substance use treatment and rehabilitation. Contractor will provide treatment services including best practice individual and group counseling and drug testing. Contractor shall be certified by the California Department of Alcohol and Drug Programs (ADP) to provide Outpatient AOD and Drug Medi-Cal services. The Program will be located at 1125 E. Clark Avenue, Suite A2 Santa Maria and 133 North F Street, Lompoc California.

II. Delete Section 8. STAFF from Exhibit A-3, Statement of Work – Bridges to Recovery, and replace with the following:

- 8. STAFF.** Contractor shall use SAMHSA grant funds to make available a minimum 0.5 Full Time Equivalent (FTE) alcohol and other drug (AOD) counselor in Lompoc and 0.1 FTE AOD counselor in Santa Maria who meet the requirements as described in California Code of Regulations, Title 9, Division 4, Chapter 8 to provide the services described in Section 5.

FIRST AMENDMENT

III. Delete Section II. MAXIMUM CONTACT AMOUNT from Exhibit B, Financial Provisions, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **\$338182**. The Maximum Contract Amount 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 Contract Amount for Contractor's performance hereunder without a properly executed amendment.

IV. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:

FIRST AMENDMENT

EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Coast Valley FISCAL YEAR: 2011-12

	Unit	PROGRAM					Total
		Outpatient Treatment - Lompoc	Outpatient Treatment - Santa Maria	Outpatient Treatment - ROSC	Outpatient Treatment - MARS	Outpatient Treatment - Bridges to Recovery Lompoc	
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):					
33-ODF Group	session	2914	5075			356	8,346
34-ODF Individual	session	310	539			101	950
18-Recovery Oriented System of Care (ROSC)	cost reimbursed			\$ 14,700			\$ 14,700
68-SAMHSA MARS Grant Services	cost reimbursed				\$ 4,000		\$ 4,000
68-SAMHSA B2R Grant Services	cost reimbursed					\$ 34,842	\$ 34,842
COST PER UNIT/PROVISIONAL RATE:							
33-ODF Group					\$29.57		
34-ODF Individual					\$69.59		
18-Recovery Oriented System of Care (ROSC)					as budgeted		
68-SAMHSA MARS Grant Services					as budgeted		
68-SAMHSA B2R Grant Services					as budgeted		
GROSS COST:		\$ 101,738	\$ 187,980	\$ 14,700	\$ 4,000	\$ 49,764	\$ 358,182
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)							
CLIENT FEES		\$ 5,500	\$ 14,500				\$ 20,000
CLIENT INSURANCE							\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)							\$ -
FOUNDATIONS/TRUSTS							\$ -
SPECIAL EVENTS							\$ -
OTHER (LIST): OTHER GOVERNMENT							\$ -
OTHER (LIST): INVESTMENT INCOME							\$ -
TOTAL CONTRACTOR REVENUES*		\$ 5,500	\$ 14,500	\$ -	\$ -	\$ -	\$ 20,000
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 96,238	\$ 173,480	\$ 14,700	\$ 4,000	\$ 49,764	\$ 338,182
DM/C Administrative Fee (15%) **		\$ 11,484	\$ 14,118			\$ 2,633	
DM/C Gross Claim Maximum		\$ 76,562	\$ 94,118			\$ 17,555	
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT							

Medi-Cal Treatment Services (6241)		\$ 65,078	\$ 80,000			\$ 14,922	\$ 160,000
Medi-Cal Perinatal Services (6242)							\$ -
SACPA Treatment Services (6240)		\$ 31,160	\$ 93,480				\$ 124,640
ADP Treatment Services - SAPT (6243)							\$ -
Recovery Oriented System of Care (ROSC) (6243)				\$ 14,700			\$ 14,700
Perinatal Non Drug Medi-Cal (6244)							\$ -
Drug Court Services (6246)							\$ -
SAMHSA MARS Grant (6246) ***					\$ 4,000		\$ 4,000
SAMHSA CSDC Grant (6246)							\$ -
CalWORKS (6249)							\$ -
Youth Services (6250)							\$ -
SAMHSA B2R Grant (6250)						\$ 34,842	\$ 34,842
Prevention Services (6351)							\$ -
TOTAL (SOURCES OF FUNDING)		\$ 96,238	\$ 173,480	\$ 14,700	\$ 4,000	\$ 49,764	\$ 338,182

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*Total Contractor Revenues serve as a hard match for SAPT funds. The source of the hard match shall be non-ADMHS sources secured by Contractor. The match does not apply to DM/C.

** The 15% Administrative Fee is deducted from the Drug Medi-Cal portion of the DM/C Gross Claim Maximum.

*** Through March 31, 2012. This amount is an estimate based on a projection of the grant funds that will be available to the provider in FY 11-12 subject to SAMHSA approval of County's Carryover Request. The actual amount will be determined by the amount of unexpended grant funds remaining after June 30, 2011. County will disburse funds not to exceed the actual grant funds available. In the event available grant funds are lower than this estimate, County will not provide other funding to supplement grant funds.

FIRST AMENDMENT

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

AGENCY NAME: Coast Valley

COUNTY FISCAL YEAR: 2011-12

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley SATC SM	Coast Valley SATC LM	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
1		Contributions		\$ -				
2		Foundations/Trusts		\$ -				
3		Special Events		\$ -				
4		Legacies/Bequests		\$ -				
5		Associated Organizations		\$ -				
6		Membership Dues		\$ -				
7		Sales of Materials		\$ -				
8		Investment Income		\$ -				
9		Miscellaneous Revenue		\$ -				
10		ADMHS Funding	\$ 139,340	\$ 139,340	\$ 100,830	\$ 38,510		
11		Other Government Funding		\$ -				
12		MARS SAMHSA Grant	\$ 4,000	\$ 4,000	\$ 4,000			
13		B2R SAMHSA Grant	\$ 34,842	\$ 34,842	\$ 5,062	\$ 29,780		
14		MediCAL	\$ 160,000	\$ 160,000	\$ 80,000	\$ 80,000		
15		Other (specify)		\$ -				
16		Other (specify)		\$ -				
17		Other (specify)		\$ -				
18		Total Other Revenue (Sum of lines 1 through 17)	\$ 338,182	\$ 338,182	\$ 189,892	\$ 148,290	\$ -	\$ -
		I.B Client and Third Party Revenues:						
19		Medicare		-				
20		Client Fees	\$ 20,000	20,000	\$ 14,500	\$ 5,500		
21		Insurance		-				
22		SSI		-				
23		Other (specify)		-				
24		Total Client and Third Party Revenues (Sum of lines 19 through 23)	20,000	20,000	14,500	5,500	-	-
25		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	358,182	358,182	204,392	153,790	-	-

FIRST AMENDMENT

III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley SATC SM	Coast Valley SATC LM	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
III.A. Salaries and Benefits Object Level						
26 Salaries (Complete Staffing Schedule)	208,782	\$ 208,782	\$ 118,496	\$ 90,286		
27 Employee Benefits	4,800	\$ 4,800	\$ 1,800	\$ 3,000		
28 Consultants	19,800	\$ 19,800	\$ 13,860	\$ 5,940		
29 Payroll Taxes	48,000	\$ 48,000	\$ 26,880	\$ 21,120		
30 Salaries and Benefits Subtotal	\$ 281,382	\$ 281,382	\$ 161,036	\$ 120,346	\$ -	\$ -
III.B Services and Supplies Object Level						
31 Professional Fees		\$ -				
32 Supplies	15,576	\$ 15,576	\$ 10,170	\$ 5,406		
33 Telephone	1,968	\$ 1,968	\$ 828	\$ 1,140		
34 Postage & Shipping		\$ -				
35 Occupancy (Facility Lease/Rent/Costs)	44,340	\$ 44,340	\$ 26,400	\$ 17,940		
36 Rental/Maintenance Equipment	3,600	\$ 3,600	\$ 1,800	\$ 1,800		
37 Printing/Publications		\$ -				
38 Transportation		\$ -				
39 Conferences, Meetings, Etc		\$ -				
40 Insurance	4,816	\$ 4,816	\$ 2,408	\$ 2,408		
41 Utilities	3,000	\$ 3,000		\$ 3,000		
42 License Fee	3,500	\$ 3,500	\$ 1,750	\$ 1,750		
43 Other (specify)		\$ -				
44 Other (specify)		\$ -				
45 Services and Supplies Subtotal	\$ 76,800	\$ 76,800	\$ 43,356	\$ 33,444	\$ -	\$ -
46 III.C. Client Expense Object Level Total		\$ -				
47 SUBTOTAL DIRECT COSTS	\$ 358,182	\$ 358,182	\$ 204,392	\$ 153,790	\$ -	\$ -
IV. INDIRECT COSTS						
48 Administrative Indirect Costs (limited to 15%)		\$ -				
49 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 358,182	\$ 358,182	\$ 204,392	\$ 153,790	\$ -	\$ -

FIRST AMENDMENT

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.

COUNTY OF SANTA BARBARA

By: _____
DOREEN FARR, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 77-0527812.
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

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

By _____
Deputy County Counsel
Date: _____

By _____
Deputy
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ANN DETRICK, PH.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

FIRST AMENDMENT

CONTRACT SUMMARY PAGE

BC 12-016

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year..... 11-12
 D2. Budget Unit Number 043
 D3. Requisition Number
 D4. Department Name Alcohol, Drug, & Mental Health Services
 D5. Contact Person..... Erin Jeffery
 D6. Telephone (805) 681-5168

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Substance Abuse Treatment Services
 K3. Contract Amount..... \$338182
 K4. Contract Begin Date 7/1/2011
 K5. Original Contract End Date..... 6/30/2012
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2011	\$5062	\$5062	\$338182	6/30/2012	Add funds for B2R

B1. Is this a Board Contract? (Yes/No)..... Yes
 B2. Number of Workers Displaced (if any)..... N/A
 B3. Number of Competitive Bids (if any)..... N/A
 B4. Lowest Bid Amount (if bid)..... N/A
 B5. If Board waived bids, show Agenda Date N/A
 and Agenda Item Number
 B6. Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)..... Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount..... \$338182
 F3. Fund Number..... 0049
 F4. Department Number 043
 F5. Division Number (if applicable).....
 F6. Account Number..... 7461
 F7. Cost Center number (if applicable)..... 6243
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID..... A=413009
 V2. Payee/Contractor Name Coast Valley Substance Abuse Treatment
 V3. Mailing Address 1125 East Clark Ave. Suite A2.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Maria, CA 93455
 V5. Telephone Number..... 8057391512
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 77-0527812
 V7. Contact Person..... Matthew Hamlin Executive Director
 V8. Workers Comp Insurance Expiration Date 6/4/2012
 V9. Liability Insurance Expiration Date[s] G=6/1/2012, P=6/1/2012
 V10. Professional License Number..... 420030AN; 420030BN
 V11. Verified by (name of county staff)..... Erin Jeffery
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____