#### FIRST AMENDMENT

# TO THE REVENUE AGREEMENT WITH INDEPENDENT CONTRACTOR

THIS FIRST AMENDMENT to the Revenue Agreement with Independent Contractor (hereafter First Amendment) is made by and between the County of Santa Barbara (County) and Council on Alcoholism and Drug Abuse (Contractor) for the continued provision of services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County, and County desires to continue to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth;

WHEREAS, the County Board of Supervisors authorized the County to enter into a Revenue Agreement with Independent Contractor on August 18, 2020 for the provision of Driving Under the Influence (DUI) and Penal Code 1000 Drug Diversion (PC 1000) programs, with a projected revenue of \$9,000 per year for the period of July 1, 2020 through June 30, 2023; and

WHEREAS, this First Amendment updates language for compliance with county, state, and federal requirements and updates DUI program rates, effective July 1, 2022, as approved by the Department of Health Care Services (DHCS).

**NOW, THEREFORE,** in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

I. Delete <u>Section 27 (Compliance with Law)</u> and <u>Section 33 (Compliance with HIPAA)</u> of the <u>Standard Terms and Conditions</u> and replace these sections with the following:

### 27. COMPLIANCE WITH LAW.

Contractor shall, at its sole cost and expense, comply with all County, State and Federal ordinances; statutes; regulations; orders including, but not limited to, executive orders, court orders, and health officer orders; guidance; bulletins; information notices; and letters including, but not limited to, those issued by the California Department of Health Care Services (DHCS) and the California Department of Public Health now in force or which may hereafter be in force with regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of Contractor in any action or proceeding against Contractor, whether County is a party thereto or not, that Contractor has violated any such ordinance, statute, regulation, order, guidance, bulletin, information notice, and/or letter shall be conclusive of that fact as between Contractor and County.

# 33. COMPLIANCE WITH PRIVACY LAWS.

Contractor is expected to adhere to the healthcare privacy laws specified in Section 36 (Confidentiality) and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with the healthcare privacy laws as they are amended from time to time.

# II. Add <u>Section 36 (Confidentiality)</u> to the <u>Standard Terms and Conditions</u> as follows: 36. CONFIDENTIALITY.

- A. Contractor agrees to maintain, and agrees to require that its employees, agents, or subcontractors agree to maintain, the confidentiality of patient records pursuant to: Title 42 United State Code (USC) Section 290 dd-2; Title 42 Code of Federal Regulations (C.F.R.), Part 2; Title 42 C.F.R. Section 438.224; 45 C.F.R. Section 96.132(e), 45 C.F.R. Parts 160, 162, and 164; Title 22 California Code of Regulations (CCR) Section 51009; Welfare & Institutions Code (W&IC) Section 5328 et seq. and Sections 14100.2 and 14184.102; Health and Safety Code (HSC) Sections 11812 and 11845.5; Civil Code Sections 56 56.37, 1798.80 1798.82, and 1798.85; and Section 33 (Compliance with Privacy Laws) of this Agreement, as applicable. Patient records must comply with all appropriate State and Federal requirements.
- **B.** Contractor shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of services under this Agreement or other uses authorized by law that are not in conflict with requirements for confidentiality contained in the preceding codes.

# III. Delete Exhibit B-1 Schedule of Fees DUI Program/PC 1000 in its entirety and replace with the following:

#### EXHIBIT B-1 SCHEDULE OF FEES DUI PROGRAM /PC 1000 PROGRAM

| TYPE OF SERVICE                           | Projected Client Fees<br>Collected | Projected Annual<br>Fees Paid to County |
|---|------------------------------------|---|
| Driving Under the Influence (DUI) Program | \$269,000                          | \$4,500                                 |
| PC 1000/Drug Diversion Program            | \$24,000                           | \$1,500                                 |
| Total Annual Revenue Fees (projected):    | \$293,000                          | \$6,000                                 |

Annual Revenue is based on the number of individuals participating in the program at the approved rates listed below and in accordance with the sliding fee scale (see Exhibit B-2):

|                         | Program F                 | ees FY 2020-2021                            |          |  |  |  |
|-------------------------|---------------------------|---|----------|--|--|--|
| DUI Program Participant | Fee Schedule              | e Schedule PC 1000 Participant Fee Schedule |          |  |  |  |
| 18 Month Program        | \$2,100                   | PC 1000 Program \$1,000<br>Service Fee      |          |  |  |  |
|                         | 0                         | ther Fees                                   |          |  |  |  |
| DUI Program             | n                         | PC  | 1000     |  |  |  |
|                         |                           | Drug Test                                   | Included |  |  |  |
| Missed Activity         | \$10 Missed Activity \$15 |   |          |  |  |  |

| Reinstatement | \$40 | Reinstatement | \$40 |  |
|---------------|------|---------------|------|--|
| Return Check  | \$10 | Return Check  | \$25 |  |
| Transfer-Out  | \$45 | Transfer-Out  | \$45 |  |

| Program Fees FY 2021-2022 |              |  |      |  |  |  |
|---------------------------|--------------|--|------|--|--|--|
| DUI Program Participant   | Fee Schedule | PC 1000 Participant Fee Schedule       |      |  |  |  |
| 18 Month Program          | \$2,100      | PC 1000 Program \$1,000<br>Service Fee |      |  |  |  |
| Other Fees                |              |  |      |  |  |  |
| DUI Program               |              | PC 1000                                |      |  |  |  |
|                           |              | Drug Test Included                     |      |  |  |  |
| Missed Activity           | \$10         | Missed Activity \$15                   |      |  |  |  |
| Reinstatement             | \$40         | Reinstatement \$40                     |      |  |  |  |
| Return Check              | \$10         | Return Check \$25                      |      |  |  |  |
| Transfer-Out              | \$45         | Transfer-Out                           | \$45 |  |  |  |

|                      | Program F        | ees FY 2022-2023                       |      |  |  |
|----------------------|------------------|--|------|--|--|
| DUI Program Particip | ant Fee Schedule | PC 1000 Participant Fee Schedule       |      |  |  |
| 18 Month Program     | \$2,107          | PC 1000 Program \$1,000<br>Service Fee |      |  |  |
|                      | 0                | ther Fees                              |      |  |  |
| DUI Program          |                  | PC 1000                                |      |  |  |
|                      |                  | Drug Test Included                     |      |  |  |
| Missed Activity      | \$10             | Missed Activity \$15                   |      |  |  |
| Reinstatement        | \$50             | Reinstatement                          | \$40 |  |  |
| Return Check         | \$10             | Return Check \$25                      |      |  |  |
| Transfer Out         | \$50             | Transfer-Out                           | \$45 |  |  |

# IV. Add the following to **Exhibit B-2 Sliding Fee Scale**:

#### COUNTY OF SANTA BARBARA ALCOHOL & DRUG PROGRAM FEE SCHEDULE \* 2021-2022

#### ANNUAL GROSS FAMILY INCOME

#### NUMBER OF DEPENDENTS

| FEE PER |        |        |        |        |         |         |         |         |
|---------|--------|--------|--------|--------|---------|---------|---------|---------|
| VISIT   | 1      | 2      | 3      | 4      | 5       | 6       | 7       | 8       |
| 5       | 12,880 | 17,420 | 21,960 | 26,500 | 31,040  | 35,580  | 40,120  | 44,660  |
| 10      | 17,200 | 21,740 | 26,280 | 30,820 | 35,360  | 39,900  | 44,440  | 48,980  |
| 15      | 21,520 | 26,060 | 30,600 | 35,140 | 39,680  | 44,220  | 48,760  | 53,300  |
| 20      | 25,840 | 30,380 | 34,920 | 39,460 | 44,000  | 48,540  | 53,080  | 57,620  |
| 25      | 30,160 | 34,700 | 39,240 | 43,780 | 48,320  | 52,860  | 57,400  | 61,940  |
| 30      | 34,480 | 39,020 | 43,560 | 48,100 | 52,640  | 57,180  | 61,720  | 66,260  |
| 35      | 38,800 | 43,340 | 47,880 | 52,420 | 56,960  | 61,500  | 66,040  | 70,580  |
| 40      | 43,120 | 47,660 | 52,200 | 56,740 | 61,280  | 65,820  | 70,360  | 74,900  |
| 45      | 47,440 | 51,980 | 56,520 | 61,060 | 65,600  | 70,140  | 74,680  | 79,220  |
| 50      | 51,760 | 56,300 | 60,840 | 65,380 | 69,920  | 74,460  | 79,000  | 83,540  |
| 55      | 56,080 | 60,620 | 65,160 | 69,700 | 74,240  | 78,780  | 83,320  | 87,860  |
| 60      | 60,400 | 64,940 | 69,480 | 74,020 | 78,560  | 83,100  | 87,640  | 92,180  |
| 65      | 64,720 | 69,260 | 73,800 | 78,340 | 82,880  | 87,420  | 91,960  | 96,500  |
| 70      | 69,040 | 73,580 | 78,120 | 82,660 | 87,200  | 91,740  | 96,280  | 100,820 |
| 75      | 73,360 | 77,900 | 82,440 | 86,980 | 91,520  | 96,060  | 100,600 | 105,140 |
| 80      | 77,680 | 82,220 | 86,760 | 91,300 | 95,840  | 100,380 | 104,920 | 109,460 |
| 85      | 82,000 | 86,540 | 91,080 | 95,620 | 100,160 | 104,700 | 109,240 | 113,780 |
| 90      | 86,320 | 90,860 | 95,400 | 99,940 | 104,480 | 109,020 | 113,560 | 118,100 |

#### MONTHLY GROSS FAMILY INCOME

#### NUMBER OF DEPENDENTS

| FEE PER |       |       |       |       |       |       |       |       |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| VISIT   | 1     | 2     | 3     | 4     | 5     | 6     | 7     | 8     |
| 5       | 1,073 | 1,452 | 1,830 | 2,208 | 2,587 | 2,965 | 3,343 | 3,722 |
| 10      | 1,433 | 1,812 | 2,190 | 2,568 | 2,947 | 3,325 | 3,703 | 4,082 |
| 15      | 1,793 | 2,172 | 2,550 | 2,928 | 3,307 | 3,685 | 4,063 | 4,442 |
| 20      | 2,153 | 2,532 | 2,910 | 3,288 | 3,667 | 4,045 | 4,423 | 4,802 |
| 25      | 2,513 | 2,892 | 3,270 | 3,648 | 4,027 | 4,405 | 4,783 | 5,162 |
| 30      | 2,873 | 3,252 | 3,630 | 4,008 | 4,387 | 4,765 | 5,143 | 5,522 |
| 35      | 3,233 | 3,612 | 3,990 | 4,368 | 4,747 | 5,125 | 5,503 | 5,882 |
| 40      | 3,593 | 3,972 | 4,350 | 4,728 | 5,107 | 5,485 | 5,863 | 6,242 |
| 45      | 3,953 | 4,332 | 4,710 | 5,088 | 5,467 | 5,845 | 6,223 | 6,602 |
| 50      | 4,313 | 4,692 | 5,070 | 5,448 | 5,827 | 6,205 | 6,583 | 6,962 |
| 55      | 4,673 | 5,052 | 5,430 | 5,808 | 6,187 | 6,565 | 6,943 | 7,322 |
| 60      | 5,033 | 5,412 | 5,790 | 6,168 | 6,547 | 6,925 | 7,303 | 7,682 |
| 65      | 5,393 | 5,772 | 6,150 | 6,528 | 6,907 | 7,285 | 7,663 | 8,042 |
| 70      | 5,753 | 6,132 | 6,510 | 6,888 | 7,267 | 7,645 | 8,023 | 8,402 |
| 75      | 6,113 | 6,492 | 6,870 | 7,248 | 7,627 | 8,005 | 8,383 | 8,762 |
| 80      | 6,473 | 6,852 | 7,230 | 7,608 | 7,987 | 8,365 | 8,743 | 9,122 |
| 85      | 6,833 | 7,212 | 7,590 | 7,968 | 8,347 | 8,725 | 9,103 | 9,482 |
| 90      | 7,193 | 7,572 | 7,950 | 8,328 | 8,707 | 9,085 | 9,463 | 9,842 |

<sup>\*</sup>For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

\*\*For families/household with more than 8 persons, add \$4,540 for each additional person.

<sup>\*</sup> For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

#### COUNTY OF SANTA BARBARA ALCOHOL & DRUG PROGRAM FEE SCHEDULE \* 2022-2023

#### ANNUAL GROSS FAMILY INCOME

#### NUMBER OF DEPENDENTS

| FEE PER |        |        |        |         |         |         |         |         |
|---------|--------|--------|--------|---------|---------|---------|---------|---------|
| VISIT   | 1      | 2      | 3      | 4       | 5       | 6       | 7       | 8       |
| 5       | 13,590 | 18,310 | 23,030 | 27,750  | 32,470  | 37,190  | 41,910  | 46,630  |
| 10      | 17,910 | 22,630 | 27,350 | 32,070  | 36,790  | 41,510  | 46,230  | 50,950  |
| 15      | 22,230 | 26,950 | 31,670 | 36,390  | 41,110  | 45,830  | 50,550  | 55,270  |
| 20      | 26,550 | 31,270 | 35,990 | 40,710  | 45,430  | 50,150  | 54,870  | 59,590  |
| 25      | 30,870 | 35,590 | 40,310 | 45,030  | 49,750  | 54,470  | 59,190  | 63,910  |
| 30      | 35,190 | 39,910 | 44,630 | 49,350  | 54,070  | 58,790  | 63,510  | 68,230  |
| 35      | 39,510 | 44,230 | 48,950 | 53,670  | 58,390  | 63,110  | 67,830  | 72,550  |
| 40      | 43,830 | 48,550 | 53,270 | 57,990  | 62,710  | 67,430  | 72,150  | 76,870  |
| 45      | 48,150 | 52,870 | 57,590 | 62,310  | 67,030  | 71,750  | 76,470  | 81,190  |
| 50      | 52,470 | 57,190 | 61,910 | 66,630  | 71,350  | 76,070  | 80,790  | 85,510  |
| 55      | 56,790 | 61,510 | 66,230 | 70,950  | 75,670  | 80,390  | 85,110  | 89,830  |
| 60      | 61,110 | 65,830 | 70,550 | 75,270  | 79,990  | 84,710  | 89,430  | 94,150  |
| 65      | 65,430 | 70,150 | 74,870 | 79,590  | 84,310  | 89,030  | 93,750  | 98,470  |
| 70      | 69,750 | 74,470 | 79,190 | 83,910  | 88,630  | 93,350  | 98,070  | 102,790 |
| 75      | 74,070 | 78,790 | 83,510 | 88,230  | 92,950  | 97,670  | 102,390 | 107,110 |
| 80      | 78,390 | 83,110 | 87,830 | 92,550  | 97,270  | 101,990 | 106,710 | 111,430 |
| 85      | 82,710 | 87,430 | 92,150 | 96,870  | 101,590 | 106,310 | 111,030 | 115,750 |
| 90      | 87,030 | 91,750 | 96,470 | 101,190 | 105,910 | 110,630 | 115,350 | 120,070 |

#### MONTHLY GROSS FAMILY INCOME

#### NUMBER OF DEPENDENTS

| FEE PER |       |       |       |              |       |       |       |        |
|---------|-------|-------|-------|--------------|-------|-------|-------|--------|
| VISIT   | 1     | 2     | 3     | 4            | 5     | 6     | 7     | 8      |
| 5       | 1,133 | 1,526 | 1,919 | 2,313        | 2,706 | 3,099 | 3,493 | 3,886  |
| 10      | 1,493 | 1,886 | 2,279 | 2,673        | 3,066 | 3,459 | 3,853 | 4,246  |
| 15      | 1,853 | 2,246 | 2,639 | 3,033        | 3,426 | 3,819 | 4,213 | 4,606  |
| 20      | 2,213 | 2,606 | 2,999 | 3,393        | 3,786 | 4,179 | 4,573 | 4,966  |
| 25      | 2,573 | 2,966 | 3,359 | 3,753        | 4,146 | 4,539 | 4,933 | 5,326  |
| 30      | 2,933 | 3,326 | 3,719 | 4,113        | 4,506 | 4,899 | 5,293 | 5,686  |
| 35      | 3,293 | 3,686 | 4,079 | 4,473        | 4,866 | 5,259 | 5,653 | 6,046  |
| 40      | 3,653 | 4,046 | 4,439 | 4,833        | 5,226 | 5,619 | 6,013 | 6,406  |
| 45      | 4,013 | 4,406 | 4,799 | 5,193        | 5,586 | 5,979 | 6,373 | 6,766  |
| 50      | 4,373 | 4,766 | 5,159 | 5,553        | 5,946 | 6,339 | 6,733 | 7,126  |
| 55      | 4,733 | 5,126 | 5,519 | 5,913        | 6,306 | 6,699 | 7,093 | 7,486  |
| 60      | 5,093 | 5,486 | 5,879 | 6,273        | 6,666 | 7,059 | 7,453 | 7,846  |
| 65      | 5,453 | 5,846 | 6,239 | 6,633        | 7,026 | 7,419 | 7,813 | 8,206  |
| 70      | 5,813 | 6,206 | 6,599 | 6,993        | 7,386 | 7,779 | 8,173 | 8,566  |
| 75      | 6,173 | 6,566 | 6,959 | 7,353        | 7,746 | 8,139 | 8,533 | 8,926  |
| 80      | 6,533 | 6,926 | 7,319 | 7,713        | 8,106 | 8,499 | 8,893 | 9,286  |
| 85      | 6,893 | 7,286 | 7,679 | 8,073        | 8,466 | 8,859 | 9,253 | 9,646  |
| 90      | 7,253 | 7,646 | 8,039 | 8,433        | 8,826 | 9,219 | 9,613 | 10,006 |
|         | 50    | 50    |       | 2007/00/2015 | 15    |       |       |        |

<sup>\*</sup>For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

<sup>\*\*</sup>For families/household with more than 8 persons, add \$4,540 for each additional person.

<sup>\*</sup> For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

- V. Effectiveness. The terms and provisions set forth in this First Amendment shall modify and supersede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by this First Amendment, are ratified and confirmed and shall continue in full force and effect, and shall continue to be legal, valid, binding, and enforceable obligations of the Parties.
- VI. Execution of Counterparts. This First Amendment may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original and all such counterparts or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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#### SIGNATURE PAGE

First Amendment to the Revenue Agreement with 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 July 1, 2022.

#### **COUNTY OF SANTA BARBARA:**

By: JOAN HARTMANN, C

BOARD OF SUPERVISORS

8-16-22

Date:

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

CONTRACTOR:

COUNCIL ON ALCOHOLISM AND DRUG ABUSE

11-6

Deputy Clerk

Date:

By:

—Docusigned by: Scott Whiteley

Authorized Representative

Name:

Scott Whiteley

Title:

Executive Director

Date:

8/4/2022

APPROVED AS TO FORM:

RACHEL VAN MULLEM COUNTY COUNSEL

By:

Jeresa Martines

Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA AUDITOR-CONTROLLER

By:

DocuSigned by:

Robert Gus

02B49B53797F440

Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT DIRECTOR, DEPARTMENT OF BEHAVIORAL WELLNESS

By:

— Docusigned by: Autonette "Toni" Navarro Diff8595816FE1474...

By:

APPROVED AS TO INSURANCE FORM:
GREG MILLIGAN, ARM

RISK MANAGER, DEPARTMENT OF RISK MANAGEMENT

DocuSigned by:

Gry Milligan

53,48,748,7988,4407...
Risk Manager