

THIRD AMENDMENT

TO THE 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, 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 Third Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2011, the First Amendment approved by the County Board of Supervisors in May 2012, the Second Amendment approved by the County Board of Supervisors in June 2012, 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 funds in the amount of \$15,000 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 5, Clients, from Exhibit A-1, Statement of Work – Outpatient Treatment, and replace with the following:

- 5. CLIENTS.** Contractor shall provide services as described in Section 4 to 85 clients in Lompoc, including juveniles and 105 clients in Santa Maria, including juveniles, referred by sources described in Section 6.A. Contractor shall admit clients with co-occurring disorders where appropriate.

II. Delete Section II, Maximum Contract 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 **\$351790**. 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.

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

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

CONTRACTOR NAME: Coast Valley FISCAL YEAR: 2012-13

	Unit	PROGRAM					Total
		Outpatient Treatment - Lompoc	Outpatient Treatment - Santa Maria	Outpatient Treatment - ROSC	Outpatient Treatment - Bridges to Recovery Lompoc	Outpatient Treatment - Bridges to Recovery Santa Maria	
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):					
33-ODF Group	session	2846	5353		719		8,918
34-ODF Individual	session	302	569		204		1,075
18-Recovery Oriented System of Care (ROSC)	cost reimbursed			\$ 14,700			\$ 14,700
68-SAMHSA B2R Grant Services	cost reimbursed				\$ 18,725	\$ 18,725	\$ 37,450
COST PER UNIT/PROVISIONAL RATE:							
33-ODF Group				\$30.28			
34-ODF Individual				\$71.25			
18-Recovery Oriented System of Care (ROSC)				as budgeted			
68-SAMHSA B2R Grant Services				as budgeted			
GROSS COST:		\$ 152,238	\$ 252,480	\$ 14,700	\$ 33,647	\$ 18,725	\$ 471,790
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)							
CLIENT FEES		\$ 6,000	\$ 14,000				\$ 20,000
CLIENT INSURANCE							\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)							\$ -
FOUNDATIONS/TRUSTS							\$ -
SPECIAL EVENTS							\$ -
OTHER (LIST): OTHER GOVERNMENT		\$ 50,000	\$ 50,000				\$ 100,000
OTHER (LIST): INVESTMENT INCOME							\$ -
TOTAL CONTRACTOR REVENUES		\$ 56,000	\$ 64,000	\$ -	\$ -	\$ -	\$ 120,000
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 96,238	\$ 188,480	\$ 14,700	\$ 33,647	\$ 18,725	\$ 351,790
DMC Administrative Fee (15%) *		\$ 11,484	\$ 14,118		\$ 2,633		
DMC 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)			\$ 15,000				\$ 15,000
SAMHSA CSDC Grant (6246)							\$ -
CalWORKS (6249)							\$ -
Youth Services (6250)							\$ -
SAMHSA B2R Grant (6246)					\$ 18,725	\$ 18,725	\$ 37,450
Prevention Services (6351)							\$ -
TOTAL (SOURCES OF FUNDING)		\$ 96,238	\$ 188,480	\$ 14,700	\$ 33,647	\$ 18,725	\$ 351,790

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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

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

AGENCY NAME: Coast Valley SATC

COUNTY FISCAL YEAR: 2012-13

Gray Shaded cells contain formulas, do not overwrite

COLUMN #	1	2	3	4	5
	I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley SM	Coast Valley LM
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	\$ 139,640	\$ 139,640	\$ 108,480	\$ 31,160
11	Other Government Funding	\$ 100,000	\$ 100,000	\$ 50,000	\$ 50,000
12	Bridge to Recovery	\$ 37,450	\$ 37,450	\$ 18,725	\$ 18,725
13	ROSC	\$ 14,700	\$ 14,700	\$ 7,350	\$ 7,350
14	MediCAL	\$ 160,000	\$ 160,000	\$ 87,461	\$ 72,539
15	Other (specify)		\$ -		
16	Other (specify)		\$ -		
17	Other (specify)		\$ -		
18	Total Other Revenue (Sum of lines 1 through 17)	\$ 451,790	\$ 451,790	\$ 272,016	\$ 179,774
I.B Client and Third Party Revenues:					
19	Medicare		-		
20	Client Fees	\$ 20,000	20,000	\$ 14,000	\$ 6,000
21	Insurance		-		
22	SSI		-		
23	Other (specify)		-		
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	20,000	20,000	14,000	6,000
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	471,790	471,790	286,016	185,774

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Coast Valley SM	Coast Valley LM
III.A. Salaries and Benefits Object Level					
26	Salaries (Complete Staffing Schedule)	307,604	\$ 307,604	\$ 182,276	\$ 125,328
27	Employee Benefits	4,800	\$ 4,800	\$ 2,400	\$ 2,400
28	Consultants	24,900	\$ 24,900	\$ 19,500	\$ 5,400
29	Payroll Taxes	51,356	\$ 51,356	\$ 28,848	\$ 22,508
30	Salaries and Benefits Subtotal	\$ 388,660	\$ 388,660	\$ 233,024	\$ 155,636
III.B Services and Supplies Object Level					
31	Professional Fees		\$ -		
32	Supplies	17,896	\$ 17,896	\$ 13,315	\$ 4,581
33	Telephone	1,968	\$ 1,968	\$ 828	\$ 1,140
34	Postage & Shipping	338	\$ 338	\$ 169	\$ 169
35	Occupancy (Facility Lease/Rent/Costs)	48,012	\$ 48,012	\$ 29,472	\$ 18,540
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	License Fee	3,500	\$ 3,500	\$ 3,500	
42	Utilities	3,000	\$ 3,000	\$ 1,500	\$ 1,500
43	Other (specify)		\$ -		
44	Other (specify)		\$ -		
45	Services and Supplies Subtotal	\$ 83,130	\$ 83,130	\$ 52,992	\$ 30,138
46	III.C. Client Expense Object Level Total		\$ -		
47	SUBTOTAL DIRECT COSTS	\$ 471,790	\$ 471,790	\$ 286,016	\$ 185,774
IV. INDIRECT COSTS					
48	Administrative Indirect Costs (limited to 15%)		\$ -		
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 471,790	\$ 471,790	\$ 286,016	\$ 185,774

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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: _____
SALUD CARBAJAL, 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

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
TAKASHI WADA, MD, MPH
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

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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..... 12-13
 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..... \$351790
 K4. Contract Begin Date 7/1/2012
 K5. Original Contract End Date..... 6/30/12
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2012	\$336790	\$	\$336790	6/30/2013	Renew for FY 12-13
2	1/1/2013	\$15000	\$351790	\$351790	6/30/2013	Add funds for SATC clients

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..... \$351790
 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 6/4/2013
 V9. Liability Insurance Expiration Date[s] G=6/1/2013, P=6/1/2013
 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: _____