

## FOURTH AMENDMENT 2013-2014

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fourth Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 14-029**, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter, Inc.** (Contractor), for the continued provision of Alcohol and Drug Treatment Services (previously referenced as number **BC 13-005**).

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

Whereas, this Fourth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2012, the First Amendment approved by the County Board of Supervisors in May 2013, the Second Amendment approved by the County Board of Supervisors in June 2013, the Third Amendment approved by the County Board of Supervisors in October 2013, except as modified by this Fourth 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 \$90000 to the prior Agreement maximum of \$1,225,959 so as to compensate Contractor for the additional services to be rendered under this Agreement through June 30, 2014.

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

**I. Delete Section 4, Clients, from Exhibit A-2, Statement of Work – Outpatient Drug Free Programs, and replace with the following:**

4. **CLIENTS.** Contractor shall provide services as described in Section 3 to approximately 220 clients, ages 18 and over, referred by sources described in Section 5.A. Contractor shall admit clients with co-occurring disorders where appropriate.

**II. Delete Section 4, Clients, from Exhibit A-3, Statement of Work – Perinatal Programs, and replace with the following:**

4. **CLIENTS.** Contractor shall provide services as described in Section 3 to approximately 195 clients, ages 18 and over, referred by sources described in Section 5.A. Clients receiving DCR services may live independently, semi-independently, or in a supervised residential facility which does not provide this service. Contractor shall admit clients with co-occurring disorders where appropriate.

**III. Delete Section II, Maximum Contract Amount, from Exhibit B, Financial Provisions, and replace with the following:**

## **FOURTH AMENDMENT 2013-2014**

### **II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount has been calculated based on the total Units of Service (UOS) to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **\$1315959**. The Maximum Contract Amount shall consist of County, State, and/or Federal funds. 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:**

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

CONTRACTOR NAME: **Good Samaritan Shelter, Inc.**

FISCAL YEAR: **2013-2014**

	PROGRAM													TOTAL
	Unit	Residential Detox (Santa Maria)	Residential Detox (Lompoc)	Recovery Point (Santa Maria)	Recovery Point - ROSC (Santa Maria)	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)	CAM (Lompoc and Santa Maria)	VETS Treatment Services (Santa Maria)	CARES North Dual Diagnosis Specialist	
DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):													
Perinatal 30 - DCR	day	-	-	-	-	2,511	721	-	-	-	-	-	-	3,232
Perinatal 33 - ODF Group	90 min session	-	-	-	-	71	625	-	-	-	-	-	-	696
Perinatal 34 - ODF Individual	50 min session	-	-	-	-	2	34	-	-	-	-	-	-	36
33 - ODF Group	90 min session	-	-	4,100	-	3,512	3,271	-	-	-	-	-	-	10,883
34 - ODF Individual	50 min session	-	-	329	-	148	188	-	-	-	-	-	-	665
50 - Residential Detox	cost reimbursed	\$ 158,080	\$ 107,300	-	-	-	-	-	-	-	-	-	-	265,380
50-Residential Detox - PN and CalWORKS	bed day		232											232
56-TLC PN	bed day				-	-	-	2,468	2,941		-	-	-	5,410
SAMHSA Grant Services	cost reimbursed	\$ 1,000	-	-	-	-	-	\$ 1,000	-	\$ 6,844	\$ 68,830	\$ 8,580		\$86,254
CARES Dual Diagnosis Specialist	cost reimbursed	-	-	-	-	-	-	-	-	-	-		\$ 121,000	\$121,000
18-Recovery-Oriented Systems of Care	cost reimbursed	-	-	-	\$14,700	-	-	-	-	-	-	-	-	\$14,700
COST PER UNIT/PROVISIONAL RATE:														
Perinatal 30 - DCR									\$78.23					
Perinatal 33 - ODF Group									\$61.33					
Perinatal 34-ODF Individual									\$101.99					
33-ODF Group Except Perinatal									\$30.28					
34-ODF Individual Except Perinatal									\$71.25					
50-Residential Detox									As Budgeted					
50-Residential Detox - PN and CalWORKS									\$99.15					
56 - TLC PN									\$37.40					
SAMHSA Grant Treatment Services									As Budgeted					
CARES Dual Diagnosis Specialist									As Budgeted					
18-Recovery-Oriented Systems of Care									As Budgeted					
GROSS COST:		\$ 243,183	\$ 205,671	\$ 340,145	\$ 14,700	\$ 494,451	\$ 476,733	\$ 263,339	\$ 272,500	\$ 527,528	\$ 73,695	\$ 25,413	\$ 132,191	\$3,069,549
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)														
CLIENT FEES		\$ 32,000	\$ 24,000	\$ 13,580				\$ 24,000	\$ 22,890	\$ -				\$116,470
SAMHSA FRESH START GRANT						\$ 119,210	\$ 119,210	\$ 119,210	\$ 119,210	\$ -				\$476,840
CONTRACTOR RESERVES		\$ -	\$ 24,768			\$ 30,241	\$ 54,943	\$ 2,212		\$ 90,361	\$ 4,865	\$ 1,218	\$ 11,191	\$219,799
OTHER GOVERNMENT		\$ 52,103	\$ 27,603	\$ 193,455		\$ 74,000	\$ 117,000	\$ 25,597	\$ 20,400	\$ 430,323				\$940,481
TOTAL CONTRACTOR REVENUES		\$ 84,103	\$ 76,371	\$ 207,035	\$ -	\$ 223,451	\$ 291,153	\$ 171,019	\$ 162,500	\$ 520,684	\$ 4,865	\$ 1,218	\$ 11,191	\$1,753,590
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 159,080	\$ 129,300	\$ 133,110	\$ 14,700	\$ 271,000	\$ 185,580	\$ 92,320	\$ 110,000	\$ 6,844	\$ 68,830	\$ 24,195	\$ 121,000	\$ 1,315,959
DMC Administrative Fee (15%)*				\$ 14,471		\$ 46,941	\$ 25,059							\$ 86,471
DMC Gross Claim Maximum				\$ 96,471		\$ 312,941	\$ 167,059							\$ 576,471
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**														
Drug Medi-Cal				\$ 82,000		\$ 266,000	\$ 142,000							\$ 490,000
Realignment/SAPT - Discretionary		\$ 158,080	\$ 107,300	\$ 51,110	\$ 14,700		\$ 4,000							\$ 335,190
Realignment/SAPT - Perinatal			\$ 20,000			\$ 5,000	\$ 39,580	\$ 59,320	\$ 100,000					\$ 223,900
SAMHSA Federal Grant - CAM											\$ 68,830			\$ 68,830
SAMHSA Federal Grant - VETS (10/1/13 - 6/30/13)		\$ 1,000						\$ 1,000		\$ 6,844		\$ 24,195		\$ 33,039
CalWORKS			\$ 2,000					\$ 32,000	\$ 10,000					\$ 44,000
Other County Funds													\$ 121,000	\$ 121,000
TOTAL (SOURCES OF FUNDING)		\$ 159,080	\$ 129,300	\$ 133,110	\$ 14,700	\$ 271,000	\$ 185,580	\$ 92,320	\$ 110,000	\$ 6,844	\$ 68,830	\$ 24,195	\$ 121,000	\$ 1,315,959

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 ADMHS' discretion based on available funding sources.

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

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet Entity Budget By Program														
AGENCY NAME:		Good Samaritan Shelter												
COUNTY FISCAL YEAR:		2013-14												
Gray Shaded cells contain formulas, do not overwrite														
LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	
	I. REVENUE SOURCES:	TOTAL AGENCY / ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	LOMPOC DTX	TURNING POINT	LOMPOC TLC	RECOVERY POINT	SANTA MARIA DTX	Emergency Shelter Santa Maria	PROJECT PREMIE	SM-TLC		
1	Contributions	\$ 125,000	\$ 17,500							\$ 17,500				
2	Foundations/Trusts	\$ 200,000	\$ 51,500							\$ 51,500				
3	Special Events		\$ -											
4	Legacies/Bequests		\$ -											
5	Associated Organizations		\$ -											
6	Membership Dues		\$ -											
7	Sales of Materials		\$ -											
8	Veterans Treatment Grant-ADMHS	\$ 33,039	\$ 33,039					\$ 24,195	\$ 1,000	\$ 6,844		\$ 1,000		
9	Reserves	\$ 104,603	\$ 150,799	\$ 11,191	\$ 24,768	\$ 54,943		\$ 1,218		\$ 21,361	\$ 30,241	\$ 2,212		
10	ADMHS Funding	\$ 1,323,920	\$ 1,323,920	\$ 121,000	\$ 129,300	\$ 185,580	\$ 110,000	\$ 147,810	\$ 158,080	\$ 41,000	\$ 271,000	\$ 91,320		
11	Other Government Funding	\$ 285,393	\$ 115,000		\$ 5,000	\$ 15,000	\$ 15,000		\$ 5,000	\$ 45,000	\$ 15,000	\$ 15,000		
12	CWS	\$ 280,000	\$ 280,000		\$ 4,500	\$ 102,000		\$ 110,000	\$ 4,500		\$ 59,000			
13	HUMAN SERVICES/HCD	\$ 500,012	\$ 201,750		\$ 4,415				\$ 4,415	\$ 182,323		\$ 10,597		
14	FRESH START GRANT	\$ 524,000	\$ 476,840			\$ 119,210	\$ 119,210				\$ 119,210	\$ 119,210		
15	CDBG	\$ 51,900	\$ 21,900				\$ 5,400		\$ 4,500	\$ 12,000				
16	PROBATION	\$ 161,320	\$ 110,831		\$ 13,688			\$ 83,455	\$ 13,688					
17	VETERANS Administration	\$ 170,000	\$ 170,000						\$ 20,000	\$ 150,000				
18	Total Other Revenue (Sum of lines 1 through 17)	\$ 3,759,187	\$ 2,953,079	\$ 132,191	\$ 181,671	\$ 476,733	\$ 249,610	\$ 366,678	\$ 211,183	\$ 527,528	\$ 494,451	\$ 239,339		
I.B Client and Third Party Revenues:														
19	Medicare		-											
20	Client Fees	\$ 295,000	116,470		\$ 24,000		\$ 22,890	\$ 13,580	\$ 32,000			\$ 24,000		
21	Insurance		-											
22	SSI		-											
23	Other (specify)		-											
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	295,000	116,470	-	24,000	-	22,890	13,580	32,000	-	-	24,000		
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	4,054,187	3,069,549	132,191	205,671	476,733	272,500	380,258	243,183	527,528	494,451	263,339		

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	LOMPOC DTX	TURNING POINT	LOMPOC TLC	RECOVERY POINT	SANTA MARIA DTX	Emergency Shelter Santa Maria	PROJECT PREMIE	SM-TLC
	III.A. Salaries and Benefits Object Level											
26	Salaries (Complete Staffing Schedule)	1,593,805	\$ 1,388,608	\$ 89,544	\$ 109,720	\$ 217,776	\$ 56,160	\$ 221,416	\$ 126,568	\$ 237,120	\$ 220,272	\$ 60,112
27	Employee Benefits	\$ 199,226	\$ 173,576	\$ 11,193	\$ 13,715	\$ 27,222	\$ 7,020	\$ 27,677	\$ 15,821	\$ 29,640	\$ 27,534	\$ 7,514
28	Consultants		\$ -									
29	Payroll Taxes	\$ 199,226	\$ 173,576	\$ 11,193	\$ 13,715	\$ 27,222	\$ 7,020	\$ 27,677	\$ 15,821	\$ 29,640	\$ 27,534	\$ 7,514
30	Salaries and Benefits Subtotal	\$ 1,992,256	\$ 1,735,760	\$ 111,930	\$ 137,150	\$ 272,220	\$ 70,200	\$ 276,770	\$ 158,210	\$ 296,400	\$ 275,340	\$ 75,140
	III.B Services and Supplies Object Level											
31	Professional Fees	32,000	\$ 7,500			\$ 2,000			\$ 1,000	\$ 500	\$ 2,000	\$ 2,000
32	Supplies	190,990	\$ 138,390		\$ 8,000	\$ 21,000	\$ 8,000	\$ 26,000	\$ 15,390	\$ 19,000	\$ 27,000	\$ 14,000
33	Telephone	39,600	\$ 22,100		\$ 1,250	\$ 2,500	\$ 2,500	\$ 1,250	\$ 2,000	\$ 7,600	\$ 2,500	\$ 2,500
34	Postage & Shipping		\$ -									
35	Occupancy (Facility Lease/Rent/Costs)	377,400	\$ 154,000		\$ 6,000	\$ 12,000	\$ 42,000		\$ 7,000	\$ 45,000	\$ 9,000	\$ 33,000
36	Rental/Maintenance Equipment		\$ -									
37	Printing/Publications		\$ -									
38	Transportation	119,027	\$ 83,432		\$ 5,998	\$ 10,062	\$ 7,534	\$ 5,406	\$ 7,063	\$ 23,274	\$ 16,765	\$ 7,330
39	Conferences, Meetings, Etc	32,000	\$ 20,600		\$ 2,000	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 3,600	\$ 2,500
40	Insurance	77,200	\$ 43,000		\$ 3,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 3,000	\$ 12,000	\$ 5,000	\$ 5,000
41	Utilities	125,000	\$ 65,900		\$ 3,750	\$ 8,000	\$ 8,000	\$ 3,750	\$ 6,000	\$ 20,400	\$ 8,000	\$ 8,000
42	Contracted Services	324,332	\$ 260,000			\$ 65,000	\$ 65,000				\$ 65,000	\$ 65,000
43			\$ -									
44	Repairs and Maintenance	134,100	\$ 79,500		\$ 7,000	\$ 4,500	\$ 20,000	\$ 3,000	\$ 5,000	\$ 20,000	\$ 10,000	\$ 10,000
45	Services and Supplies Subtotal	\$ 1,451,649	\$ 874,422	\$ -	\$ 36,998	\$ 132,562	\$ 160,534	\$ 46,906	\$ 48,953	\$ 150,274	\$ 148,865	\$ 149,330
46	III.C. Client Expense Object Level Total		\$ -									
47	SUBTOTAL DIRECT COSTS	\$ 3,443,905	\$ 2,610,182	\$ 111,930	\$ 174,148	\$ 404,782	\$ 230,734	\$ 323,676	\$ 207,163	\$ 446,674	\$ 424,205	\$ 224,470
	IV. INDIRECT COSTS											
48	Administrative Indirect Costs (limited to 15%)	\$ 610,282	\$ 459,367	\$ 20,261	\$ 31,523	\$ 71,951	\$ 41,766	\$ 56,582	\$ 36,020	\$ 80,854	\$ 70,246	\$ 38,869
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 4,054,187	\$ 3,069,549	\$ 132,191	\$ 205,671	\$ 476,733	\$ 272,500	\$ 380,258	\$ 243,183	\$ 527,528	\$ 494,451	\$ 263,339

## FOURTH AMENDMENT 2013-2014

### SIGNATURE PAGE

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 Agreement to be effective on the date executed by County.

**ATTEST:**

MONA MIYASATO, COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

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

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

**RECOMMENDED FOR APPROVAL:**

ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
TAKASHI WADA, MD, MPH  
INTERIM DIRECTOR

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

**APPROVED AS TO FORM:**

MICHAEL C. GHIZZONI  
COUNTY COUNSEL

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

**COUNTY OF SANTA BARBARA**

By: \_\_\_\_\_  
STEVE LAVAGNINO, CHAIR  
BOARD OF SUPERVISORS

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

**CONTRACTOR:**

MS. SYLVIA BARNARD, EXECUTIVE DIRECTOR  
GOOD SAMARITAN SHELTER, INC.

By: \_\_\_\_\_  
Tax Id No 324348

**APPROVED AS TO ACCOUNTING FORM:**

ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

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

**APPROVED AS TO FORM:**

RAY AROMATORIO  
RISK MANAGER

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