## TO 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 <u>BC 14-086</u> by and between the **County of Santa Barbara** (County) and **Sanctuary Psychiatric Centers** (Contractor), for the continued provision of Substance Use Disorder Treatment and Prevention Services.

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 First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2013, 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 \$26,000 to the prior Agreement maximum of \$148,190 so as to compensate Contractor for the additional services to be rendered under this Agreement through June 30, 2014.

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 II, <u>Maximum Contract Amount</u>, from Exhibit B, FINANCIAL PROVISIONS and replace with the following:

## II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount shall not exceed **<u>\$174,190</u>**, and 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.

## **II.** Delete Exhibit B-1, <u>Schedule of Rates and Contract Maximum</u>, and replace with the following:

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

CONTRACTOR NAME:

Sanctuary FIS

FISCAL YEAR: 2013-14

		PROGRAM					
		Clean & Sober					
		Treatment	Drug Court				
	Unit	Services	(CSDC)	Total			
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UN	ITS PROJECTED (	pased on history):			
33-ODF Group	session	3824		3,824			
34-ODF Individual	session	406		406			
68-SAMHSA CSDC Grant Services	cost reimbursed		\$ 30,460	\$ 30,460			
COST PER UNIT/PROVISIONAL RATE:							
33-ODF Group			\$30.28				
34-ODF Individual			\$71.25				
68-SAMHSA CSDC Grant Services			as budgeted				
GROSS COST:		\$ 233,730	\$ 30,460	\$ 264,190			
CONTRACTOR: (as depicted in Contractor's Budget							
CLIENT FEES		\$ 85,000		\$ 85,000			
CLIENT INSURANCE				\$-			
CONTRIBUTIONS/GRANTS (includes unsecured)				\$-			
FOUNDATIONS/TRUSTS				\$-			
SPECIAL EVENTS				\$-			
OTHER (LIST): OTHER GOVERNMENT		\$ 7,500		\$ 7,500			
OTHER (LIST): TRANSFER FROM RESERVES		\$ 23,500		\$ 23,500			
TOTAL CONTRACTOR REVENUES		\$ 116,000	\$-	\$ 116.000			
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 117,730	Ŧ	+ -/			
DWC Administrative Fee (15%) *		\$ 27,000	,				
DWC Gross Claim Maximum		\$ 130,588					

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**								
Drug Medi-Cal		\$	111,000			\$	111,000	
Realignment/SAPT - Discretionary		\$	32,730			\$	32,730	
Realignment/SAPT Perinatal						\$	-	
Realignment/SAPT - Adolescent Treatment						\$	-	
Realignment/SAPT - HIV						\$	-	
Realignment/SAPT - Primary Prevention						\$	-	
SAMHSA Federal Grant - B2R						\$	-	
SAMHSA Federal Grant - CSDC				\$	30,460	\$	30,460	
SAMHSA Federal Grant - CAM						\$	-	
TOTAL (SOURCES OF FUNDING)		\$	143,730	\$	30,460	\$	174,190	

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 Fe 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

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

AGENCY NAME:

Sanctuary Psychiatric Centers

	INCY NAME.	R: 2013-14	<i>.</i>							
Gray Shaded cells contain formulas, do not overwrite										
LINE #	COLUMN #	1		2		3		4		5
	I. REVENUE SOL	JRCES:	TOTAL AGENCY/ ORGANIZATION BUDGET		COUNTY ADMHS PROGRAMS TOTALS		Dual Diagnosis Program		SAMHSA CSDC Grant	
1	Contributions		\$	180,000	\$	-				
2	Foundations/Trus	ts	\$	50,000	\$	-				
3	Special Events				\$	-				
4	Legacies/Bequest	ts			\$	-				
5	Associated Organ	izations			\$	-				
6	Membership Dues	3			\$	-				
7	Sales of Materials	5			\$	-				
8	Investment Incom	e	\$	10,000	\$	-				
9	Miscellaneous Re	venue	\$	60,000	\$	-				
10	ADMHS Funding		\$	174,190	\$	174,190	\$	143,730	\$	30,460
11	Other Governmer	nt Funding	\$	7,500	\$	7,500	\$	7,500		
12	Rental Income		\$	555,000	\$	-				
13	Reserve Amortiza	ition	\$	20,000	\$	-				
14	From Sanctuary C	Operating Reserves			\$	23,500	\$	23,500		
15	Other (specify)				\$	-				
16	Other (specify)				\$	-				
17	Other (specify)				\$	-				
18	Total Other Rever (Sum of lines 1 th		\$	1,056,690	\$	205,190	\$	174,730	\$	30,460
	I.B Client and Th	ird Party Revenues:								
19	Medicare					-				
20	Client Fees		\$	1,590,000		85,000	\$	85,000		
21	Insurance					-				
22	SSI					-				
23	Other (specify)					-				
24	Total Client and T (Sum of lines 19 t	hird Party Revenues hrough 23)		1,590,000		85,000		85,000		-
25	GROSS PROGRA (Sum of lines 18 +	AM REVENUE BUDGET ⊦ 24)		2,646,690		290,190		259,730		30,460

III. DIRECT COSTS	ORG	AL AGENCY/ ANIZATION SUDGET	PR	COUNTY ADMHS COGRAMS TOTALS	Dual	Diagnosis Program	CS	SAMHSA CSDC Grant	
III.A. Salaries and Benefits Object Level	·								
Salaries (Complete Staffing Schedule)	ļ	1,558,000	\$	193,000	\$	175,500	\$	17,500	
Employee Benefits		163,890	\$	20,240	\$	18,390	\$	1,850	
Consultants		36,000	\$	4,000	\$	3,500	\$	500	
Payroll Taxes		132,530	\$	16,530	\$	15,030	\$	1,500	
Salaries and Benefits Subtotal	\$	1,890,420	\$	233,770	\$	212,420	\$	21,350	
III.B Services and Supplies Object Level									
Professional Fees		31,000	\$	6,000	\$	5,100	\$	900	
Supplies		123,670	\$	6,070	\$	5,010	\$	1,060	
Telephone		22,100	\$	850	\$	600	\$	250	
Postage & Shipping		7,600	\$	600	\$	400	\$	200	
Occupancy (Facility Lease/Rent/Costs)		325,500	\$	8,000	\$	6,500	\$	1,500	
Rental/Maintenance Equipment		22,100	\$	600	\$	400	\$	200	
Printing/Publications		10,100	\$	600	\$	400	\$	200	
Transportation		20,100	\$	600	\$	400	\$	200	
Conferences, Meetings, Etc		15,100	\$	600	\$	400	\$	200	
Insurance		40,500	\$	5,500	\$	4,600	\$	900	
Depreciation Expense		115,000	\$	-					
Trx to Oper Reserves for DDX Program		23,500	\$	-					
Other (specify)			\$	-					
Other (specify)			\$	-					
Services and Supplies Subtotal	\$	756,270	\$	29,420	\$	23,810	\$	5,610	
III.C. Client Expense Object Level Total			\$	-					
SUBTOTAL DIRECT COSTS	\$	2,646,690	\$	263,190	\$	236,230	\$	26,960	
IV. INDIRECT COSTS									
Administrative Indirect Costs (limited to 15%)			\$	27,000	\$	23,500	\$	3,500	
GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$	2,646,690	\$	290,190	\$	259,730	\$	30,460	

## SIGNATURE PAGE

First Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Sanctuary Psychiatric Centers.

IN WITNESS WHEREOF, the parties have executed this First Amended Contract to be effective on the date executed by County.

### ATTEST:

MONA MIYASATO, COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD

## COUNTY OF SANTA BARBARA

Ву: \_\_\_\_

STEVE LAVAGNINO, CHAIR **BOARD OF SUPERVISORS** 

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

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

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

## **RECOMMENDED FOR APPROVAL:**

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

CONTRACTOR: SANCTUARY PSYCHIATRIC CENTERS

Ву:\_\_\_\_\_

Tax Id No 95 3066786

Ву\_\_\_\_\_

Director

## **APPROVED AS TO FORM:**

MICHAEL. C. GHIZZONI COUNTY COUNSEL

Ву\_\_\_\_\_ Deputy County Counsel

**APPROVED AS TO ACCOUNTING FORM:** 

ROBERT W. GEIS, CPA AUDITOR-CONTROLLER

Ву\_\_\_\_\_ Deputy

**APPROVED AS TO FORM:** RAY AROMATORIO **RISK MANAGER** 

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