

## FIRST AMENDMENT 2014-2017

### 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 by and between the **County of Santa Barbara** (County) and **Coast Valley Substance Abuse Treatment Center** (Contractor), for the continued provision of PC 1000 services and payment of fees to County.

Whereas, this Revenue Agreement has been renewed annually since its inception and the terms and conditions remain substantively unchanged from year to year; and

Whereas, it is in the best interest of County and Contractor to streamline the annual Revenue Agreement renewal process and to extend this Revenue Agreement for the multi-year period to Fiscal year 16-17 and Contractor shall continue to pay administrative fees to County during those Fiscal Years; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in February 2014, except as modified by this First Amended Contract.

Whereas, Contractor was awarded the PC 1000 revenue contract in the Lompoc and Santa Maria regions;

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

**I. To Item 4, Term, from Agreement, add the following:**

4. Contractor shall continue performance through Fiscal Year 2016-17, ending performance upon completion, but no later than **June 30, 2017** unless otherwise directed by County or unless earlier terminated.

**II. Delete Exhibit B-1, Schedule of Fees, and replace with the following:**

EXHIBIT B-1  
SCHEDULE OF FEES

The program services, as listed below and described in Exhibit A have been mutually agreed to by Contractor and County.

TYPE OF SERVICE	Projected Client Fees Collected	Projected Annual Fees Paid to County
PC 1000/Drug Diversion Program	\$64,000	\$1,000
<b>Total Annual Fees</b>		<b>\$1,000</b>

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<b>PC 1000 Participant Program Service Fees</b>	
<b>PC 1000 Participant Fee Schedule</b>	
PC1000 Program Service Fee	\$1,000
<b>Other Fees</b>	
<b>PC 1000</b>	
Return Check	\$25
Transfer-Out	\$45
Reinstatement	\$40
Missed Activity	\$15
Drug Test	Included

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## III. Delete Exhibit B-2, Fee Schedule (Sliding Scale), and replace with the following:

### COUNTY OF SANTA BARBARA ALCOHOL & DRUG PROGRAM FEE SCHEDULE FY 2014-15

#### ANNUAL GROSS FAMILY INCOME NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	11,670	15,730	19,790	23,850	27,910	31,970	36,030	40,090
10	15,730	19,790	23,850	27,910	31,970	36,030	40,090	44,150
15	19,790	23,850	27,910	31,970	36,030	40,090	44,150	48,210
20	23,850	27,910	31,970	36,030	40,090	44,150	48,210	52,270
25	27,910	31,970	36,030	40,090	44,150	48,210	52,270	56,330
30	31,970	36,030	40,090	44,150	48,210	52,270	56,330	60,390
35	36,030	40,090	44,150	48,210	52,270	56,330	60,390	64,450
40	40,090	44,150	48,210	52,270	56,330	60,390	64,450	68,510
45	44,150	48,210	52,270	56,330	60,390	64,450	68,510	72,570
50	48,210	52,270	56,330	60,390	64,450	68,510	72,570	76,630
55	52,270	56,330	60,390	64,450	68,510	72,570	76,630	80,690
60	56,330	60,390	64,450	68,510	72,570	76,630	80,690	84,750
65	60,390	64,450	68,510	72,570	76,630	80,690	84,750	88,810
70	64,450	68,510	72,570	76,630	80,690	84,750	88,810	92,870
75	68,510	72,570	76,630	80,690	84,750	88,810	92,870	96,930
80	72,570	76,630	80,690	84,750	88,810	92,870	96,930	100,990
85	76,630	80,690	84,750	88,810	92,870	96,930	100,990	105,050
90	80,690	84,750	88,810	92,870	96,930	100,990	105,050	109,110

#### MONTHLY GROSS FAMILY INCOME

#### NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	973	1,311	1,649	1,988	2,326	2,664	3,003	3,341
10	1,311	1,649	1,988	2,326	2,664	3,003	3,341	3,679
15	1,649	1,988	2,326	2,664	3,003	3,341	3,679	4,018
20	1,988	2,326	2,664	3,003	3,341	3,679	4,018	4,356
25	2,326	2,664	3,003	3,341	3,679	4,018	4,356	4,694
30	2,664	3,003	3,341	3,679	4,018	4,356	4,694	5,033
35	3,003	3,341	3,679	4,018	4,356	4,694	5,033	5,371
40	3,341	3,679	4,018	4,356	4,694	5,033	5,371	5,709
45	3,679	4,018	4,356	4,694	5,033	5,371	5,709	6,048
50	4,018	4,356	4,694	5,033	5,371	5,709	6,048	6,386
55	4,356	4,694	5,033	5,371	5,709	6,048	6,386	6,724
60	4,694	5,033	5,371	5,709	6,048	6,386	6,724	7,063
65	5,033	5,371	5,709	6,048	6,386	6,724	7,063	7,401
70	5,371	5,709	6,048	6,386	6,724	7,063	7,401	7,739
75	5,709	6,048	6,386	6,724	7,063	7,401	7,739	8,078
80	6,048	6,386	6,724	7,063	7,401	7,739	8,078	8,416
85	6,386	6,724	7,063	7,401	7,739	8,078	8,416	8,754
90	6,724	7,063	7,401	7,739	8,078	8,416	8,754	9,093

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SIGNATURE PAGE

First 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 First Amended Contract to be effective on July 1, 2014.

COUNTY OF SANTA BARBARA

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

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

ATTEST:  
MONA MIYASATO, COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

CONTRACTOR  
**Coast Valley Substance Abuse Treatment Center**

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

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

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

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

APPROVED AS TO FORM:  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

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

By:   
Deputy County Counsel

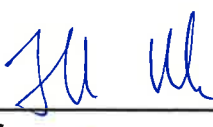
By:   
Deputy


Date: 8/14/14

Date: 8/14/14

RECOMMENDED FOR APPROVAL:  
ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES  
TAKASHI WADA, MD, MPH  
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGER

By:   
Director

By:   
Date: 8/14/14

Date: 8/13/14

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**SIGNATURE PAGE**

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

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

CONTRACTOR  
Coast Valley Substance Abuse Treatment Center

ATTEST:  
MONA MIYASATO, COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

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

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

APPROVED AS TO FORM:  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

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

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

RECOMMENDED FOR APPROVAL:  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
TAKASHI WADA, MD, MPH  
INTERIM DIRECTOR

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

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

By: M. L. O.

Date: 8/11/14

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

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

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

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGER

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

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