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, referenced as number <u>BC 15-041</u>, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter, Inc.** (Contractor), for the continued provision of outpatient alcohol and other drug (AOD) treatment to assist adult clients to obtain and maintain sobriety.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2014, 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 \$203,700 to the prior Agreement maximum of \$1,397,015 so as to compensate Contractor for services to be rendered under this Agreement through June 30, 2015.

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

I. Delete heading of Exhibit A-2, <u>Recovery Point</u>, and replace with the following:

EXHIBIT A-2 STATEMENT OF WORK OUTPATIENT DRUG FREE SERVICES

II. Delete Section 1, <u>Program Summary</u>, of Exhibit A-2, <u>Outpatient Drug Free Services</u>, and replace with the following:

- 1. **PROGRAM SUMMARY.** The Outpatient Drug Free Programs provide outpatient alcohol and other drug (AOD) treatment (hereafter, "the Program") to assist adult clients to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling and drug testing. The Programs shall be certified to provide Outpatient Alcohol and/or Other Drug (AOD) Services. The Programs will be located at:
 - A. Recovery Point: 245 Inger Drive, Suite 103B, Santa Maria, California,
 - B. Lompoc Recovery Services: 608 E. Ocean, Lompoc, California, and
 - C. Casa de Familia: 403 W. Morrison #B, Santa Maria, California.

III. Delete Section II, <u>Maximum Contract Amount</u>, of <u>Exhibit B, Financial Provisions-ADP</u>, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$1,600,715**, inclusive of **\$1,428,715** in Alcohol and Drug Program funding, and shall consist of County, State,

and/or Federal funds as shown in Exhibit B-1-ADP. 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 Section II, Maximum Contract Amount, of Exhibit B, Financial Provisions-MH, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$1,600,715**, inclusive of **\$1,428,715** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MH. 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.

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

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

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FISCAL SERVICES SIGNATURE:

** 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, ADP <u>Contractor Budget</u>, and replace with the following:

				Santa Barba	ra County Ak		and Mental He Budget By Pi	ealth Service:	s Contract Bi	udget Packet						
							Duugerbyri									
AGENCY NAME: GOOD SA	SOOD SAMARITAN SHELTER															
COUNTY FISCAL YEAR: 2014-2015																
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I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET		County admis Programs Totals	CARES	LOMPOC DTX	TURNING POINT	LOMPOC TLC	LOMPOC RECOVERY CENTER	RECOVERY POINT	SANTA MARIA DTX	Emergency Shetter Santa Maria	PROJECT PREMIE	SM-TLC	CASA DE FAMILIA TREATMENT CENTER	CAMGRANT	
1 Contributions	\$ 1	25,000	\$ 17,500								\$ 17,500	i				
2 Foundations/Trusts	\$ 3	301,500	\$ 51,500								\$ 51,500	1				
3 Special Events			\$ -													
4 Legacies/Bequests			\$-													
5 Associated Organizations			\$-													
6 Membership Dues			\$-													
7 Sales of Materials			\$-													
8 Veterans Treatment Grant-ADMHS	\$ 8	80,925	\$ 80,925						\$ 20,925	\$ 20,000	\$ 12,500		\$ 27,500			
9 Reserves	\$ E	68,751	\$ 68,751	\$ 7,972	\$ 36,907	\$ 3,596	\$ 987	\$ 2,500	\$ 239	\$ 2,322	\$ 2,837	\$ 1,885	\$ 1,441	\$ 5,000	\$ 3,065	
10 ADMHS Funding	\$ 1,5	19,790	\$ 1,519,790	\$ 131,000	\$ 144,300	\$ 304,680	\$ 110,000	\$ 25,000	\$ 172,510	\$ 158,080	\$ 67,000	\$ 241,900	\$ 91,320	\$ 25,000	\$ 49,000	
11 Other Government Funding	\$ 5	545,175	\$ 189,450		\$ 5,000		\$ 8,000			\$ 5,000	\$ 166,450	1	\$ 5,000			
12 CWS	\$ 2	244,000	\$ 244,000		\$ 4,500	\$ 90,000			\$ 95,000	\$ 4,500		\$ 50,000				
13 HUMAN SERVICES/HCD	\$ 2	97,963	\$ 191,771		\$ 4,415					\$ 4,415	\$ 172,344		\$ 10,597			
14 FRESH START GRANT	\$ 5	24,000	\$ 524,000			\$ 131,000	\$ 131,000					\$ 131,000	\$ 131,000			
15 CDBG	s 4	45,145	\$ 20,145							\$ 5,000	\$ 15,145	i				
16 PROBATION	\$ 2	245,426	\$ 188,337		\$ 13,688				\$ 160,961	\$ 13,688						
17 VETERANS Administration	\$ 2	200,000	\$ 200,000							\$ 80,000	\$ 120,000	1				
18 Total Other Revenue (Sum of lines 1 through 17)	\$ 4,1	197,675	\$ 3,296,169	\$ 138,972	\$ 208,810	\$ 529,276	\$ 249,987	\$ 27,500	\$ 449,635	\$ 293,005		\$ 424,785	\$ 266,858	\$ 30,000	\$ 52,065	
I.B Client and Third Party Revenues:																
19 Medicare			-													
20 Client Fees	\$ 2	276,800	124,000		\$ 24,000		\$ 24,000	\$ 2,500	\$ 15,000	\$ 32,000			\$ 24,000	\$ 2,500		
21 Insurance			-													
22 SSI			-													
23 Other (specify)			-													
24 Total Client and Third Party Revenues (Sum of lines 19 through 23)		276,800	124,000	-	24,000	-	24,000	2,500	15,000	32,000	-	-	24,000	2,500	-	
25 GROSS PROGRAM REVENUE BUDGE (Sum of lines 18 + 24)	4,4	474,475	3,420,169	138,972	232,810	529,276	273,987	30,000	464,635	325,005	625,276	424,785	290,858	32,500	52,065	

	DIRECT COSTS			OGRAMS OTALS	CARES	LOMPOC DTX		TURNING POINT		LOMPOC TLC		LOMPOC RECOVERY CENTER		COVERY POINT	SANTA MARIA DTX		Emergency Shelter Santa Maria		PROJECT PREMIE		SM-TLC		Casa de Familia Treatment Center		CAM GRANT	
III.A	A. Salaries and Benefits Object Level																									
26 Sala	aries (Complete Staffing Schedule)	1,735,580	\$	1,502,429	\$ 94,458	\$	127,040	\$	216,146	\$	45,427	\$ 16,39	1 \$	6 264,770	\$	162,904	\$	283,396	\$	176,724	\$	64,094	\$	15,690	\$	35,388
27 Emr	ployee Benefits	216,948	\$	187,804	\$ 11,807	\$	15,880	\$	27,018	\$	5,678	\$ 2,04	9\$	33,096	\$	20,363	\$	35,425	\$	22,090	\$	8,012	\$	1,961	\$	4,424
28 Con	nsultants		\$	-																						
29 Pay	yroll Taxes	216,948	\$	187,804	\$ 11,807	\$	15,880	\$	27,018	\$	5,678	\$ 2,04	9 \$	33,096	\$	20,363	\$	35,425	\$	22,090	\$	8,012	\$	1,961	\$	4,424
30 Sala	aries and Benefits Subtotal	\$ 2,169,476	\$	1,878,036	\$ 118,073	\$	158,799	\$	270,182	\$	56,784	\$ 20,48	9 \$	330,962	\$	203,630	\$	354,246	\$	220,905	\$	80,118	\$	19,613	\$	44,235
III.B Services and Supplies Object Level																										
31 Prof	ofessional Fees	11,000	\$	8,500				\$	2,000						\$	2,000	\$	500	\$	2,000	\$	2,000				
32 Sup	pplies	279,100	\$	197,500		\$	8,000	\$	30,000	\$	18,000	\$ 3,00	0 \$	25,000	\$	15,000	\$	50,000	\$	21,000	\$	25,000	\$	2,500		
33 Tele	ephone	44,000	\$	25,600		\$	2,000	\$	5,000	\$	2,500	\$ 50	0\$	1,000	\$	2,000	\$	7,600	\$	2,000	\$	2,500	\$	500		
34 Post	stage & Shipping		\$	-																						
35 Occ	cupancy (Facility Lease/Rent/Costs)	361,115	\$	155,500		\$	6,000	\$	12,000	\$	42,000				\$	5,000	\$	45,000	\$	9,000	\$	33,000	\$	3,500		
36 Ren	ntal/Maintenance Equipment		\$	-																						
37 Prin	nting/Publications		\$	-																						
38 Tran	nsportation	137,220	\$	104,000		\$	8,000	\$	3,000	\$	13,000		\$	20,000	\$	18,000	\$	20,000	\$	9,000	\$	13,000				
39 Con	nferences, Meetings, Etc	19,800	\$	19,800		\$	2,000	\$	2,500	\$	2,500		\$	2,800	\$	2,500	\$	2,500	\$	2,500	\$	2,500				
40 Insu	urance	82,000	\$	48,000		\$	3,000	\$	5,000	\$	5,000	\$ 50	0\$	5,000	\$	3,000	\$	12,000	\$	9,000	\$	5,000	\$	500		
41 Utilit	lities	150,300	\$	81,900		\$	3,000	\$	15,000	\$	8,000	\$ 1,00	0\$	5,000	\$	10,000	\$	19,400	\$	10,500	\$	9,000	\$	1,000		
42 Con	ntracted Services	290,000	\$	290,000				\$	95,000	\$	65,000								\$	65,000	\$	65,000				
43 Fun	ndraising		\$	-																						
44 Rep	pairs and Maintenance	171,500	\$	97,000		\$	7,000	\$	10,000	\$	20,000	\$	- \$	5,000	\$	15,000	\$	20,000	\$	10,000	\$	10,000	\$	-		
45 Serv	rvices and Supplies Subtotal	\$ 1,546,035	\$	1,027,800	\$-	\$	39,000	\$	179,500	\$	176,000	\$ 5,00	0 \$	63,800	\$	72,500	\$	177,000	\$	140,000	\$	167,000	\$	8,000	\$	-
46 III.C.	C. Client Expense Object Level Total		\$	-																						
47 SUE	BTOTAL DIRECT COSTS	\$ 3,715,511	\$	2,905,836	\$ 118,073	\$	197,799	\$	449,682	\$	232,784	\$ 25,48	9 \$	394,762	\$	276,130	\$	531,246	\$	360,905	\$	247,118	\$	27,613	\$	44,235
IV.	INDIRECT COSTS																									
48 (Reii	ministrative Indirect Costs simbursement limited to 15%)	758,965	\$	514,333	\$ 20,899	\$	35,011	\$	79,594	\$	41,203	\$ 4,51	1 \$	69,873	\$	48,875	\$	94,030	\$	63,880	\$	43,740	\$	4,887	\$	7,830
49	OSS DIRECT AND INDIRECT COSTS um of lines 47+48)	\$ 4,474,476	\$	3,420,169	\$ 138,972	\$	232,810	\$	529,276	\$ 2	273,987	\$ 30,000	\$	464,635	\$ 3	325,005	\$	625,276	\$ 4	424,785	\$	290,858	\$	32,500	\$	52,065

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 Amendment to be effective on the date executed by County.

ATTEST:

Deputy

SERVICES

DIRECTOR

Director

MONA MIYASATO, COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD

By: _____

ALCOHOL, DRUG, AND MENTAL HEALTH

COUNTY OF SANTA BARBARA

By:

JÁNET WOLF, CHAIR BOARD OF SUPERVISORS

Date: _____

CONTRACTOR: GOOD SAMARITAN SHELTER, INC.

By:_____

Date:_____

Date: APPROVED AS TO FORM: MICHAEL C. GHIZZONI COUNTY COUNSEL

Ву_____

Date:

APPROVED AS TO FORM:

ALICE GLEGHORN, PHD

By_____ Deputy County Counsel

Date: _____

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: _____