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 15-054</u>, by and between the **County of Santa Barbara** (County) and **Phoenix of Santa Barbara** (Contractor), for the continued provision of Adult Treatment and Co-occurring Services.

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 \$46,200 to the prior Agreement maximum of \$1,136,106 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 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 shall not exceed **\$1,182,306**, **inclusive of \$214,470** 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.

II. 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 shall not exceed **\$1,182,306**, **inclusive of \$967,836** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-Mental Health. 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.

III. Delete Exhibit B-1, <u>Alcohol and Drug Program Services Schedule of Rates and</u> <u>Contract Maximum</u>, and replace with the following:

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

(applicable to services described in Exhibit A- ADP)

CONTRACTOR NAME:

Phoenix

FISCAL YEAR: 2014-2015

		PROGRAM							
		Outpatient							
	Unit	Treatment		Total					
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history							
33-ODF Group	session	6705		6,705					
34-ODF Individual	session	573		573					
COST PER UNIT/PROVISIONAL RATE (PROPOSE	D):								
33-ODF Group		\$26.23							
34-ODF Individual		\$67.38							
GROSS COST:		\$ 258,721		\$258,721					
LESS REVENUES COLLECTED BY CONTRACTOR	R: (as depicted in	Contractor's Budg	et Packet)						
CLIENT FEES				\$0					
CLIENT INSURANCE				\$0					
CONTRIBUTIONS/GRANTS (includes unsecured)		\$ 32,251		\$32,251					
FOUNDATIONS/TRUSTS				\$0					
SPECIAL EVENTS				\$0					
OTHER (LIST): Program Service Fees		\$ 12,000		\$12,000					
TOTAL CONTRACTOR REVENUES*		\$ 44,251	\$-	\$44,251					
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 214,470	\$-	\$ 214,470					

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT*										
Drug Medi-Cal \$146,200 \$14										
Realignment/SAPT - Discretionary	\$68,270	\$68,270								
TOTAL (SOURCES OF FUNDING)	\$ 214,470	\$214,470								

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

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.

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

AG	ENCY NAME: The Phoenix of	f San	ta Barbara	a. Inc	_													
co	UNTY FISCAL YEAR: 2014-15			Ĺ														5/12/2014
-	y Shaded cells contain formulas, do n	ot ov	verwrite															
LINE #	COLUMN# 1		2		3		4		5	6		7	8	9	10	11	12	13
	I. REVENUE SOURCES:	ORC	al Agency/ Ganization Budget	PF	inty admins Rograms Totals	Phoer	nix House	Moun	ntain House	ADP	CE	DSC	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac <i>I</i> Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac <i>I</i> Prog)
1	Contributions	\$	137,800	\$	69,653	\$	18,160	\$	19,242	\$ 32,251								
2	Foundations/Tiusts			\$	-													
3	Special Events			\$	-													
4	Legacies/Bequests			\$	-													
5	Associated Organizations			\$	-													
6	Membership Dues			\$	-													
7	Program Service Fees	\$	200,000	\$	-													
8	SAMHSA CSDC Grant	\$	43,880	\$	43,880						\$	43,880						
9	ADP - ROSC	\$	-	\$	-					\$ -								
10	ADP - DMC	\$	146,200	\$	146,200					\$ 146,200								
11	ADP - SACPA Services	\$	17,620	\$	17,620					\$ 17,620								
12	ADP - Drug Court	\$	6,770	\$	6,770					\$ 6,770								
13	Mental Health - MC	\$	899,488	\$	899,488	\$	327,086	\$	572,402									
14	Mental Health - MHSA	\$	40,886	\$	40,886	\$	40,886											
15	Mental Health - B&C MHSA	\$	27,461	\$	27,461	\$	27,461											
16	Other (specify)			\$	-													
17	interest	\$	975	\$	-													
18	Total Other Revenue (Sum of lines 1 through 17)	\$	1,521,080	\$	1,251,958	\$	413,593	\$	591,644	\$ 202,841	\$	43,880	\$-	\$ -	\$ -	\$-	\$ -	\$ -
	I.B Client and Third Party Revenues:														-			
19	Residential - Shelter Plus	\$	16,000		16,000	\$	10,000	\$	6,000									
20	Residential - Board & Care	\$	240,630		240,630	\$	98,405	\$	142,225									
21	Residential - Private Pay	\$	136,820		136,820	\$	136,820											
22	ADP Private Pay	\$	12,000		12,000					\$ 12,000								
23	Other (specify)				-													
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)		405,450		405,450		245,225		148,225	12,000		-	-	-	-	-	-	-
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)		1,926,530		1,657,408		658,818		739,869	214,841		43,880	-	-	-	-	-	-

III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Phoenix House	Mountain House	ADP	CDSC	Enter PROGRAM NAME (Fac/Prog)					
III.A. Salaries and Benefits Object Level	(F)											
Salaries (Complete Staffing Schedule)	1,055,548	\$ 906,113	\$ 361,054	\$ 367,691	\$ 149,080	\$ 28,288	3 \$ -	\$	\$ -	\$	\$-	\$-
Employee Benefits	106,417	\$ 95,628	\$ 43,368	\$ 45,395	\$ 6,865	5						
Consultants	18,500	\$ 17,750	\$ 8,500	\$ 7,500	\$ 1,750)						
Payroll Taxes	100,777	\$ 84,320	\$ 36,493	\$ 34,581	\$ 10,597	\$ 2,649	9					
Salaries and Benefits Subtotal	\$ 1,281,242	\$ 1,103,811	\$ 449,415	5 \$ 455,167	\$ 168,292	2 \$ 30,937	7 \$ -	\$ -	\$ -	\$ -	\$-	\$-
III.B Services and Supplies Object Level												
Professional Fees	15,348	\$ 14,513	\$ 5,757	\$ 3,476	\$ 4,341	\$ 939	9					
Supplies	20,602	\$ 15,898	\$ 2,403	\$ 2,248	\$ 9,000	\$ 2,247	7					
Telephone	15,779	\$ 13,378	\$ 5,742	2 \$ 6,411	\$ 980	\$ 245	5					
Postage & Shipping	1,882	\$ 1,706	\$ 738	\$ 765	\$ 162	\$ 41						
Mortgage Interest, Occupancy Expense	55,341	\$ 31,080	\$ 3,480	\$ 27,600								
Rental/Maintenance Equipment	53,841	\$ 43,694	\$ 16,887	\$ 24,187	\$ 2,096	5 \$ 524	1					
Dues & Subscriptions	8,760	\$ 7,956	\$ 3,373	\$ 3,656	\$ 742	2 \$ 185	5					
Transportation	10,420	\$ 8,420	\$ 3,785	5 \$ 3,785	\$ 680	\$ 170)					
Fees & Licenses Education	6,433	\$ 5,912	\$ 2,517	\$ 2,923	\$ 325	5 \$ 147	7					
Insurance	52,369	\$ 46,818	\$ 24,288	\$ 19,712	\$ 2,254	\$ 564	4					
Utilities	33,210	\$ 29,002	\$ 12,300	\$ 14,900	\$ 1,440	\$ 362	2					
Office Supplies	13,387	\$ 11,448	\$ 4,431	\$ 4,702	\$ 1,852	2 \$ 463	3					
Community Outreach	9,647	\$-										
Capital Improvements Non-Payable by ADMHS	8,304	\$ 8,304	\$ 4,152	2 \$ 4,152								
Depreciation	80,500	\$ 79,576	\$ 14,464	\$ 56,625	\$ 6,789	\$ 1,698	3					
Services and Supplies Subtotal	\$ 385,823	\$ 317,705	\$ 104,317	\$ 175,142	\$ 30,661	\$ 7,585	5\$-	\$ -	\$-	\$ -	\$-	\$-
III.C. Client Expense Object Level Total Non-payable by ADMHS	109,650	\$ 105,422	\$ 53,102	\$ 52,320								
SUBTOTAL DIRECT COSTS	\$ 1,776,715	\$ 1,526,938	\$ 606,834	\$ 682,629	\$ 198,953	\$ \$ 38,522	2 \$ -	\$ -	\$ -	\$ -	· \$ -	\$-
IV. INDIRECT COSTS												
Administrative Indirect Costs (limited to 15%)	149,815	\$ 130,470	\$ 51,984	\$ 57,240	\$ 15,888	\$ 5,358	3					
GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 1,926,530	\$ 1,657,408	\$ 658,818	\$ 739,869	\$ 214,841	\$ 43,880	\$ -	\$-	\$-	\$-	\$-	\$-

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Phoenix of Santa Barbara.

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

ATTEST:

Deputy

MONA MIYASATO, COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD

COUNTY OF SANTA BARBARA

Bv:

JANET WOLF, CHAIR **BOARD OF SUPERVISORS**

Date: _____

CONTRACTOR: PHOENIX OF SANTA BARBARA

By:_____

Date:

Director Date: **APPROVED AS TO FORM:**

MICHAEL C. GHIZZONI COUNTY COUNSEL

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:

Date: **APPROVED AS TO FORM:**

Ву_____

By: _____

ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES ALICE A. GLEGHORN, PHD DIRECTOR