

First Amendment 2017-2018

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 **BC 18-075**, by and between the County of Santa Barbara (County) and Casa Pacifica (Contractor), wherein Contractor agrees to provide and County agrees to accept the services specified herein.

Whereas, the First Amended Contract incorporates the terms and conditions set forth in the Contract approved by the County Board of Supervisors in June 2017, except as modified by this First Amended Contract.

Whereas, County anticipates that Contractor will provide, at the request of County, additional services than those agreed to in the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds **\$154,061** in Mental Health funding to the prior agreement maximum of \$3,791,539 and increases the county maximum rates by 19.4%, for a new total contract maximum of **\$3,945,600**.

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

- I. In Exhibit B MH, delete Section II, Maximum Contract Amount, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$3,945,600** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MH and subject to the provisions in Section I. 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, Schedule of Rates and Contract Maximum, and replace with the following:

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EXHIBIT B-1 MH DEPARTMENT OF BEHAVIORAL WELLNESS SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME:

Casa Pacifica

FISCAL
YEAR: 2017-2018

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.41
			Intensive Care Coordination	Minutes	07	\$2.41
			Collateral	Minutes	10	\$3.12
			*MHS- Assessment	Minutes	30	\$3.12
			MHS - Plan Development	Minutes	31	\$3.12
			*MHS- Therapy (Family, Individual)	Minutes	11, 40	\$3.12
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.12
			MHS - IHBS	Minutes	57	\$3.12
			MHS - TBS	Minutes	58	\$3.12
			Medication Support and Training	Minutes	62	\$5.76
			Crisis Intervention	Minutes	70	\$4.63

	PROGRAM					TOTAL
	Childrens System of Care (Residential Treatment/Day Tx)	Childrens System of Care - Crisis Shelter (Outpatient)	Therapeutic Behavioral Services	Wraparound	SAFTY	
GROSS COST:	\$ 265,000	\$ 136,000	\$ 1,800,000	\$ 1,424,000	\$ 1,030,600	\$4,655,600
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
OTHER (LIST): DSS SB 163				\$ 710,000		\$ 710,000
OTHER (LIST):						\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ 710,000	\$ -	\$710,000
MAXIMUM CONTRACT AMOUNT PAYABLE:	\$ 265,000	\$ 136,000	\$ 1,800,000	\$ 714,000	\$ 1,030,600	\$ 3,945,600
SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$ 251,750	\$ 129,200	\$ 1,710,000	\$ 678,300	\$ 783,256	\$ 3,552,506
NON-MEDI-CAL						\$ -
SUBSIDY	\$ 13,250	\$ 6,800	\$ 90,000	\$ 35,700	\$ 247,344	\$ 393,094
OTHER (LIST):						\$ -
TOTAL (SOURCES OF FUNDING)	\$ 265,000	\$ 136,000	\$ 1,800,000	\$ 714,000	\$ 1,030,600	\$ 3,945,600

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

(1) Additional services may be provided if authorized by Director or designee in writing.

(2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.

* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.

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

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Financial Report By Program

AGENCY NAME: Casa Pacifica Centers for Children & Families

COUNTY FISCAL YEAR: 2017-18

Gray Shaded cells contain formulas, do not overwrite

LINE	COLUMN#	1	2	3	4	5	6	7	8
		I. REVENUE SOURCES	TOTAL AGENCY/ ORGANIZATION BUDGET	FY1718 COUNTY PROGRAMS TOTALS	Childrens System of Care - Residential Treatment Center	Childrens System of Care - Crisis Care	Therapeutic Behavioral Services	Wraparound	SAFTY
1		Contributions		\$ -					
2		Foundations/Trusts		\$ -					
3		Miscellaneous Revenue		\$ -					
4		Behavioral Wellness Funding		\$ 3,945,600	\$ 265,000	\$ 136,000	\$ 1,800,000	\$ 714,000	\$ 1,030,600
5		Other Government Funding		\$ -					
6		Other (CWS SB 163)		\$ 710,000				\$ 710,000	
7		Other (specify)		\$ -					
8		Other (specify)		\$ -					
9		Other (specify)		\$ -					
10		Total Other Revenue		\$ 4,655,600	\$ 265,000	\$ 136,000	\$ 1,800,000	\$ 1,424,000	\$ 1,030,600
		I.B. Client and Third Party Revenues:							
11		Client Fees		\$ -					
12		SSI		\$ -					
13		Other (specify)		\$ -					
14		Total Client and Third Party Revenues (Sum of lines 19 through 23)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15		GROSS PROGRAM REVENUE BUDGET		\$ 4,655,600	\$ 265,000	\$ 136,000	\$ 1,800,000	\$ 1,424,000	\$ 1,030,600

		COUNTY ADMIN'S PROGRAMS TOTALS - YTD	Childrens System of Care - Residential Treatment Center	Childrens System of Care - Crisis Care	Therapeutic Behavioral Services	Wraparound	SAFTY
	III. DIRECT COSTS						
	III.A. Salaries and Benefits Object Level						
16	Salaries (Complete Staffing Schedule)	\$ 2,497,763	\$ 133,746	\$ 70,816	\$ 929,074	\$ 758,040	\$ 606,086
17	Employee Benefits	\$ 481,328	\$ 19,794	\$ 9,773	\$ 234,301	\$ 115,236	\$ 102,223
18	Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19	Payroll Taxes	\$ 181,030	\$ 9,763	\$ 5,028	\$ 66,330	\$ 55,716	\$ 44,193
20	Salaries and Benefits Subtotal	\$ 3,160,121	\$ 163,304	\$ 85,617	\$ 1,229,705	\$ 928,993	\$ 752,502
	III.B Services and Supplies Object Level						
21	Advertising and recruiting	\$ 27,115	\$ 800	\$ 576	\$ 2,383	\$ 1,441	\$ 21,914
22	Auto expense	\$ 123,228	\$ 604	\$ 432	\$ 66,573	\$ 47,622	\$ 7,996
23	Child related costs	\$ 5,163	\$ 1,781	\$ 1,200	\$ -	\$ 2,183	\$ -
24	Computer expense	\$ 194,368	\$ 12,012	\$ 6,605	\$ 71,821	\$ 76,201	\$ 27,730
25	Conferences and meetings	\$ 8,963	\$ 940	\$ 759	\$ 3,743	\$ 2,615	\$ 905
26	Depreciation	\$ 7,451	\$ 2,229	\$ 3,088	\$ 972	\$ 884	\$ 279
27	Dues and subscriptions	\$ 179	\$ 77	\$ 58	\$ 34	\$ 7	\$ 3
28	Education and training	\$ 37,091	\$ 3,783	\$ 1,556	\$ 11,354	\$ 15,742	\$ 4,655
29	Equipment maint. and rental	\$ 1,007	\$ 209	\$ 153	\$ 317	\$ 240	\$ 89
30	Insurance	\$ 54,457	\$ 3,874	\$ 2,881	\$ 20,599	\$ 19,696	\$ 7,406
31	Office expense	\$ 8,564	\$ 385	\$ 301	\$ 2,805	\$ 1,615	\$ 3,457
32	Outside services	\$ 40,272	\$ 643	\$ 806	\$ 9,736	\$ 17,961	\$ 11,126
33	Postage	\$ 4	\$ 2	\$ 2	\$ -	\$ -	\$ -
34	Printing	\$ 2,373	\$ 17	\$ 12	\$ 73	\$ 80	\$ 2,191
35	Professional fees	\$ 28,912	\$ 26,157	\$ 1,083	\$ 1,671	\$ -	\$ -
36	Rent	\$ 215,338	\$ 3,038	\$ 2,429	\$ 95,412	\$ 83,666	\$ 30,793
37	Repairs and maintenance	\$ 37,196	\$ 10,276	\$ 8,543	\$ 8,377	\$ 7,363	\$ 2,637
38	Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Taxes and licenses	\$ 10,827	\$ 1,601	\$ 1,178	\$ 7,342	\$ 419	\$ 287
40	Telephone	\$ 1,740	\$ 198	\$ 187	\$ 678	\$ -	\$ 677
41	Transportation and travel	\$ 48,436	\$ 395	\$ 317	\$ 14,663	\$ 14,985	\$ 18,075
42	Utilities	\$ 18,574	\$ 203	\$ 164	\$ 12,985	\$ 3,067	\$ 2,154
43	Other (specify)	\$ 9,376	\$ 321	\$ 314	\$ 3,972	\$ 3,482	\$ 1,286
44	Services and Supplies Subtotal	\$ 880,631	\$ 69,546	\$ 32,643	\$ 335,512	\$ 299,268	\$ 143,662
45	III.C. Client Expense Object Level Total (Not Medi-Cal or BWell Reimbursable)	\$ 10,000				\$ 10,000	
46	SUBTOTAL DIRECT COSTS	\$ 4,050,752	\$ 232,850	\$ 118,260	\$ 1,565,217	\$ 1,238,261	\$ 896,164

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	IV. INDIRECT COSTS							
47	Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 604,848	\$ 32,150	\$ 17,740	\$ 234,783	\$ 185,739	\$ 134,436
48	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)		\$ 4,655,600	\$ 265,000	\$ 136,000	\$ 1,800,000	\$ 1,424,000	\$ 1,030,600

IV. All other terms remain in full force and effect.

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First Amendment for Services of Independent Contractor between the **County of Santa Barbara** and CASA PACIFICA.

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

COUNTY OF SANTA BARBARA:

By: _____
DAS WILLIAMS, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

CONTRACTOR:

CASA PACIFICA

By: _____
Deputy Clerk

Date: _____

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA
AUDITOR-CONTROLLER

By: _____
Deputy County Counsel

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: _____
Director

By: _____
Risk Management