

**First Amendment  
FY 16-19**

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This amendment (hereafter referred to as the "First Amended Contract") to the Agreement for services of Independent Contractor, referenced as BC 17-035 by and between the County of Santa Barbara (County) and The Salvation Army of Santa Barbara (Contractor), wherein Contractor agrees to provide and County agrees to accept the services specified 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 2016, except as modified by this First Amended Contract;

Whereas, due to a delay in the implementation of the Organized Delivery System (ODS), FY 18-19 Alcohol and Drug Programs have been budgeted for a six (6) month allocation through December 2018.

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

- I. In the Agreement Section 4. Term, add the following:

4. Term.

- For Alcohol and Drug Free Housing services set forth in Exhibit A-1 ADP, Contractor shall commence performance on July 1, 2016 and end performance upon completion, but no later than December 31, 2018 unless otherwise directed by County or unless earlier terminated.

- II. Delete Section I. of Exhibit B, Financial Provisions, and replace with the following:

- I. For Contractor services to be rendered under this Agreement, Contractor shall be paid at the rate specified in the Schedule of Rates (Exhibit B-1-ADP and Exhibit B-1-MH), with a maximum value not to exceed \$113,700 for FY 2016-2017, \$113,700 for FY 2017-2018, and \$89,700 for FY 2018-2019,. The total contract amount payable for Fiscal Years 2016-2019 shall not exceed \$317,100, inclusive of \$120,000 in Alcohol and Drug Program funding, and \$197,100 in Mental Health funding.

- III. Delete Exhibit B-1 ADP, Schedule of Rates and Contract Maximum, and replace with the following:

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Exhibit B-1 Schedule of Rates and Contract Maximum							
CONTRACTOR NAME:	Salvation Army					FISCAL YEAR:	2016-19
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate
Non - Drug Medi-Cal Billable Services	Residential	N/A	Alcohol/Drug Free Housing (Perinatal/Parolee Only)	Bed Day	N/A	57	\$35 per day
					<b>PROGRAM</b>	<b>TOTAL</b>	
					ADFH		
					July 1, 2018 to December 31, 2018		
<b>GROSS COST:</b>				\$	24,000	\$	24,000
<b>LESS REVENUES COLLECTED BY CONTRACTOR:</b>							
PATIENT FEES						\$	-
CONTRIBUTIONS						\$	-
OTHER (LIST):						\$	-
<b>TOTAL CONTRACTOR REVENUES</b>				\$	-	\$	-
<b>MAXIMUM CONTRACT AMOUNT PAYABLE:</b>				\$	<b>24,000</b>	\$	<b>24,000</b>
<b>SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**</b>							
Drug Medi-Cal						\$	-
Realignment/SAPT - Discretionary						\$	-
Realignment/SAPT - Perinatal						\$	-
Realignment/SAPT - Adolescent Treatment						\$	-
Realignment/SAPT - Primary Prevention						\$	-
CalWORKS						\$	-
Other County Funds					24,000	\$	24,000
<b>FY16-17 TOTAL ( Sources of Behavioral Wellness Funding)</b>				\$	<b>48,000</b>	\$	<b>48,000</b>
<b>FY17-18 TOTAL ( Sources of Behavioral Wellness Funding)</b>				\$	<b>48,000</b>	\$	<b>48,000</b>
<b>FY18-19 TOTAL ( Sources of Behavioral Wellness Funding)</b>				\$	<b>24,000</b>	\$	<b>24,000</b>
<b>TOTAL ( Sources of Behavioral Wellness Funding)</b>				\$	<b>120,000</b>	\$	<b>120,000</b>
CONTRACTOR SIGNATURE:							
STAFF ANALYST SIGNATURE:							
FISCAL SERVICES SIGNATURE:							
**Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources							

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

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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

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

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

**CONTRACTOR:**

THE SALVATION ARMY SOUTHERN  
CALIFORNIA DIVISION

By: \_\_\_\_\_  
Authorized Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**APPROVED AS TO FORM:**

MICHAEL C. GHIZZONI  
COUNTY COUNSEL

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

**RECOMMENDED FOR APPROVAL:**

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

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

**APPROVED AS TO ACCOUNTING FORM:**

THEODORE A. FALLATI, CPA  
AUDITOR-CONTROLLER

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

**APPROVED AS TO INSURANCE FORM:**

RAY AROMATORIO  
RISK MANAGEMENT

By: \_\_\_\_\_  
Risk Management