

FIFTH AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This Fifth Amendment to the Agreement for Services of Independent Contractor, **BC # 19-152**, (hereafter Fifth Amended Agreement) is made by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter, Inc.** (Contractor), for the continued provision of services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein;

WHEREAS, the County Board of Supervisors authorized the County to enter into a Board Contract for Services of Independent Contractor, referred to as BC 19-152, on November 13, 2018 for the provision of alcohol and drug services for the period December 1, 2018 to June 30, 2021 for a total Maximum Contract Amount not to exceed **\$7,814,282**;

WHEREAS, the First Amendment to the Agreement authorized by the County Board of Supervisors on January 29, 2019 added revised language for Recovery Residences Program; increased the contract by **\$4,513,361** over the three-year term of the Agreement for a total Maximum Contract Amount not to exceed **\$12,327,643**; and incorporated the terms and conditions set forth in the Agreement approved by the Board of Supervisors on November 13, 2018, except as modified in the First Amended Agreement;

WHEREAS, the Second Amended Agreement authorized by the County Board of Supervisors on June 18, 2019 updated language for compliance with state and federal regulations; added mental health services to the Agreement; increased the Agreement by **\$494,000**, inclusive of \$247,000 for FY 18-19 and \$247,000 for FY 19-20, for a Maximum Contract Amount not to exceed **\$12,861,643**; and replaced in total the terms and conditions set forth in the Agreement approved by the Board of Supervisors on November 13, 2018 and the First Amended Agreement approved on January 29, 2019;

WHEREAS, the Third Amended Agreement authorized by the County Board of Supervisors on October 15, 2019 added additional alcohol and drug services due to changes to Medi-Cal certifications with no change to the Maximum Contract Amount not to exceed **\$12,861,643** for the period December 1, 2018 to June 30, 2021 and incorporated the terms and conditions set forth in the Second Amended Agreement approved by the Board of Supervisors on June 18, 2019, except as modified in the Third Amended Agreement;

WHEREAS, the Fourth Amended Agreement authorized by the County Board of Supervisors on February 4, 2020 increased funding by **\$170,000** to CalWORKS Alcohol and Drug Program (ADP) for the provision of additional CalWORKS Alcohol and Drug residential treatment and Alcohol Drug Free housing program services due to unanticipated clients' needs; added Exhibit A-10 Statement of Work: ADP Crisis Intervention, Diversion, and Support for the provision of Sobering Center services for an increase of **\$1,090,025** and Exhibit A-11 Statement of Work: ADP Step Down Supported Housing for the provision of supportive housing services for an increase of **\$604,430** due to unanticipated Bureau of State and Community Corrections Proposition 47 grant funds to County's Public Defender's Office and Behavioral Wellness; amended Exhibit A-8 Mental Health-Funded Shelter Beds with no change to the Maximum Contract Amount for Mental Health funding but increased the Maximum Contract Amount for ADP funds by **\$1,864,455** and the overall Maximum Contract Amount not to exceed **\$14,726,098**; and incorporated the terms and conditions set forth in the Second Amended Agreement approved by the Board of Supervisors on June 18, 2019, and the Third Amended Agreement approved on October 15, 2019, excepted as modified in this Fourth Amended Agreement;

WHEREAS, this Fifth Amended Agreement updates language for compliance with changes to State and Federal requirements and corresponding Behavioral Wellness policies; and adds to Exhibit A-2 ADP the Medi-Cal 2.1 Level Outpatient services to the Recovery Point location effective July 1, 2020; decreases the ADP maximum contract amounts for 19-20 by \$179,836 due to unused funds for Proposition 47 Step-Down Housing and Sobering Center services and reallocates those funds by \$33,403 to Step-Down Housing and \$42,966 to the Sobering Center for FY 20-21, resulting in a new ADP contract maximum of \$14,128,631 for FYs18-21, inclusive of \$2,582,003 for FY18-19, \$5,410,976 for FY 19-20 and \$6,135,652 for FY 20-21; removes the County Maximum Allowable rate from the MHS Schedule of Rates and Contract Maximum for FY 19-20 and for FY 20-21; reallocates \$500 in funds for shelter beds to the Non-Medi-Cal fund and adds Homeless Emergency Aid Program (HEAP) rather than HMIOT funding as a source of funds with no change to the MHS maximum contract amount of \$494,000 for FY 19-21; updates the total maximum contract amount in Exhibits B ADP and MHS to \$14,622,631, an overall decreases of the maximum contract amount of \$103,467, and updates the B-1 ADP and MHS accordingly; updates the budgets Exhibits B-2 for ADP and MHS; and adds Exhibit B-3 ADP Sliding Fee Scale for FY 20-21; provides authority to the County’s Designated Representative to amend the staffing requirements of a particular program and amend the program goals, outcomes, and measures in Exhibit E and to reallocate funding and staffing amongst programs; to increase or remove the CMA rate from the MHS schedule of rates for FY 20-21; and incorporates the terms and conditions set forth in the Second Amended Agreement approved by the County Board of Supervisors on June 18, 2019, the Third Amended Agreement approved on October 15, 2019, and the Fourth Amended Agreement approved on February 4, 2020, except as modified in this Fifth Amended Agreement; and

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

I. Add Section 39 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards to Standard Terms and Conditions:

39. UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.

The Contractor shall comply with the requirements of 2 CFR Part 200 which are hereby incorporated by reference in this Agreement.

II. Delete Section 2 (Staff) of Exhibit A-1 Statement of Work: ADP (General Provisions) and replace with the following and delete Subsection A (Obtain and Maintain Required Credentials) of Section 3 (Licenses, Permits, Registrations, Accreditations, and Certifications) of Exhibit A-1 Statement of Work: ADP (General Provisions) and replace with the following:

2. STAFF.

A. Training Upon Hire and Annually Thereafter. Contractor shall ensure the following training, including through attendance at County-sponsored training sessions as required, of each Program staff member, within thirty (30) days of the date of hire or beginning services, and at least once annually thereafter (unless otherwise indicated):

1. For Treatment Programs:

- i. HIPAA Privacy and Security Training;
- ii. 42 CFR, Part 2 Training;
- iii. Behavioral Wellness Code of Conduct Training;
- iv. Cultural Competence Training;
- v. Consumer and Family Culture Training;

- vi. *ASAM Multidimensional Assessment* by the Change Companies (only required once prior to providing DMC-ODS services);
- vii. *From Assessment to Service Planning and Level of Care* by the Change Companies (only required once prior to providing DMC-ODS services);
- viii. ADP Clinician's Gateway Training (only required once upon hire);
- ix. DMC-ODS Documentation Training; and
- x. ADP ShareCare Training/CalOMS Data Entry (for ShareCare users only).

B. Additional Mandatory Trainings: Contractor shall ensure the completion of the following mandatory trainings. In order to meet this requirement, trainings must be provided by the County, or must be certified by the County QCM Manager, or designee, as equivalent to the County-sponsored training. Program staff must complete the following additional trainings at least once annually:

1. For Treatment Programs:

- i. DMC-ODS Continuum of Care Training;
- ii. Motivational Interviewing Training;
- iii. Cognitive Behavioral Treatment/Counseling Training; and
- iv. All applicable evidence-based prevention models and programs as agreed between provider and County in writing.

C. 18 CEU Hours Alcohol and Other Drug Clinical Training. All direct service staff who provide direct SUD treatment services are required to complete a minimum of 18 CEU hours of alcohol and other drug specific clinical training per year.

D. Continuing Medical Education in Addiction Medicine. Contractor physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year; training shall be documented in the personnel records.

E. Overdose Prevention Training. Contractor shall:

- 1. Ensure all direct treatment staff become familiar with overdose prevention principles and techniques, including through trainings and materials provided by Behavioral Wellness; and
- 2. Make available and distribute prevention overdose materials, as provided by Behavioral Wellness, to all staff and clients.

F. Experienced Staff for Direct Client Services. Staff hired to work directly with clients shall have the competence and experience in working with clients with substance use disorders and co-occurring disorders.

G. Notice of Staffing Changes Required. Contractor shall notify County of any staffing changes as part of the quarterly Staffing Report, in accordance with Section 4.B. (Reports). Contractor shall notify QCM ADP BwellQCMADP@SBCBWELL.org and bwelcontractsstaff@co.santa-barbara.ca.us within one business day for unexpected termination when staff separates from employment or is terminated from working under this Agreement, or within one week of the expected last day of employment or for staff planning a formal leave of absence.

H. Staff Background Investigations. At any time prior to or during the term of this Agreement, the County may require that Contractor staff performing work under this Agreement undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be used. The fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor's staff passes or fails the background clearance investigation.

I. Staff Removal for Good Cause Shown. County may request that Contractor's staff be immediately removed from working on the County Agreement for good cause during the term of the Agreement.

J. Denial or Termination of Facility Access. County may immediately deny or terminate County facility access, including all rights to County property, computer access, and access to County software, to Contractor's staff that do not pass such investigation(s) to the satisfaction of the County whose background or conduct is incompatible with County facility access.

K. Staff Disqualification. Disqualification, if any, of Contractor staff, pursuant to this Section, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

3. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATIONS.

A. Obtain and Maintain Required Credentials. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates (including, but not limited to, certification as a Drug Medi-Cal provider if Title 22 California Code of Regulations (CCR) Drug Medi-Cal services are provided hereunder), as required by all Federal, State, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives, which are applicable to Contractor's facility(s) and services under this Agreement. Contractor shall further ensure that all of its officers, employees, and agents, who perform services hereunder, shall obtain and maintain in effect during the term of this Agreement all licenses, permits, registrations, accreditations, and certificates which are applicable to their performance hereunder. A copy of such documentation shall be provided to the Department of Behavioral Wellness Quality Care Management in alignment with *Department Policy #4.015 Staff Credentialing and Licensing*.

III. Delete Subsection A (Treatment Programs) of Section 4 (Reports) of Exhibit A-1 Statement of Work: ADP (General Provisions) and replace with the following, and add Subsection F (Network Adequacy Certification Tool (NACT)) of Section 4 (Reports) of Exhibit A-1 Statement of Work: ADP (General Provisions) as follows:

4. REPORTS.

A. Treatment Programs. In accepting funds for treatment services, Contractor agrees to submit the following:

1. Electronic Drug & Alcohol Treatment Access Report (DATAR) for each treatment site, per 45 Code of Federal Regulations (CFR) Section 96.126. These reports shall be submitted using the DHCS DATAR system on a monthly basis and must be completed not later than 10 calendar days from the last day of the month;

2. Complete CalOMS County Admission Assessments and CalOMS County Discharge Assessments in the County MIS system for each client within 30 days from admission/discharge. CalOMS County Annual Update Assessments must be completed for clients in treatment for 12 continuous months or more and must be completed no later than 12 months from the admission date; and
3. Contractor shall report to Behavioral Wellness monthly on the rate of timely completion of Comprehensive ASAM Assessments.

F. Network Adequacy Certification Tool (NACT). Contractor shall submit all required information to the County in order to comply with the *Department's Policy and Procedure #2.001 Network Adequacy Standards and Monitoring*. Network data reporting shall be submitted to QCM ADP BwellQCMADP@SBCBWELL.org as required by the State Department of Health Care Services.

IV. Delete Subsection B and Subsection C (Maintain Grievance Policy/Procedure) of Section 8 (Client and Family Member Empowerment) of Exhibit A-1 Statement of Work: ADP (General Provisions) and replace with the following:

8. CLIENT AND FAMILY MEMBER EMPOWERMENT.

B. Beneficiary Rights. Contractor shall comply with any applicable federal and state laws that pertain to beneficiary rights and comply with *Department of Behavioral Wellness' Policy and Procedure #3.000 Beneficiary Rights*, available at www.countyofsb.org/behavioral-wellness/policies, and ensure that its employees and/or subcontracted providers observe and protect those rights.

C. Maintain Grievance Policy/Procedure. Contractor shall adopt *Department Policy #4.020 Client Problem Resolution Process* available at www.countyofsb.org/behavioral-wellness/policies, to address client/family complaints in compliance with beneficiary grievance, appeal, and fair hearing procedures and timeframes as specified in 42 CFR 438.400 through 42 CFR 438.424.

V. Delete Subsection A (Notice to QCM) of Section 10 (Notification Requirements) of Exhibit A-1 Statement of Work: ADP (General Provisions) and replace with the following:

10. NOTIFICATION REQUIREMENTS.

A. Notice to QCM. Contractor shall immediately notify Behavioral Wellness' Quality Care Management (QCM) at 805-681-5113 in the event of:

1. Known serious complaints against licensed/certified staff;
2. Restrictions in practice or license/certification as stipulated by a State agency;
3. Staff privileges restricted at a hospital;
4. Other action instituted which affects staff license/certification or practice (for example, sexual harassment accusations); or
5. Any event triggering Incident Reporting, as defined in *Behavioral Wellness' Policy and Procedure #4.004, Unusual Occurrence Reporting*, available at www.countyofsb.org/behavioral-wellness/policies.

VI. Delete Subsection A (County to Provide Signature Pads) of Section 13 (Signature Pads) of Exhibit A-1 Statement of Work: ADP (General Provisions) and replace with the following:

13. SIGNATURE PADS.

A. County to Provide Signature Pads. County shall purchase one signature pad for each physical address identified for Contractor's Alcohol and Drug Programs in this Agreement. The signature pad will be compatible with the County's Electronic Health Record (EHR), Clinician's Gateway. Contractor shall use the electronic versions of the Intake Form, Treatment Consent Form, Client Treatment Plan, Discharge Plan, and Medication Consent Form to ensure a complete client medical record exists within Clinician's Gateway. Contractor shall obtain client signatures on these electronic documents using the signature pads. Upon initial purchase, County shall install the signature pads on Contractor's hardware and provide a tutorial for Contractor's staff. Contractor shall be responsible for ongoing training of new staff.

VII. Delete Subsections C (Provide DMC-ODS Beneficiary Handbook to Clients), E (Maintain Provider Directory), H (Tuberculosis (TB) Screening) and L (Attendance at Department ADP Provider Meetings) of Section 14 (Additional Program Requirements) of Exhibit A-1 Statement of Work: ADP (General Provisions) and replace with the following:

14. ADDITIONAL PROGRAM REQUIREMENTS.

C. Provide DMC-ODS Beneficiary Handbook to Clients. Contractor shall provide the County of Santa Barbara DMC-ODS Beneficiary Handbooks to all clients in an approved method listed in the *Department of Behavioral Wellness' Policy and Procedures #4.008 Beneficiary Informing Materials*, upon beneficiary enrollment into DMC-ODS treatment program or upon request within five business days, and shall inform all clients of where the information is placed on the County website in electronic form. The Handbook shall contain all information specified in 42 CFR Section 438.10(g)(2)(xi) about the grievance and appeal system.

E. Maintain Provider Directory. Contractor shall collaborate with the County to maintain a current provider directory, as required by the Intergovernmental Agreement, Contract Number 18-95148, by providing monthly updates as applicable. Contractor shall ensure that all licensed individuals employed by the Contractor to deliver DMC-ODS services are included on the County provider directory with the following information:

1. Provider's name;
2. Provider's business address(es);
3. Telephone number(s);
4. Email address;
5. Website, as appropriate;
6. Specialty in terms of training, experience and specialization, including board certification (if any);
7. Services/modalities provided;
8. Whether the provider accepts new beneficiaries;
9. The provider's cultural capabilities;
10. The provider's linguistic capabilities;
11. Whether the provider's office has accommodations for people with physical disabilities;

12. Type of practitioner;
13. National Provider Identifier Number;
14. California License number and type of license; and
15. An indication of whether the provider has completed cultural competence training.

H. Tuberculosis (TB) Screening. Contractor shall require each client to be screened for Tuberculosis (TB) prior to admission using the Alcohol and Drug Program (ADP) TB Screening Questions and Follow-Up Protocol available at <https://www.countyofsb.org/behavioral-wellness/formsforstaff-providers.sbc>.

L. Attendance at Department ADP User Group and CBO Collaborative Meetings. Contractor shall attend Behavioral Wellness ADP User Group and CBO Collaborative meetings to receive information and support in addressing treatment or prevention concerns.

VIII. Delete Section 1 (Program Summary), and Subsection A. 2. i. (OS ASAM Level 1.0 Services) and Subsection B. 1. and 2. i. (Intensive Outpatient Services (IOS) ASAM Level 2.1) of Section 3 (Services) of Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services (IOS)) and replace with the following:

1. PROGRAM SUMMARY.

The Contractor shall provide outpatient alcohol and other drug (AOD) treatment (hereafter, “the Program”) to assist clients to obtain and maintain sobriety. Clients shall include adults (age 18 and older, Transition Age Youth (TAY) (age 18-24)) and perinatal clients. Treatment services will include best practice individual and group counseling and drug testing. The Program shall be Drug Medi-Cal (DMC) certified to provide Outpatient Services (OS) and Intensive Outpatient Services (IOS). The Program will be located at the following locations:

A. Outpatient Services (OS) ASAM Level 1.0 & Intensive Outpatient Services (IOS) ASAM Level 2.1:

1. Casa de Familia: 403-B W. Morrison Ave., Santa Maria, California – Nonperinatal adults;
2. Lompoc Recovery Center: 104 S. C St, Suite A, Lompoc, California – Nonperinatal adults;
3. Project PREMIE: 412 “B” East Tunnel Street, Santa Maria, California- Nonperinatal and Perinatal adults; and
4. Recovery Point: 245 Inger Drive, Suite 103B, Santa Maria, California – Nonperinatal adults (Level 2.1 beginning July 1, 2020); and
5. Turning Point: 604 Ocean Avenue, Lompoc, California - OS Level 1.0 services for Non-perinatal and Perinatal Adults and IOS Perinatal adults (beginning December 1, 2018) and for IOS Level 2.1 Nonperinatal Adults (beginning May 31, 2019 and Perinatal Adults and IOS Level 2 Perinatal adults (beginning December 1, 2018).

3. SERVICES.

A. Outpatient Services (OS) ASAM Level 1.0.

2. OS ASAM Level 1.0 Services.

Contractor shall ensure that ASAM Level 1.0 services are provided, including group counseling, intake and assessment, treatment planning, collateral services, crisis services, discharge services, individual counseling, and medication services as follows:

- i. **Outpatient Services (OS) – Group Counseling.** Group counseling services means face-to-face contact with one or more therapists or counselors who treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served. Contractor shall ensure that each client receives counseling sessions depending on the client's needs and treatment plan or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided as scheduled. Clients must be DMC eligible to claim DMC reimbursement for the group session.

B. Intensive Outpatient Services (IOS) ASAM Level 2.1.

1. **Intensive Outpatient Services (IOS) – Frequency and Setting.** Intensive Outpatient Services are structured programming services provided to beneficiaries when determined to be medically necessary and in accordance with an individualized treatment plan, and made available:

- i. To adults, a minimum of nine (9) hours with a maximum of 19 hours a week and
- ii. To adolescents, a minimum of six (6) hours with a maximum of 19 hours a week.

Services may be provided in-person, by telephone, or by telehealth and in appropriate settings in the community in compliance with *Department Policy #7.009 Drug Medi-Cal Organized Delivery System (DMC-ODS) Outpatient Treatment Services*.

2. **IOS ASAM Level 2.1 Services.** Contractor shall ensure that ASAM Level 2.1 services are provided including: assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination, as defined in Section 3.A.2 (Outpatient Services (OS) – Individual) above, and following:

- i. **Intensive Outpatient Services (IOS) – Group Counseling.** Group counseling services means face-to-face contact with one or more therapists or counselors who treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served. Contractor shall ensure that each client receives counseling sessions depending on the client's needs and treatment plan or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided as scheduled. Clients must be DMC eligible to claim DMC reimbursement for the group session.

IX. Delete Subsections A (ASAM Screening Form Review), B (Comprehensive ASAM Assessment) and G (Notify Access Line/ QCM If Client Needs Another Level of Care) of Section 6 (Admission Process) of Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services (IOS)) and replace with the following:

6. ADMISSION PROCESS.

- A. ASAM Screening Form Review.** Contractor shall review County approved ASAM screening form and referral information upon receiving it via electronic-fax.
- B. Comprehensive ASAM Assessment.** Contractor shall complete a Comprehensive ASAM Assessment within ten (10) business days of request for services. The Medical Director, licensed physician, or LPHA shall evaluate the assessment and intake information through a face-to-face or telehealth meeting with the client or the counselor who conducted the assessment in order to determine medical necessity in compliance with the DMC-ODS Special Terms and Conditions (STCs) 132 (e) and Title 22 Section 51303 and 51341.1.
- G. QCM Documentation If Client Needs Another Level of Care.**

Contractor shall document in the assessment the actual level of care placement. Any variance in placement shall be documented in the comprehensive assessment, and will include the reasons for the difference in level of care.

X. Delete Subsection B (Comprehensive ASAM Multidimensional Assessment) and Subsection C (Treatment Plan) of Section 8 (Documentation Requirements) of Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services (IOS)) and replace with the following:

8. DOCUMENTATION REQUIREMENTS.

- B. Comprehensive ASAM Multidimensional Assessment.** No later than ten (10) days after receipt of initial client referral, Contractor shall complete a Comprehensive ASAM Assessment. The Comprehensive ASAM Assessment shall be utilized for determination of medical necessity, determination of level of care, treatment planning, and discharge planning. For SATC clients, Contractor shall report the results of the Comprehensive ASAM Assessment and recommendations to the court.
- C. Treatment Plan.** No later than thirty (30) days after client admission into Program, Contractor shall complete a Treatment Plan. The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake and updated every ninety (90) days or more frequently as determined medically necessary. The treatment plan will be consistent with the qualifying diagnosis and will be signed by the client, the counselor, and/ or LPHA, or the Medical Director. The treatment plan and updates must include:
 - 1. A statement of problems identified through the ASAM, other assessment tool(s) or intake documentation;
 - 2. Goals to be reached which address each problem;
 - 3. Action steps that will be taken by the Provider and/or client to accomplish identified goals;
 - 4. Target dates for accomplishment of actions steps and goals;
 - 5. A description of services, including the type of counseling, to be provided and the frequency thereof;

6. Assignment of a primary counselor;
7. The client's DSM-5 diagnosis language as documented by the Medical Director or LPHA;
8. If a client has not had a physical examination within the 12-months prior to the client's admission to treatment date, a goal that the client have a physical examination should be present on the treatment plan;
9. If documentation of a client's physical examination, which was performed during the prior twelve months, indicates a client has a significant medical illness, a goal that the client obtains appropriate treatment for the illness shall be included on the treatment plan;
10. Individualization based on engaging the client in the treatment planning process; and
11. Treatment planning must conform to DMC Regulations as defined in Title 22 CCR Section 51341.1(h)(2).

XI. Delete Subsection A.1.v. (Acupuncture) of Section 3 (Services) of Exhibit A-3 Statement of Work: ADP (Residential Treatment Services), and delete Subsection B (Residential Treatment Services - ASAM Level 3.1) and Subsection C (Requirements Applicable to All Residential Services (ASAM Level 3.1)) of Section 3 (Services) of Exhibit A-3 Statement of Work: ADP (Residential Treatment Services) and replace with the following:

3. SERVICES.

B. Residential Treatment Services - ASAM Level 3.1.

Residential Treatment services shall consist of non-medical, short-term services provided 24/7 in a residential program that provides rehabilitation services to clients with a substance use disorder diagnosis, when determined by a Medical Director or LPHA as medically necessary and in accordance with the individual client treatment plan. Contractor shall ensure that ASAM Level 3.1 services are provided, including assessment, treatment planning, individual and group counseling, family therapy, patient education, safeguarding medications, collateral services, crisis intervention services, and discharge planning and transportation services. Services must be provided in compliance with *Department Policy #7.007 Drug Med-Cal Organized Delivery System (DMC-ODS) Residential Treatment Services*.

C. Requirements Applicable to All Residential Services (ASAM Level 3.1, ASAM Level 3.3 and ASAM Level 3.5).

1. **Minimum Requirements.** Residential services must include a minimum of fourteen (14) hours of treatment services per week; services may include group, individual counseling sessions, and family counseling. Contractor shall ensure that lengths of stay do not exceed 90 days with the average length of stay being 45 days. Residential services shall focus on interpersonal and independent living skills and access to community support systems. Contractor shall work with clients collaboratively to define barriers, set priorities, establish individualized goals, create treatment plans, and solve problems. Services shall be provided daily on the premises as scheduled.

2. **Residential Services.** Residential Services may include:

- i. **Intake and Assessment:** The process of determining that a client meets the Medical Necessity criteria and admitting the client into a SUD treatment program. Intake must include completion of all intake paperwork, evaluation or analysis of substance use disorders, diagnosis of substance use disorders, and assessment of treatment needs to provide medically necessary services. Intake may also include a physical examination and laboratory testing necessary for SUD and treatment planning.
- ii. **Group Counseling:** Group counseling services means face-to-face contact with one or more therapists or counselors who treat two (2) or more clients at the same time with a maximum of twelve (12) in the group, focusing on the needs of the individuals served.
- iii. **Individual Counseling:** Face-to face contacts between a client and a LPHA or counselor which will focus on psychosocial issues related to substance use and goals outlined in the client's individualized treatment plan.
- iv. **Patient Education:** Provide research-based education on addiction, treatment, recovery, and associated health risks.
- v. **Family Therapy or Family Counseling/Education:** Includes a beneficiary's family members and loved ones in the treatment process, and education about factors that are important to the beneficiary's recovery, as well as their own recovery can be conveyed. Family therapy may only be provided by an LPHA while Family Counseling/Education may be provided by an AOD Counselor.
- vi. **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.
- vii. **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. "Significant persons" are individuals that have a personal, unofficial, or professional relationship with the client.
- viii. **Crisis Intervention Services:** Contact between a therapist or counselor and a client in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the client an imminent threat of relapse. Crisis Intervention Services shall be limited to the stabilization of the client's emergency situation.
- ix. **Treatment Planning:** The Contractor shall prepare an individualized written treatment plan based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake and then updated every subsequent 90 days unless there is a change in treatment modality or significant event that would then require a new treatment plan. The treatment plan will be consistent with the qualifying diagnosis and will be signed by the client and the Medical Director or LPHA.
- x. **Transportation Services:** Provision of or arrangement for transportation to and from medically necessary treatment.

- xi. **Discharge Services:** The process to prepare the client for referral into another level of care, post-treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing, and human services.

XII. Delete Subsection C (Submit Authorization Request to QCM) of Section 5 (Referrals) of Exhibit A-3 Statement of Work: ADP (Residential Treatment Services) and replace with the following, and delete Subsection G (Assessment Required Within 24 Hours of Authorization) of Section 5 (Referrals) of Exhibit A-3 Statement of Work: ADP (Residential Treatment Services):

5. REFERRALS.

C. Submit Authorization Request to QCM. Alternatively, Contractor may submit a request for initial authorization for Residential Treatment Services or Withdrawal Management Services to the Department's Quality Care Management (QCM) division. Authorization requests are to be submitted by residential providers to QCM or other assigned staff using the SUD Residential Authorization Request as specified in *Department Policy #7.007 Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment Services*. All requests must be submitted following documentation in the client's record of the following:

1. Evidence of eligibility determination (i.e., a copy of the client's Medi-Cal eligibility response, evidence of County residence);
2. Completed intake documentation including the Treatment Consent, Intake Form, and the Health History Questionnaire;
3. Completed ODS Comprehensive Assessment including ASAM placement criteria, the indicated level of care, and information gathered for the basis for diagnosis of a substance-related and addictive disorder found in the DSM-5; and
4. For perinatal clients, medical documentation that substantiates the client's pregnancy and the last day of pregnancy.

XIII. Delete Subsections A (Place Client Within 24 Hours After Authorization) and Subsection B (Comprehensive ASAM Assessment) of Section 6 (Admission Process) of Exhibit A-3 Statement of Work: ADP (Residential Treatment Services) and replace with the following:

6. ADMISSION PROCESS.

- A. Client Placement.** Contractor shall place client in the facility immediately (whenever possible) but no later than 10 days following the initial ASAM Placement screening and referral via the Access Line for Residential Treatment Services or Withdrawal Management Services.
- B. Comprehensive ASAM Assessment.** No later than 24 hours after intake, Contractor shall complete a Comprehensive ASAM Assessment. The Medical Director, licensed physician, or LPHA shall evaluate the assessment and intake information through a face-to-face or telehealth meeting with the client or the counselor who conducted the assessment, in order to determine medical necessity in compliance with the DMC-ODS Special Terms and Conditions (STCs) 132 (e) and Title 22 Section 51303 and 51341.1.

XIV. Delete Subsections B (Comprehensive ASAM Multidimensional Assessment) and C (Treatment Plan) of Section 8 (Documentation Requirements) of Exhibit A-3 Statement of Work: ADP Residential Treatment Services and replace with the following:

8. DOCUMENTATION REQUIREMENTS.

B. Comprehensive ASAM Assessment. No later than 24 hours after intake, Contractor shall complete a Comprehensive ASAM Assessment. The Comprehensive ASAM Assessment shall be utilized for determination of medical necessity, determination of level of care, treatment planning, and discharge planning. For SATC clients, Contractor shall report the results of the Comprehensive ASAM Assessment and recommendations to the court.

C. Treatment Plan. No later than 48 hours after client admission into Withdrawal Management and no later than ten (10) days after client admission into Residential Services, Contractor shall complete a Treatment Plan. Contractor shall prepare an individualized written treatment plan based upon information obtained in the intake and assessment process. The treatment plan shall be completed upon intake and updated every ninety (90) days or more frequently as determined medically necessary. The treatment plan shall be consistent with the qualifying diagnosis and shall be signed by the client, the counselor, and/or LPHA or Medical Director. The treatment plan and updates shall include:

1. A statement of problems identified through the ASAM, other assessment tool(s) or intake documentation;
2. Goals to be reached which address each problem;
3. Action steps that will be taken by the Contractor and/or client to accomplish identified goals;
4. Target dates for accomplishment of actions steps and goals;
5. A description of services, including the type of counseling, to be provided and the frequency thereof;
6. Assignment of a primary counselor;
7. The client's DSM-5 diagnosis language as documented by the Medical Director or LPHA;
8. If a client has not had a physical examination within the 12-months prior to the client's admission to treatment date, a goal that the client have a physical examination;
9. If documentation of a client's physical examination, which was performed during the prior twelve (12) months, indicates a client has a significant medical illness, a goal that the client obtains appropriate treatment for the illness;
10. Individualization based on engaging the client in the treatment planning process; and
11. Treatment planning must conform to DMC Regulations as defined in Title 22, CCR Section 51341.1(h) (2).

XV. Delete Subsection G (Discharge Client if Client is Absent Without Leave for a 24 Hour Period) of Section 9 (Discharges) of Exhibit A-3 Statement of Work: ADP Residential Treatment Services and replace with the following:

G. Discharge Client if Client is Absent Without Leave for a 24 Hour Period. Any client that is absent without leave for a 24 hour period may be discharged, as of the date of last services. The date of discharge shall be the last face to face contact.

XVI. Delete Subsection 1 of Section A of Section 1 (Performance) of Exhibit A-7 (MHS General Provisions) and replace with the following:

1. PERFORMANCE.

1. All laws and regulations, and all contractual obligations of the County under the County Mental Health Plan (“MHP”) (Contract No. 17-94613) between the County Department of Behavioral Wellness and the State Department of Health Care Services (DHCS), available at www.countyofsb.org/behavioral-wellness, including but not limited to subparagraphs C and F of the MHP, Exhibit E, Paragraph 7, and the applicable provisions of Exhibit D(F) to the MHP referenced in Paragraph 19.D of this Exhibit;

XVII. Delete Section 16 (Training Requirements) of Exhibit A-7 (MHS General Provisions) and replace with the following:

16. TRAINING REQUIREMENTS.

- A.** Contractor shall ensure that all staff providing services under this Agreement complete mandatory trainings, including through attendance at County-sponsored training sessions as available. The following trainings must be completed at hire and annually thereafter:

1. HIPAA Privacy and Security;
2. Consumer and Family Culture;
3. Behavioral Wellness Code of Conduct;
4. Cultural Competency;
5. County Management Information System (MIS), including the California Outcomes Measurement System (CalOMS) Treatment, for service staff who enter data into the system; and
6. Applicable evidence-based treatment models and programs as agreed between Contractor and County in writing.

- B.** Training Requirements for Mental Health Staff who provide direct service/document in Clinician’s Gateway.

The following trainings must be completed at hire and annually thereafter:

1. Clinician’s Gateway;
2. Documentation; and
3. Assessment and Treatment Plan.

XVIII. Add Subsection R (Client Service Plan) to Section 17 (Additional Program Requirements) of Exhibit A-7 (MHS General Provisions) as follows:

- R. Client Service Plan.** Contractor shall complete a Client Service Plan and assessment for each client receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual <http://countyofsb.org/behavioral-wellness/asset.c/5670>.

XIX. Delete Subsections C. 2 (Crisis Intervention), 3 (Assessment), 4 (Collateral) and 7 (Plan Development) of Section 2 (Services) of Exhibit A-9 MHS Statement of Work: Mental Health Homeless Clinicians and replace with the following, and add Subsection 8 (Rehabilitation) to Section 2 (Services) of Exhibit A-9 MHS Statement of Work: Mental Health Homeless Clinicians as follows:

2. SERVICES.

2. Crisis Intervention. Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.

3. Assessment/Reassessment. Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.

4. Collateral. Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan (client plan), as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment including, but not limited to, parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1.

Collateral services may include, but are not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a collateral service.

7. Plan Development. Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.

8. Rehabilitation. A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.

XX. Delete Section 3 (Staff) of Exhibit A-9 MHS Statement of Work: Mental Health Homeless Clinicians and replace with the following:

3. STAFF. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.

- A. 1.2 FTE to consist of 1.0 FTE Lead Homeless Services Clinician and 0.2 FTE Homeless Services Clinician who shall be licensed mental health or waived/registered professionals as described in Title 9 CCR Sections 1810.223 and 1810.254.
 - i. Licensed mental health professional under Title 9 CCR Section 1810.223 includes:
 - a. Licensed physicians;
 - b. Licensed psychologists;
 - c. Licensed clinical social workers;
 - d. Licensed marriage and family therapists;
 - e. Licensed psychiatric technicians;
 - f. Registered Nurse; and
 - g. Licensed Vocational Nurse.
 - ii. Waivered/Registered Professional under Title 9 CCR Section 1810.254 includes an individual who has:
 - a. A waiver of psychologist licensure issued by the Department or
 - b. Registered with the corresponding state licensing authority for psychologists, marriage and family therapists, or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist, or clinical social worker licensure.
- B. .05 FTE Clerical/accounting support.
- C. 2.0 FTE unpaid interns under the supervision of the Homeless Clinician.

XXI. Delete Section II (Maximum Contract Amount) of Exhibit B ADP Financial Provisions and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$14,622,631** inclusive of **\$14,128,631** in Alcohol and Drug Program funding of \$2,582,003 for FY 18-19, \$5,410,976 for FY 19-20, and \$6,135,652 for FY 20-21, 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.

XXII. Delete Section II (Maximum Contract Amount) of Exhibit B MHS Financial Provisions and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$14,622,631** inclusive of **\$494,000** in Mental Health Services funding of \$247,000 for FY 19-20 and \$247,000 for FY 20-21, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MHS and subject to the provisions in Section I (Payment for Services). 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.

XXIII. Delete Exhibit B-1 ADP Schedule of Rates and Contract Maximum FY 19-20 and replace with the following Exhibit B-1 ADP FY 18-19, Exhibit B-1 ADP FY 19-20 and Exhibit B-1 ADP FY 20-21:

| Exhibit B-1 Schedule of Rates and Contract Maximum | | | | | | | | | |
|---|--|-------------|---|--|---------------------------|------------------------------|-------------------------------|-----------------------------|--|
| CONTRACTOR NAME: Good Samaritan | | | | | FISCAL YEAR: 2018-19 | | | | |
| Drug Medi-Cal/Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | Projected Units of Service | Projected Number of Clients | |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Outpatient Treatment | 15 Minute Unit | 91 | 91 | 20,418 | 547 | |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | 8,585 | 174 | |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | 458 | 9 | |
| | | 15 | ODS Recovery Services | 15 Minute Unit | 95 | 95 | 6,383 | 130 | |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | 4,531 | 97 | |
| | Residential | 5 | Level 3.2 Withdrawal Management | Bed Day | 109 | 109 | 1,150 | 88 | |
| | | 5 | Level 3.1 Residential Treatment | Bed Day | 112 | 112 | 7,227 | 88 | |
| 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 | | |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Group Counseling | 15 Minute Unit | 91 | 91 | \$33.81 | | |
| | | 15 | ODS Individual Counseling | 15 Minute Unit | 92 | 92 | \$33.81 | | |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | \$33.81 | | |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | \$141.59 | | |
| | | 15 | ODS Recovery Services Individual | 15 Minute Unit | 95 | 95 | \$33.81 | | |
| | | 15 | ODS Recovery Services Group | 15 Minute Unit | 96 | 96 | \$33.81 | | |
| | | 15 | ODS Recovery Services Case Management | 15 Minute Unit | 97 | 97 | \$33.81 | | |
| | | 15 | ODS Recovery Services Monitoring | 15 Minute Unit | 98 | 98 | \$33.81 | | |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | \$31.02 | | |
| | | Residential | 5 | Level 3.2 Withdrawal Management - Treatment Only | Bed Day | 109 | 109 | \$184.84 | |
| 5 | Level 3.1 Residential Treatment - Treatment Only | | Bed Day | 112 | 112 | \$122.97 | | | |
| N/A | Level 3.2 Withdrawal Management - Board and Care | | Bed Day | N/A | 109 | Actual Cost ² | | | |
| Non - Drug Medi-Cal Billable Services | Residential | N/A | Level 3.1 Residential Treatment - Board and Care | Bed Day | N/A | 112 | Actual Cost ² | | |
| | | N/A | Transitional Living Center (Perinatal/Parolee Only) | Bed Day | N/A | 56 | Actual Cost ² | | |
| | | N/A | Alcohol/Drug Free Housing (Perinatal/Parolee Only) | Bed Day | N/A | 57 | Actual Cost ² | | |

| | PROGRAM | | | | | | | | | | | | | | | TOTAL | |
|--|------------------------------|------------------------------|--------------------------------------|--|---------------------------------|---|--|--|---|---------------------------|---|---|---|--|---------------------|-----------|--------------------------------------|
| | Recovery Point (Santa Maria) | Project PREMIE (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Treatment at Transitional Center House (Santa Maria) ³ Feb 1st - Jun 30th | Treatment at Recovery Way Home (Lompoc) ³ Feb 1st - Jun 30th | Residential Startup Costs | Prop 47 Step Down Housing (starting Nov. 1, 2019) | Prop 47 Sobering Center (starting Nov. 1, 2019) | Recovery Residence Centers (Santa Maria) Dec 1st - Jan 31st | Recovery Residence Centers (Lompoc) Dec 1st - Jan 31st | CalWORKS Counseling | | CalWORKS - Alcohol Drug Free Housing |
| GROSS COST: | \$ 335,633 | \$ 285,383 | \$ 299,508 | \$ 127,818 | \$ 178,460 | \$ 397,666 | \$ 320,935 | \$ 369,111 | \$ 388,537 | \$ 13,414 | \$ - | \$ - | \$ 35,575 | \$ 38,646 | \$ - | \$ 55,000 | \$ 2,845,686 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | | | | | | | | | | | | |
| PATIENT FEES | \$ 12,000 | \$ 6,000 | \$ - | \$ - | \$ 12,000 | \$ 12,000 | \$ 18,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 2,496 | \$ 2,857 | \$ - | \$ - | \$ 65,353 |
| CONTRIBUTIONS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,710 | \$ - | \$ - | \$ 1,710 |
| OTHER: GOVERNMENT FUNDING | \$ 37,092 | \$ 14,837 | \$ 14,837 | \$ 1,484 | \$ 5,935 | \$ 60,432 | \$ 24,431 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 12,079 | \$ 12,079 | \$ - | \$ - | \$ 183,206 |
| OTHER: MISCELLANEOUS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| OTHER: FUNDRAISING | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ 49,092 | \$ 20,837 | \$ 14,837 | \$ 1,484 | \$ 17,935 | \$ 72,432 | \$ 42,431 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 14,575 | \$ 16,646 | \$ - | \$ - | \$ 250,269 |
| MAXIMUM (NET) CONTRACT AMOUNT PAYABLE: | \$ 286,541 | \$ 264,546 | \$ 284,671 | \$ 126,334 | \$ 160,525 | \$ 325,234 | \$ 278,504 | \$ 369,111 | \$ 388,537 | \$ 13,414 | \$ - | \$ - | \$ 21,000 | \$ 22,000 | \$ - | \$ 55,000 | \$ 2,595,417 |

| SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | | | | | | | | | | | | | |
|--|---------------------|---------------------|---------------------|-------------------|-------------------|---------------------|---------------------|---------------------|---------------------|------------------|-------------------|---------------------|------------------|------------------|------------------|-------------------|----------------------|
| Drug Medi-Cal | \$ 244,541 | \$ 179,038 | \$ 253,641 | \$ 115,334 | \$ 146,525 | \$ 271,234 | \$ 225,334 | \$ 328,086 | \$ 329,724 | | | | | | | | \$ 2,093,457 |
| Realignment/SAPT - Discretionary | \$ 42,000 | \$ 29,000 | \$ 25,000 | \$ 11,000 | \$ 14,000 | \$ 54,000 | \$ 49,000 | \$ 29,000 | \$ 43,000 | \$ 13,414 | | | | | | | \$ 309,414 |
| Realignment/SAPT - Perinatal | | | | | | | | | | | | | \$ 12,000 | \$ 17,000 | | | \$ 29,000 |
| Realignment/SAPT - Adolescent Treatment | | | | | | | | | | | | | | | | | \$ - |
| Realignment/SAPT - Primary Prevention | | | | | | | | | | | | | | | | | \$ - |
| CalWORKS ⁴ | | | | | | | | | | | | | \$ 9,000 | \$ 5,000 | | \$ 55,000 | \$ 69,000 |
| Other County Funds | | \$ 56,508 | \$ 6,030 | | | | \$ 4,170 | \$ 4,573 | \$ 9,851 | | | | | | | | \$ 81,132 |
| FY18-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ 286,541 | \$ 264,546 | \$ 284,671 | \$ 126,334 | \$ 160,525 | \$ 325,234 | \$ 278,504 | \$ 361,659 | \$ 382,575 | \$ 13,414 | \$ - | \$ - | \$ 21,000 | \$ 22,000 | \$ - | \$ 55,000 | \$ 2,582,003 |
| FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ - | \$ 145,720 | \$ 287,436 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 5,410,976 |
| FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ - | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,135,652 |
| GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ 1,268,967 | \$ 1,171,560 | \$ 1,260,685 | \$ 559,480 | \$ 710,897 | \$ 1,440,322 | \$ 1,233,374 | \$ 2,133,391 | \$ 2,247,553 | \$ 13,414 | \$ 570,976 | \$ 1,020,012 | \$ 21,000 | \$ 22,000 | \$ 40,000 | \$ 415,000 | \$ 14,128,631 |

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: *Denise Morales melissa marie manzo*

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.
 ***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.
¹Rate based on most recently filed cost report.
²Rate based on approved costs.
³Funding for Residential Treatment at Transitional Center House and Recovery Way Home is conditional upon DMC certification effective starting 2/1/19.

XXIII. Delete Exhibit B-1 ADP Schedule of Rates and Contract Maximum FY 19-20 and replace with the following Exhibit B-1 ADP FY 18-19, Exhibit B-1 ADP FY 19-20 and Exhibit B-1 ADP FY 20-21:

Exhibit B-1
Schedule of Rates and Contract Maximum

| CONTRACTOR NAME: | | Good Samaritan | | | FISCAL YEAR: | | 2018-19 | |
|---------------------------------|---------------------------------------|----------------|---|--|---------------------------|------------------------------|-------------------------------|-----------------------------|
| Drug Medi-Cal/Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | Projected Units of Service | Projected Number of Clients |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Outpatient Treatment | 15 Minute Unit | 91 | 91 | 20,418 | 547 |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | 8,585 | 174 |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | 458 | 9 |
| | | 15 | ODS Recovery Services | 15 Minute Unit | 95 | 95 | 6,383 | 130 |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | 4,531 | 97 |
| | Residential | 5 | Level 3.2 Withdrawal Management | Bed Day | 109 | 109 | 1,150 | 88 |
| | | 5 | Level 3.1 Residential Treatment | Bed Day | 112 | 112 | 7,227 | 88 |
| 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 | |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Group Counseling | 15 Minute Unit | 91 | 91 | \$33.81 | |
| | | 15 | ODS Individual Counseling | 15 Minute Unit | 92 | 92 | \$33.81 | |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | \$33.81 | |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | \$141.59 | |
| | | 15 | ODS Recovery Services Individual | 15 Minute Unit | 95 | 95 | \$33.81 | |
| | | 15 | ODS Recovery Services Group | 15 Minute Unit | 96 | 96 | \$33.81 | |
| | | 15 | ODS Recovery Services Case Management | 15 Minute Unit | 97 | 97 | \$33.81 | |
| | | 15 | ODS Recovery Services Monitoring | 15 Minute Unit | 98 | 98 | \$33.81 | |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | \$31.02 | |
| | | Residential | 5 | Level 3.2 Withdrawal Management - Treatment Only | Bed Day | 109 | 109 | \$184.84 |
| | 5 | | Level 3.1 Residential Treatment - Treatment Only | Bed Day | 112 | 112 | \$122.97 | |
| | N/A | | Level 3.2 Withdrawal Management - Board and Care | Bed Day | N/A | 109 | Actual Cost* | |
| | Non - Drug Medi-Cal Billable Services | Residential | N/A | Level 3.1 Residential Treatment - Board and Care | Bed Day | N/A | 112 | Actual Cost* |
| N/A | | | Transitional Living Center (Perinatal/Parolee Only) | Bed Day | N/A | 56 | Actual Cost* | |
| N/A | | | Alcohol/Drug Free Housing (Perinatal/Parolee Only) | Bed Day | N/A | 57 | Actual Cost* | |
| N/A | | | | Bed Day | N/A | | | |

| | PROGRAM | | | | | | | | | | | | | | TOTAL | | |
|--|------------------------------|------------------------------|--------------------------------------|--|---------------------------------|---|--|---|--|---------------------------|---|---|---|--|-------|---------------------|--------------------------------------|
| | Recovery Point (Santa Maria) | Project PREMIE (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Treatment at Transitional Center House (Santa Maria) Feb 1st - Jun 30th | Treatment at Recovery Way Home (Lompoc) Feb 1st - Jun 30th | Residential Startup Costs | Prop 47 Step Down Housing (starting Nov. 1, 2019) | Prop 47 Sobering Center (starting Nov. 1, 2019) | Recovery Residence Centers (Santa Maria) Dec 1st - Jan 31st | Recovery Residence Centers (Lompoc) Dec 1st - Jan 31st | | CalWORKS Counseling | CalWORKS - Alcohol Drug Free Housing |
| GROSS COST: | \$ 335,633 | \$ 285,383 | \$ 299,508 | \$ 127,818 | \$ 178,480 | \$ 397,666 | \$ 320,935 | \$ 369,111 | \$ 388,537 | \$ 13,414 | \$ - | \$ - | \$ 35,575 | \$ 38,646 | \$ - | \$ 55,000 | \$ 2,845,666 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | | | | | | | | | | | | |
| PATIENT FEES | \$ 12,000 | \$ 6,000 | \$ - | \$ - | \$ 12,000 | \$ 12,000 | \$ 18,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 2,496 | \$ 2,857 | \$ - | \$ - | \$ 65,353 |
| CONTRIBUTIONS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,710 | \$ - | \$ - | \$ 1,710 |
| OTHER GOVERNMENT FUNDING | \$ 37,092 | \$ 14,837 | \$ 14,837 | \$ 1,484 | \$ 5,935 | \$ 60,432 | \$ 24,431 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 12,079 | \$ 12,079 | \$ - | \$ - | \$ 183,206 |
| OTHER MISCELLANEOUS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| OTHER FUNDRAISING | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ 49,092 | \$ 20,837 | \$ 14,837 | \$ 1,484 | \$ 17,935 | \$ 72,432 | \$ 42,431 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 14,575 | \$ 16,546 | \$ - | \$ - | \$ 250,269 |
| MAXIMUM (NET) CONTRACT AMOUNT PAYABLE: | \$ 286,541 | \$ 264,546 | \$ 284,671 | \$ 126,334 | \$ 160,525 | \$ 325,234 | \$ 278,504 | \$ 369,111 | \$ 388,537 | \$ 13,414 | \$ - | \$ - | \$ 21,000 | \$ 22,000 | \$ - | \$ 55,000 | \$ 2,595,417 |

| | SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | | | | | | | | | | | |
|---|--|---------------------|---------------------|-------------------|-------------------|---------------------|---------------------|---------------------|---------------------|------------------|-------------------|---------------------|------------------|------------------|------------------|----------------------|
| | FY18-19 | FY19-20 | FY20-21 | FY18-19 | FY19-20 | FY20-21 | FY18-19 | FY19-20 | FY20-21 | FY18-19 | FY19-20 | FY20-21 | FY18-19 | FY19-20 | FY20-21 | |
| Drug Medi-Cal | \$ 244,541 | \$ 179,038 | \$ 253,641 | \$ 115,334 | \$ 146,525 | \$ 271,234 | \$ 225,334 | \$ 328,086 | \$ 329,724 | | | | | | \$ 2,093,457 | |
| Realignment/SAPT - Discretionary | \$ 42,000 | \$ 29,000 | \$ 25,000 | \$ 11,000 | \$ 14,000 | \$ 54,000 | \$ 49,000 | \$ 29,000 | \$ 43,000 | \$ 13,414 | | | | | \$ 309,414 | |
| Realignment/SAPT - Perinatal | | | | | | | | | | | | | \$ 12,000 | \$ 17,000 | \$ 29,000 | |
| Realignment/SAPT - Adolescent Treatment | | | | | | | | | | | | | | | \$ - | |
| Realignment/SAPT - Primary Prevention | | | | | | | | | | | | | \$ 9,000 | \$ 5,000 | \$ 69,000 | |
| CalWORKS ³ | | | | | | | | | | | | | | | \$ - | |
| Other County Funds | | \$ 56,508 | \$ 6,030 | | | \$ 4,170 | \$ 4,573 | \$ 9,851 | | | | | | | \$ 81,132 | |
| FY18-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ 286,541 | \$ 264,546 | \$ 284,671 | \$ 126,334 | \$ 160,525 | \$ 325,234 | \$ 278,504 | \$ 369,111 | \$ 388,537 | \$ 13,414 | \$ - | \$ - | \$ 21,000 | \$ 22,000 | \$ 55,000 | \$ 2,582,003 |
| FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ - | \$ 145,720 | \$ 287,436 | \$ - | \$ - | \$ 20,000 | \$ 5,410,976 |
| FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ - | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 6,135,652 |
| GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ 1,268,967 | \$ 1,174,560 | \$ 1,260,685 | \$ 559,480 | \$ 710,897 | \$ 1,440,322 | \$ 1,233,374 | \$ 2,133,391 | \$ 2,247,553 | \$ 13,414 | \$ 570,976 | \$ 1,020,012 | \$ 21,000 | \$ 22,000 | \$ 40,000 | \$ 14,128,651 |

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.

***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.

¹Rate based on most recently filed cost report.

²Rate based on approved costs.

³Funding for Residential Treatment at Transitional Center House and Recovery Way Home is conditional upon DMC certification effective starting 2/1/19.

**Exhibit B-1 ADP
Schedule of Rates and Contract Maximum**

CONTRACTOR NAME: Good Samaritan FISCAL YEAR: 2019-20

| Drug Medi-Cal / Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | Projected Units of Service | Projected Number of Clients |
|-----------------------------------|--------------|------|--|-----------------|---------------------------|------------------------------|----------------------------|-----------------------------|
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Outpatient Treatment | 15 Minute Unit | 91 | 91 | 35,003 | 547 |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | 16,421 | 229 |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | 876 | 12 |
| | | 15 | ODS Recovery Services | 15 Minute Unit | 95 | 95 | 12,329 | 172 |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | 8,467 | 97 |
| | Residential | 5 | Level 3.2 Withdrawal Management | Bed Day | 109 | 109 | 1,971 | 187 |
| | | 5 | Level 3.1 Residential Treatment | Bed Day | 112 | 112 | 15,768 | 187 |

| 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 |
|---------------------------------------|--|-------------|---|--|---------------------------|------------------------------|-------------------------------|
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Group Counseling | 15 Minute Unit | 91 | 91 | \$33.81 |
| | | 15 | ODS Individual Counseling | 15 Minute Unit | 92 | 92 | \$33.81 |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | \$33.81 |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | \$141.59 |
| | | 15 | ODS Recovery Services Individual | 15 Minute Unit | 95 | 95 | \$33.81 |
| | | 15 | ODS Recovery Services Group | 15 Minute Unit | 96 | 96 | \$33.81 |
| | | 15 | ODS Recovery Services Case Management | 15 Minute Unit | 97 | 97 | \$33.81 |
| | | 15 | ODS Recovery Services Monitoring | 15 Minute Unit | 98 | 98 | \$33.81 |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | \$31.02 |
| | | Residential | 5 | Level 3.2 Withdrawal Management - Treatment Only | Bed Day | 109 | 109 |
| 5 | Level 3.1 Residential Treatment - Treatment Only | | Bed Day | 112 | 112 | \$143.29 | |
| Non - Drug Medi-Cal Billable Services | Residential | N/A | Free-Standing Residential Detoxification | Bed Day | N/A | 50 | Actual Cost ² |
| | | N/A | Residential Recovery Long Term (over 30 days) | Bed Day | N/A | 51 | Actual Cost ² |
| | | N/A | Residential Treatment Services, Room & Board Only | Bed Day | N/A | 58 | Actual Cost ² |
| | | N/A | Residential Treatment Services Perinatal, Room & Board Only | Bed Day | N/A | 58-1 | Actual Cost ² |
| | | N/A | Alcohol/Drug Free Housing (Perinatal/Paroles Only) | Bed Day | N/A | 57a | Actual Cost ¹ |
| | | N/A | Interim Treatment Services (CalWORKS Only) | Hours | N/A | 35 | Actual Cost ² |

| | PROGRAM | | | | | | | | | | | | | | | | TOTAL |
|-------------|------------------------------|------------------------------|--------------------------------------|--|---------------------------------|---|--|--|---|---|---|--|-------------------------------------|---------------------|---------------------------|--------------|-------|
| | Recovery Point (Santa Maria) | Project PREMIE (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Residential Treatment at Transitional Center House (Santa Maria) | Residential Treatment at Recovery Way Home (Lompoc) | Prop 47 Step Down Housing (starting Nov. 1, 2019) | Prop 47 Sobering Center (starting Nov. 1, 2019) | Recovery Residence Centers (Santa Maria) | Recovery Residence Centers (Lompoc) | CalWORKS Counseling | Alcohol Drug Free Housing | | |
| GROSS COST: | \$ 543,213 | \$ 495,427 | \$ 561,657 | \$ 227,833 | \$ 307,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 145,720 | \$ 287,436 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 5,730,466 | |

| | | | | | | | | | | | | | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------|------|-----------|------------|--------------|
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | | | | | | | | | | | |
| PATIENT FEES | \$ 12,000 | \$ 6,000 | \$ 6,000 | \$ 6,000 | \$ 10,000 | | | | | | | | | | | \$ 40,000 |
| CONTRIBUTIONS | | | | | | | | | | | | | | | | \$ - |
| OTHER: GOVERNMENT FUNDING CWS | \$ 40,000 | \$ 15,000 | \$ 35,000 | \$ 5,260 | \$ 22,000 | \$ 8,000 | \$ 8,000 | | | | | | | | | \$ 133,260 |
| OTHER: GOVERNMENT FUNDING | | \$ 20,920 | \$ 32,650 | | | \$ 69,550 | \$ 15,750 | \$ 6,210 | \$ 1,150 | | | | | | | \$ 146,230 |
| OTHER: FUNDRAISING | | | | | | | | | | | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ 52,000 | \$ 41,920 | \$ 73,650 | \$ 11,260 | \$ 32,000 | \$ 77,550 | \$ 23,750 | \$ 6,210 | \$ 1,150 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 319,490 |
| MAXIMUM (NET) CONTRACT AMOUNT PAYABLE : | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 145,720 | \$ 287,436 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 5,410,976 |

| SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | | | | | | | | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|-------------------|---------------------|---------------------|-------------------|---------------------|-------------|-------------|------------------|-------------------|----------------------|
| Drug Medi-Cal | \$ 466,652 | \$ 430,832 | \$ 463,607 | \$ 205,744 | \$ 261,427 | \$ 471,915 | \$ 409,749 | \$ 730,604 | \$ 789,662 | | | | | | | \$ 4,230,192 |
| Realignment/SAPT - Discretionary | \$ 24,561 | \$ 22,675 | \$ 24,400 | \$ 10,829 | \$ 13,759 | \$ 80,629 | \$ 62,686 | | | | | | | | | \$ 239,539 |
| Realignment/SAPT - Perinatal | | | | | | | | \$ 115,262 | \$ 132,827 | | | | | | | \$ 248,089 |
| Realignment/SAPT - Adolescent Treatment | | | | | | | | | | | | | | | | \$ - |
| Realignment/SAPT - Primary Prevention | | | | | | | | | | | | | | | | \$ - |
| CalWORKS ³ | | | | | | \$ 5,000 | \$ 5,000 | \$ 40,000 | \$ 10,000 | | | | | \$ 20,000 | \$ 180,000 | \$ 260,000 |
| Other County Funds | | | | | | | | | | \$ 145,720 | \$ 287,436 | | | | | \$ 433,156 |
| FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND) | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 145,720 | \$ 287,436 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 5,410,976 |
| FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND) | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,135,652 |
| GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND) | \$ 982,426 | \$ 907,014 | \$ 976,014 | \$ 433,146 | \$ 550,372 | \$ 1,115,088 | \$ 954,870 | \$ 1,771,732 | \$ 1,864,978 | \$ 570,976 | \$ 1,020,012 | \$ - | \$ - | \$ 40,000 | \$ 360,000 | \$ 11,546,628 |

CONTRACTOR SIGNATURE: _____
 STAFF ANALYST SIGNATURE: Denise Morales
 FISCAL SERVICES SIGNATURE: melissa marie manzo

**Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.
 ***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.
¹Rate based on most recently filed cost report.
²Rate based on approved costs.

**Exhibit B-1 ADP
Schedule of Rates and Contract Maximum**

CONTRACTOR NAME: Good Samaritan

FISCAL YEAR: 2019-20

| Drug Medi-Cal /Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | Projected Units of Service | Projected Number of Clients |
|----------------------------------|---------------------------------------|-------------|---|--|---------------------------|------------------------------|-------------------------------|-----------------------------|
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Outpatient Treatment | 15 Minute Unit | 91 | 91 | 35,003 | 547 |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | 16,421 | 229 |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | 875 | 12 |
| | | 15 | ODS Recovery Services | 15 Minute Unit | 95 | 95 | 12,329 | 172 |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | 8,457 | 97 |
| | Residential | 5 | Level 3.2 Withdrawal Management | Bed Day | 109 | 109 | 1,971 | 187 |
| | | 5 | Level 3.1 Residential Treatment | Bed Day | 112 | 112 | 15,768 | 187 |
| 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 | |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Group Counseling | 15 Minute Unit | 91 | 91 | \$33.81 | |
| | | 15 | ODS Individual Counseling | 15 Minute Unit | 92 | 92 | \$33.81 | |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | \$33.81 | |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | \$141.59 | |
| | | 15 | ODS Recovery Services Individual | 15 Minute Unit | 95 | 95 | \$33.81 | |
| | | 15 | ODS Recovery Services Group | 15 Minute Unit | 96 | 96 | \$33.81 | |
| | | 15 | ODS Recovery Services Case Management | 15 Minute Unit | 97 | 97 | \$33.81 | |
| | | 15 | ODS Recovery Services Monitoring | 15 Minute Unit | 98 | 98 | \$33.81 | |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | \$31.02 | |
| | | Residential | 5 | Level 3.2 Withdrawal Management - Treatment Only | Bed Day | 109 | 109 | \$184.84 |
| | 5 | | Level 3.1 Residential Treatment - Treatment Only | Bed Day | 112 | 112 | \$143.29 | |
| | Non - Drug Medi-Cal Billable Services | Residential | N/A | Free-Standing Residential Detoxification | Bed Day | N/A | 50 | Actual Cost ² |
| N/A | | | Residential Recovery Long Term (over 30 days) | Bed Day | N/A | 51 | Actual Cost ² | |
| N/A | | | Residential Treatment Services, Room & Board Only | Bed Day | N/A | 58 | Actual Cost ² | |
| N/A | | | Residential Treatment Services Perinatal, Room & Board Only | Bed Day | N/A | 58-1 | Actual Cost ² | |
| N/A | | | Alcohol/Drug Free Housing (Perinatal/Parolee Only) | Bed Day | N/A | 57a | Actual Cost ¹ | |
| N/A | | | Interim Treatment Services (CalWORKS Only) | Hours | N/A | 35 | Actual Cost ² | |

| | PROGRAM | | | | | | | | | | | | | | TOTAL | |
|---|------------------------------|------------------------------|--------------------------------------|--|---------------------------------|---|--|--|---|---|---|--|-------------------------------------|---------------------|------------|---------------------------|
| | Recovery Point (Santa Maria) | Project PREMIE (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Residential Treatment at Transitional Center House (Santa Maria) | Residential Treatment at Recovery Way Home (Lompoc) | Prop 47 Step Down Housing (starting Nov. 1, 2019) | Prop 47 Sobering Center (starting Nov. 1, 2019) | Recovery Residence Centers (Santa Maria) | Recovery Residence Centers (Lompoc) | CalWORKS Counseling | | Alcohol Drug Free Housing |
| GROSS COST: | \$ 543,213 | \$ 495,427 | \$ 561,657 | \$ 227,833 | \$ 307,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 145,720 | \$ 287,436 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 5,730,466 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | | | | | | | | | | | |
| PATIENT FEES | \$ 12,000 | \$ 6,000 | \$ 6,000 | \$ 6,000 | \$ 10,000 | | | | | | | | | | | \$ 40,000 |
| CONTRIBUTIONS | | | | | | | | | | | | | | | | \$ - |
| OTHER: GOVERNMENT FUNDING CWS | \$ 40,000 | \$ 15,000 | \$ 35,000 | \$ 5,260 | \$ 22,000 | \$ 8,000 | \$ 8,000 | | | | | | | | | \$ 133,260 |
| OTHER: GOVERNMENT FUNDING | | \$ 20,920 | \$ 32,650 | | | \$ 69,550 | \$ 15,750 | \$ 6,210 | \$ 1,150 | | | | | | | \$ 146,230 |
| OTHER: FUNDRAISING | | | | | | | | | | | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ 52,000 | \$ 41,920 | \$ 73,650 | \$ 11,260 | \$ 32,000 | \$ 77,550 | \$ 23,750 | \$ 6,210 | \$ 1,150 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 319,490 |
| MAXIMUM (NET) CONTRACT AMOUNT PAYABLE : | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 145,720 | \$ 287,436 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 5,410,976 |

| SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | | | | | | | | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|-------------------|---------------------|---------------------|-------------------|---------------------|-------------|-------------|------------------|-------------------|----------------------|
| Drug Medi-Cal | \$ 466,652 | \$ 430,832 | \$ 463,607 | \$ 205,744 | \$ 261,427 | \$ 471,915 | \$ 409,749 | \$ 730,604 | \$ 789,662 | | | | | | | \$ 4,230,192 |
| Realignment/SAPT - Discretionary | \$ 24,561 | \$ 22,675 | \$ 24,400 | \$ 10,829 | \$ 13,759 | \$ 80,629 | \$ 62,686 | | | | | | | | | \$ 239,539 |
| Realignment/SAPT - Perinatal | | | | | | | | \$ 115,262 | \$ 132,827 | | | | | | | \$ 248,089 |
| Realignment/SAPT - Adolescent Treatment | | | | | | | | | | | | | | | | \$ - |
| Realignment/SAPT - Primary Prevention | | | | | | | | | | | | | | | | \$ - |
| CalWORKS ¹ | | | | | | \$ 5,000 | \$ 5,000 | \$ 40,000 | \$ 10,000 | | | | | \$ 20,000 | \$ 180,000 | \$ 260,000 |
| Other County Funds | | | | | | | | | | \$ 145,720 | \$ 287,436 | | | | | \$ 433,156 |
| FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND) | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 145,720 | \$ 287,436 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 5,410,976 |
| FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND) | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,135,652 |
| GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND) | \$ 982,426 | \$ 907,014 | \$ 976,014 | \$ 433,146 | \$ 550,372 | \$ 1,115,088 | \$ 954,870 | \$ 1,771,732 | \$ 1,864,978 | \$ 570,976 | \$ 1,020,012 | \$ - | \$ - | \$ 40,000 | \$ 360,000 | \$ 11,546,628 |

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.

***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.

¹Rate based on most recently filed cost report.

²Rate based on approved costs.

**Exhibit B-1 ADP
Schedule of Rates and Contract Maximum**

CONTRACTOR NAME: Good Samaritan FISCAL YEAR: 2020-21

| Drug Medi-Cal /Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | Projected Units of Service | Projected Number of Clients |
|---------------------------------------|--|---------|---|-----------------|--|------------------------------|-------------------------------|-----------------------------|
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Outpatient Treatment | 15 Minute Unit | 91 | 91 | 35,003 | 547 |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | 16,421 | 229 |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | 876 | 12 |
| | | 15 | ODS Recovery Services | 15 Minute Unit | 95 | 95 | 12,329 | 172 |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | 8,467 | 97 |
| | | 5 | Level 3.2 Withdrawal Management | Bed Day | 109 | 109 | 1,971 | 187 |
| | Residential | 5 | Level 3.1 Residential Treatment | Bed Day | 112 | 112 | 15,768 | 187 |
| 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 | |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Group Counseling | 15 Minute Unit | 91 | 91 | \$33.81 | |
| | | 15 | ODS Individual Counseling | 15 Minute Unit | 92 | 92 | \$33.81 | |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | \$33.81 | |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | \$141.59 | |
| | | 15 | ODS Recovery Services Individual | 15 Minute Unit | 95 | 95 | \$33.81 | |
| | | 15 | ODS Recovery Services Group | 15 Minute Unit | 96 | 96 | \$33.81 | |
| | | 15 | ODS Recovery Services Case Management | 15 Minute Unit | 97 | 97 | \$33.81 | |
| | | 15 | ODS Recovery Services Monitoring | 15 Minute Unit | 98 | 98 | \$33.81 | |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | \$31.02 | |
| | | | Residential | 5 | Level 3.2 Withdrawal Management - Treatment Only | Bed Day | 109 | 109 |
| 5 | Level 3.1 Residential Treatment - Treatment Only | Bed Day | | 112 | 112 | \$143.29 | | |
| Non - Drug Medi-Cal Billable Services | Residential | N/A | Free-Standing Residential Detoxification | Bed Day | N/A | 50 | Actual Cost ² | |
| | | N/A | Residential Recovery Long Term (over 30 days) | Bed Day | N/A | 51 | Actual Cost ² | |
| | | N/A | Residential Treatment Services, Room & Board Only | Bed Day | N/A | 58 | Actual Cost ² | |
| | | N/A | Residential Treatment Services Perinatal, Room & Board Only | Bed Day | N/A | 58-1 | Actual Cost ² | |
| | | N/A | Alcohol/Drug Free Housing (Perinatal/Parolee Only) | Bed Day | N/A | 57a | Actual Cost ¹ | |
| | | N/A | Interim Treatment Services (CalWORKS Only) | Hours | N/A | 35 | Actual Cost ² | |
| | CalWorks | N/A | | | | | | |

| | PROGRAM | | | | | | | | | | | | | | TOTAL | |
|---|------------------------------|------------------------------|--------------------------------------|--|---------------------------------|---|--|--|---|---------------------------|-------------------------|--|-------------------------------------|---------------------|------------|---------------------------|
| | Recovery Point (Santa Maria) | Project PREMIE (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Residential Treatment at Transitional Center House (Santa Maria) | Residential Treatment at Recovery Way Home (Lompoc) | Prop 47 Step Down Housing | Prop 47 Sobering Center | Recovery Residence Centers (Santa Maria) | Recovery Residence Centers (Lompoc) | CalWorks Counseling | | Alcohol Drug Free Housing |
| GROSS COST: | \$ 543,213 | \$ 495,427 | \$ 561,657 | \$ 227,833 | \$ 307,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,455,142 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | | | | | | | | | | | |
| PATIENT FEES | \$ 12,000 | \$ 6,000 | \$ 6,000 | \$ 6,000 | \$ 10,000 | | | | | | | | | | | \$ 40,000 |
| CONTRIBUTIONS | | | | | | | | | | | | | | | | \$ - |
| OTHER: GOVERNMENT FUNDING CWS | \$ 40,000 | \$ 15,000 | \$ 35,000 | \$ 5,260 | \$ 22,000 | \$ 8,000 | \$ 8,000 | | | | | | | | | \$ 133,260 |
| OTHER: GOVERNMENT FUNDING | | \$ 20,920 | \$ 32,650 | | | \$ 69,550 | \$ 15,750 | \$ 6,210 | \$ 1,150 | | | | | | | \$ 146,230 |
| OTHER: FUNDRAISING | | | | | | | | | | | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ 52,000 | \$ 41,920 | \$ 73,650 | \$ 11,260 | \$ 32,000 | \$ 77,550 | \$ 23,750 | \$ 6,210 | \$ 1,150 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 319,490 |
| MAXIMUM (NET) CONTRACT AMOUNT PAYABLE : | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,135,652 |

| SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | | | | | | | | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------|-------------|------------------|-------------------|---------------------|
| Drug Medi-Cal | \$ 466,652 | \$ 430,832 | \$ 463,607 | \$ 205,744 | \$ 261,427 | \$ 471,915 | \$ 409,749 | \$ 730,604 | \$ 789,662 | | | | | | | \$ 4,230,192 |
| Realignment/SAPT - Discretionary | \$ 24,561 | \$ 22,675 | \$ 24,400 | \$ 10,829 | \$ 13,759 | \$ 80,629 | \$ 62,686 | | | | | | | | | \$ 239,539 |
| Realignment/SAPT - Perinatal | | | | | | | | \$ 115,262 | \$ 132,827 | | | | | | | \$ 248,089 |
| Realignment/SAPT - Adolescent Treatment | | | | | | | | | | | | | | | | \$ - |
| Realignment/SAPT - Primary Prevention | | | | | | | | | | | | | | | | \$ - |
| CalWORKS ³ | | | | | | \$ 5,000 | \$ 5,000 | \$ 40,000 | \$ 10,000 | | | | | \$ 20,000 | \$ 180,000 | \$ 260,000 |
| Other County Funds | | | | | | | | | | \$ 425,256 | \$ 732,576 | | | | | \$ 1,157,832 |
| FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUN | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,135,652 |

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: *Denise Morales*

FISCAL SERVICES SIGNATURE: *melissa marie manzo*

**Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.
 ***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.
¹Rate based on most recently filed cost report.
²Rate based on approved costs.

**Exhibit B-1 ADP
Schedule of Rates and Contract Maximum**

CONTRACTOR NAME: Good Samaritan

FISCAL YEAR: 2020-21

| Drug Medi-Cal / Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AcD Cost Report Service Code | Projected Units of Service | Projected Number of Clients |
|-----------------------------------|--------------|------|--|-----------------|---------------------------|------------------------------|----------------------------|-----------------------------|
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Outpatient Treatment | 15 Minute Unit | 91 | 91 | 35,003 | 547 |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | 16,421 | 229 |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | 876 | 12 |
| | | 15 | ODS Recovery Services | 15 Minute Unit | 95 | 95 | 12,329 | 172 |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | 8,467 | 97 |
| | | 5 | Level 3.2 Withdrawal Management | Bed Day | 109 | 109 | 1,971 | 187 |
| | Residential | 5 | Level 3.1 Residential Treatment | Bed Day | 112 | 112 | 15,768 | 187 |

| Drug Medi-Cal / Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AcD Cost Report Service Code | County Maximum Allowable Rate |
|---------------------------------------|--|------|---|-----------------|--|------------------------------|-------------------------------|
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Group Counseling | 15 Minute Unit | 91 | 91 | \$33.81 |
| | | 15 | ODS Individual Counseling | 15 Minute Unit | 92 | 92 | \$33.81 |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | \$33.81 |
| | | 15 | ODS Physician Consultation | 15 Minute Unit | 94 | 94 | \$141.59 |
| | | 15 | ODS Recovery Services Individual | 15 Minute Unit | 95 | 95 | \$33.81 |
| | | 15 | ODS Recovery Services Group | 15 Minute Unit | 96 | 96 | \$33.81 |
| | | 15 | ODS Recovery Services Case Management | 15 Minute Unit | 97 | 97 | \$33.81 |
| | | 15 | ODS Recovery Services Monitoring | 15 Minute Unit | 98 | 98 | \$33.81 |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | \$31.02 |
| | | | Residential | 5 | Level 3.2 Withdrawal Management - Treatment Only | Bed Day | 109 |
| 5 | Level 3.1 Residential Treatment - Treatment Only | | | Bed Day | 112 | 112 | \$143.29 |
| Non - Drug Medi-Cal Billable Services | Residential | N/A | Free-Standing Residential Detoxification | Bed Day | N/A | 50 | Actual Cost ² |
| | | N/A | Residential Recovery Long Term (over 30 days) | Bed Day | N/A | 51 | Actual Cost ² |
| | | N/A | Residential Treatment Services, Room & Board Only | Bed Day | N/A | 58 | Actual Cost ² |
| | | N/A | Residential Treatment Services Perinatal, Room & Board Only | Bed Day | N/A | 58-1 | Actual Cost ² |
| | | N/A | Alcohol/Drug Free Housing (Perinatal/Parolee Only) | Bed Day | N/A | 57a | Actual Cost ¹ |
| | | N/A | Interim Treatment Services (CalWORKS Only) | Hours | N/A | 35 | Actual Cost ² |

| | PROGRAM | | | | | | | | | | | | | | | TOTAL |
|---|------------------------------|------------------------------|--------------------------------------|--|---------------------------------|---|--|--|---|---------------------------|-------------------------|--|-------------------------------------|---------------------|---------------------------|--------------|
| | Recovery Point (Santa Maria) | Project PREMIE (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Residential Treatment at Transitional Center House (Santa Maria) | Residential Treatment at Recovery Way Home (Lompoc) | Prop 47 Step Down Housing | Prop 47 Sobering Center | Recovery Residence Centers (Santa Maria) | Recovery Residence Centers (Lompoc) | CalWorks Counseling | Alcohol Drug Free Housing | |
| LESS REVENUES COLLECTED BY CONTRACTOR: | \$ 543,213 | \$ 495,427 | \$ 561,657 | \$ 227,833 | \$ 307,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,455,142 |
| PATIENT FEES | \$ 12,000 | \$ 6,000 | \$ 6,000 | \$ 6,000 | \$ 10,000 | | | | | | | | | | | \$ 40,000 |
| CONTRIBUTIONS | | | | | | | | | | | | | | | | \$ - |
| OTHER: GOVERNMENT FUNDING CWS | \$ 40,000 | \$ 15,000 | \$ 35,000 | \$ 5,260 | \$ 22,000 | \$ 8,000 | \$ 8,000 | | | | | | | | | \$ 133,260 |
| OTHER: GOVERNMENT FUNDING | | \$ 20,920 | \$ 32,650 | | | \$ 69,550 | \$ 15,750 | \$ 6,210 | \$ 1,150 | | | | | | | \$ 146,230 |
| OTHER: FUNDRAISING | | | | | | | | | | | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ 52,000 | \$ 41,920 | \$ 73,650 | \$ 11,260 | \$ 32,000 | \$ 77,550 | \$ 23,750 | \$ 6,210 | \$ 1,150 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 319,490 |
| MAXIMUM (NET) CONTRACT AMOUNT PAYABLE : | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,135,652 |

| SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | | | | | | | | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------|-------------|------------------|-------------------|---------------------|
| Drug Medi-Cal | \$ 466,652 | \$ 430,832 | \$ 463,607 | \$ 205,744 | \$ 261,427 | \$ 471,915 | \$ 409,749 | \$ 730,604 | \$ 789,662 | | | | | | | \$ 4,230,192 |
| Realignment/SAPT - Discretionary | \$ 24,561 | \$ 22,675 | \$ 24,400 | \$ 10,829 | \$ 13,759 | \$ 80,629 | \$ 62,686 | | | | | | | | | \$ 239,539 |
| Realignment/SAPT - Perinatal | | | | | | | | \$ 115,262 | \$ 132,827 | | | | | | | \$ 248,089 |
| Realignment/SAPT - Adolescent Treatment | | | | | | | | | | | | | | | | \$ - |
| Realignment/SAPT - Primary Prevention | | | | | | | | | | | | | | | | \$ - |
| CalWORKS ² | | | | | | \$ 5,000 | \$ 5,000 | \$ 40,000 | \$ 10,000 | | | | | \$ 20,000 | \$ 180,000 | \$ 260,000 |
| Other County Funds | | | | | | | | | | \$ 425,256 | \$ 732,576 | | | | | \$ 1,157,832 |
| FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUN | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 425,256 | \$ 732,576 | \$ - | \$ - | \$ 20,000 | \$ 180,000 | \$ 6,135,652 |

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.
 ***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.
¹Rate based on most recently filed cost report.
²Rate based on approved costs.

XXIV. Delete Exhibit B-1 MH Schedule of Rates and Contract Maximum FY 19-21 and replace with the following:

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

FISCAL YEAR: 2019-2020

| Contracted Services(1) | Service Type | Mode | Service Description | Unit of Service | Service Function Code | County Maximum Allowable Rate(4) |
|--------------------------------|---------------------|------|---|-----------------|-----------------------|----------------------------------|
| Medi-Cal Billable Services | Outpatient Services | 15 | Targeted Case Management | Minutes | 01 | \$2.51 |
| | | | Collateral | Minutes | 10 | \$3.25 |
| | | | *MHS- Assessment | Minutes | 30 | \$3.25 |
| | | | MHS - Plan Development | Minutes | 31 | \$3.25 |
| | | | *MHS- Therapy (Family, Individual, Group) | Minutes | 11, 40, 50 | \$3.25 |
| | | | MHS - Rehab (Family, Individual, Group) | Minutes | 12, 41, 51 | \$3.25 |
| | | | Crisis Intervention | Minutes | 70 | \$4.82 |
| Non-Medi-Cal Billable Services | Shelter Beds | N/A | Shelter Beds | Per Bed per Day | N/A | 28.08 |

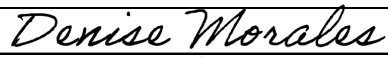
| | PROGRAM | | | | | TOTAL |
|--|--------------------|------------------|-------------|-------------|-------------|-------------------|
| | Homeless Clinician | Shelter Beds | | | | |
| GROSS COST: | \$ 165,000 | \$ 82,000 | | | | \$ 247,000 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | |
| PATIENT FEES | | | | | | \$ - |
| CONTRIBUTIONS | | | | | | \$ - |
| OTHER (LIST): | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE: | \$ 165,000 | \$ 82,000 | \$ - | \$ - | \$ - | \$ 247,000 |

| SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2) | | | | | | |
|---|-------------------|------------------|--|--|--|-------------------|
| MEDI-CAL (3) | \$ 107,250 | | | | | \$ 107,250 |
| NON-MEDI-CAL | | \$ 61,500 | | | | \$ 61,500 |
| SUBSIDY | \$ 57,750 | | | | | \$ 57,750 |
| OTHER (LIST): HMIOT Grant | | \$ 20,500 | | | | \$ 20,500 |
| TOTAL (SOURCES OF FUNDING) | \$ 165,000 | \$ 82,000 | | | | \$ 247,000 |

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:


Christie Boyer Digitally signed by Christie Boyer
 Date: 2020.08.24 13:31:01 -07'00'

- (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.
- (4) CMA doesn't apply to FY 19-20.

XXIV. Delete Exhibit B-1 MH Schedule of Rates and Contract Maximum FY 19-21 and replace with the following:

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

CONTRACTOR NAME:

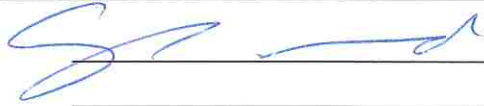
Good Samaritan Shelter Services, Inc.

FISCAL YEAR: 2019-2020

| Contracted Services(1) | Service Type | Mode | Service Description | Unit of Service | Service Function Code | County Maximum Allowable Rate(4) |
|--------------------------------|---------------------|------|---|-----------------|-----------------------|----------------------------------|
| Medi-Cal Billable Services | Outpatient Services | 15 | Targeted Case Management | Minutes | 01 | \$2.51 |
| | | | Collateral | Minutes | 10 | \$3.25 |
| | | | *MHS- Assessment | Minutes | 30 | \$3.25 |
| | | | MHS - Plan Development | Minutes | 31 | \$3.25 |
| | | | *MHS- Therapy (Family, Individual, Group) | Minutes | 11, 40, 50 | \$3.25 |
| | | | MHS - Rehab (Family, Individual, Group) | Minutes | 12, 41, 51 | \$3.25 |
| Non-Medi-Cal Billable Services | Shelter Beds | N/A | Crisis Intervention | Minutes | 70 | \$4.82 |
| | | | Shelter Beds | Per Bed per Day | N/A | 28.08 |

| | PROGRAM | | | | | TOTAL |
|--|--------------------|------------------|-------------|-------------|-------------|-------------------|
| | Homeless Clinician | Shelter Beds | | | | |
| GROSS COST: | \$ 165,000 | \$ 82,000 | | | | \$ 247,000 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | |
| PATIENT FEES | | | | | | \$ - |
| CONTRIBUTIONS | | | | | | \$ - |
| OTHER (LIST): | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE: | \$ 165,000 | \$ 82,000 | \$ - | \$ - | \$ - | \$ 247,000 |

| SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2) | | | | | | |
|---|-------------------|------------------|--|--|--|-------------------|
| | | | | | | |
| MEDI-CAL (3) | \$ 107,250 | | | | | \$ 107,250 |
| NON-MEDI-CAL | | \$ 61,500 | | | | \$ 61,500 |
| SUBSIDY | \$ 57,750 | | | | | \$ 57,750 |
| OTHER (LIST): HMOT Grant | | \$ 20,500 | | | | \$ 20,500 |
| TOTAL (SOURCES OF FUNDING) | \$ 165,000 | \$ 82,000 | | | | \$ 247,000 |

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.
- (4) CMA doesn't apply to FY 19-20.

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

FISCAL YEAR: 2020-2021

| Contracted Services(1) | Service Type | Mode | Service Description | Unit of Service | Service Function Code | County Maximum Allowable Rate(4) |
|--------------------------------|---------------------|------|---|-----------------|-----------------------|----------------------------------|
| Medi-Cal Billable Services | Outpatient Services | 15 | Targeted Case Management | Minutes | 01 | \$2.58 |
| | | | Collateral | Minutes | 10 | \$3.33 |
| | | | *MHS- Assessment | Minutes | 30 | \$3.33 |
| | | | MHS - Plan Development | Minutes | 31 | \$3.33 |
| | | | *MHS- Therapy (Family, Individual, Group) | Minutes | 11, 40, 50 | \$3.33 |
| | | | MHS - Rehab (Family, Individual, Group) | Minutes | 12, 41, 51 | \$3.33 |
| | | | Crisis Intervention | Minutes | 70 | \$4.95 |
| Non-Medi-Cal Billable Services | Shelter Beds | N/A | Shelter Beds | Per Bed per Day | N/A | 28.08 |

| | PROGRAM | | | | | TOTAL |
|--|--------------------|------------------|-------------|-------------|-------------|-------------------|
| | Homeless Clinician | Shelter Beds | | | | |
| GROSS COST: | \$ 165,000 | \$ 82,000 | | | | \$ 247,000 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | |
| PATIENT FEES | | | | | | \$ - |
| CONTRIBUTIONS | | | | | | \$ - |
| OTHER (LIST): | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ - | \$ - | \$ - | \$ - | | \$ - |
| MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE: | \$ 165,000 | \$ 82,000 | \$ - | \$ - | \$ - | \$ 247,000 |

| SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2) | | | | | | |
|---|-------------------|------------------|--|--|--|-------------------|
| MEDI-CAL (3) | \$ 107,250 | | | | | \$ 107,250 |
| NON-MEDI-CAL | | \$ 62,000 | | | | \$ 62,000 |
| SUBSIDY | \$ 57,750 | | | | | \$ 57,750 |
| OTHER (LIST): HEAP Grant | | \$ 20,000 | | | | \$ 20,000 |
| TOTAL (SOURCES OF FUNDING) | \$ 165,000 | \$ 82,000 | | | | \$ 247,000 |

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

Denise Morales

Christie Boyer

Digitally signed by Christie Boyer
Date: 2020.08.24 13:31:24 -07'00'

(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.

(4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

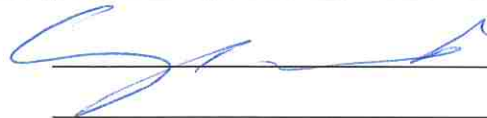
FISCAL YEAR: 2020-2021

| Contracted Services(1) | Service Type | Mode | Service Description | Unit of Service | Service Function Code | County Maximum Allowable Rate(4) |
|--------------------------------|---------------------|------|---|-----------------|-----------------------|----------------------------------|
| Medi-Cal Billable Services | Outpatient Services | 15 | Targeted Case Management | Minutes | 01 | \$2.58 |
| | | | Collateral | Minutes | 10 | \$3.33 |
| | | | *MHS- Assessment | Minutes | 30 | \$3.33 |
| | | | MHS - Plan Development | Minutes | 31 | \$3.33 |
| | | | *MHS- Therapy (Family, Individual, Group) | Minutes | 11, 40, 50 | \$3.33 |
| | | | MHS - Rehab (Family, Individual, Group) | Minutes | 12, 41, 51 | \$3.33 |
| | | | Crisis Intervention | Minutes | 70 | \$4.95 |
| Non-Medi-Cal Billable Services | Shelter Beds | N/A | Shelter Beds | Per Bed per Day | N/A | 28.08 |

| | PROGRAM | | | | | TOTAL |
|--|--------------------|------------------|-------------|-------------|-------------|-------------------|
| | Homeless Clinician | Shelter Beds | | | | |
| GROSS COST: | \$ 165,000 | \$ 82,000 | | | | \$ 247,000 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | |
| PATIENT FEES | | | | | | \$ - |
| CONTRIBUTIONS | | | | | | \$ - |
| OTHER (LIST): | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE: | \$ 165,000 | \$ 82,000 | \$ - | \$ - | \$ - | \$ 247,000 |

| SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2) | | | | | | |
|---|-------------------|------------------|--|--|--|-------------------|
| MEDI-CAL (3) | \$ 107,250 | | | | | \$ 107,250 |
| NON-MEDI-CAL | | \$ 62,000 | | | | \$ 62,000 |
| SUBSIDY | \$ 57,750 | | | | | \$ 57,750 |
| OTHER (LIST): HEAP Grant | | \$ 20,000 | | | | \$ 20,000 |
| TOTAL (SOURCES OF FUNDING) | \$ 165,000 | \$ 82,000 | | | | \$ 247,000 |

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.
- (4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

XXV. Delete Exhibit B-2 ADP & MHS Entity Budget by Program FY 19-20 and replace with the following and add Exhibit B-2 ADP & MHS Entity Budget by Program FY 18-19, FY 19-20 and FY 20-21 as follows:

**Santa Barbara County Department of Behavioral Wellness Contract Budget Packet
Entity Budget By Program**

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: 18/19 starting December 1, 2018

Gray Shaded cells contain formulas, do not overwrite

| LINE # | COLUMN # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--------|---|---|---|--|---------------------------------|-----------------------------------|--|--|------------------------------------|---------------------------------------|-----------------------------------|--|---|---|
| | I. REVENUE SOURCES: | | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Recovery Point (Santa Maria) | Project Premie(Santa Maria) | Turning Point FN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Sant Maria Detox- VM/RES Treatment | Lompoc Detox- VM/RES Treatment | Santa Maria TLC- Transitional Center House (TCH) | Lompoc TLC - Recovery Way Home (LTCH) | Alcohol Drug Free Housing - Emergency Shelter |
| 1 | Contributions | | \$ 98,700 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 2 | Foundations/Trusts | | \$ 253,593 | \$ 41,222 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 22,236 | \$ 18,986 | |
| 3 | Miscellaneous Revenue | | \$ 10,500 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 4 | SB Co Behavioral Wellness Funding | | \$ 1,895,354 | \$ 1,895,354 | \$ 286,541 | \$ 264,546 | \$ 284,671 | \$ 126,334 | \$ 160,525 | \$ 325,234 | \$ 278,503 | \$ 50,000 | \$ 64,000 | \$ 55,000 |
| 5 | Other Government Funding | | \$ 1,332,407 | \$ 243,600 | \$ 37,092 | \$ 14,837 | \$ 14,837 | \$ 1,484 | \$ 5,935 | \$ 60,432 | \$ 24,432 | \$ 42,276 | \$ 42,276 | |
| 6 | Other (specify) | | | \$ - | | | | | | | | | | |
| 7 | Other (specify) | | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 8 | Other (specify) | | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 9 | Other (specify) | | | \$ - | | | | | | | | | | |
| 10 | Total Other Revenue | | \$ 3,590,555 | \$ 2,180,176 | \$ 323,633 | \$ 279,383 | \$ 299,508 | \$ 127,818 | \$ 166,460 | \$ 385,666 | \$ 302,935 | \$ 114,512 | \$ 125,262 | \$ 55,000 |
| | I.B Client and Third Party Revenues: | | | | | | | | | | | | | |
| 11 | Client Fees | | \$ 80,000 | 80,000 | \$ 12,000 | \$ 6,000 | | | \$ 12,000 | \$ 12,000 | \$ 18,000 | \$ 10,000 | \$ 10,000 | |
| 12 | SSI | | | - | | | | | | | | | | |
| 13 | Other (specify) | | | - | | | | | | | | | | |
| 14 | Total Client and Third Party Revenues (Sum of lines 19 through 23) | | \$ 80,000 | \$ 80,000 | \$ 12,000 | \$ 6,000 | \$ - | \$ - | \$ 12,000 | \$ 12,000 | \$ 18,000 | \$ 10,000 | \$ 10,000 | \$ - |
| 15 | GROSS PROGRAM REVENUE BUDGET | | \$ 3,670,555 | \$ 2,260,176 | \$ 335,633 | \$ 285,383 | \$ 299,508 | \$ 127,818 | \$ 178,460 | \$ 397,666 | \$ 320,935 | \$ 124,512 | \$ 135,262 | \$ 55,000 |

**Santa Barbara County Department of Behavioral Wellness Contract Budget Packet
Entity Budget By Program**

AGENCY NAME: **Good Samaritan Shelter**

COUNTY FISCAL YEAR: **18/19 starting December 1, 2018**

Gray Shaded cells contain formulas, do not overwrite

| LINE # | COLUMN # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--------------------------------------|---|---|--|---------------------------------|-----------------------------------|--|--|------------------------------------|---------------------------------------|-----------------------------------|--|--|---|----|
| | I. REVENUE SOURCES: | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Recovery Point (Santa Maria) | Project Premie(Santa Maria) | Turning Point FN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Sant Maria Detox- WM/RES Treatment | Lompoc Detox- WM/RES Treatment | Santa Maria TLC- Transitional Center House (TCH) | Lompoc TLC- Recovery Way Home (LTCH) | Alcohol Drug Free Housing - Emergency Shelter | |
| 1 | Contributions | \$ 98,700 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 2 | Foundations/Trusts | \$ 253,593 | \$ 41,222 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 22,236 | \$ 18,986 | | |
| 3 | Miscellaneous Revenue | \$ 10,500 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| 4 | SB Co Behavioral Wellness Funding | \$ 1,895,354 | \$ 1,895,354 | \$ 286,541 | \$ 264,546 | \$ 284,671 | \$ 126,334 | \$ 160,525 | \$ 325,234 | \$ 278,503 | \$ 50,000 | \$ 64,000 | \$ 55,000 | |
| 5 | Other Government Funding | \$ 1,332,407 | \$ 243,600 | \$ 37,092 | \$ 14,837 | \$ 14,837 | \$ 1,484 | \$ 5,935 | \$ 60,432 | \$ 24,432 | \$ 42,276 | \$ 42,276 | | |
| 6 | Other (specify) | | \$ - | | | | | | | | | | | |
| 7 | Other (specify) | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| 8 | Other (specify) | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| 9 | Other (specify) | | \$ - | | | | | | | | | | | |
| 10 | Total Other Revenue | \$ 3,590,555 | \$ 2,180,176 | \$ 323,633 | \$ 279,383 | \$ 299,508 | \$ 127,818 | \$ 166,460 | \$ 385,666 | \$ 302,935 | \$ 114,512 | \$ 125,262 | \$ 55,000 | |
| I.B Client and Third Party Revenues: | | | | | | | | | | | | | | |
| 11 | Client Fees | \$ 80,000 | 80,000 | \$ 12,000 | \$ 6,000 | | | \$ 12,000 | \$ 12,000 | \$ 18,000 | \$ 10,000 | \$ 10,000 | | |
| 12 | SSI | | - | | | | | | | | | | | |
| 13 | Other (specify) | | - | | | | | | | | | | | |
| 14 | Total Client and Third Party Revenues (Sum of lines 19 through 23) | \$ 80,000 | \$ 80,000 | \$ 12,000 | \$ 6,000 | \$ - | \$ - | \$ 12,000 | \$ 12,000 | \$ 18,000 | \$ 10,000 | \$ 10,000 | \$ - | |
| 15 | GROSS PROGRAM REVENUE BUDGET | \$ 3,670,555 | \$ 2,260,176 | \$ 335,633 | \$ 285,383 | \$ 299,508 | \$ 127,818 | \$ 178,460 | \$ 397,666 | \$ 320,935 | \$ 124,512 | \$ 135,262 | \$ 55,000 | |

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet - ADP & MHS B2
Entity Budget By Program

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: 19/20 AM5

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| LINE # | COLUMN # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|--------|---|--------------|---|--|---------------------------------|-----------------------------------|--|--|--|--|--|--|---|--|--|------------------------|--|------------------------|-----------------------|
| | I. REVENUE SOURCES: | | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Recovery Point (Santa Maria) | Project Premie(Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Residential Treatment at Transitional Center House (Santa Maria) | Residential Treatment at Recovery Way Home (Lompoc) | Prop 47 Step Down Facility (starting Nov.1, 2019) | Prop 47 Sober Center (starting Nov.1, 2019) | CALWORKS Counseling | Alcohol Drug Free Housing - Emergency Shelter | Homeless Clinicians | Mental Health Beds |
| 1 | Contributions | \$ 41,051 | \$ - | | | | | | | | | | | | | | | | |
| 2 | Foundations/Trusts | \$ 279,590 | \$ - | | | | | | | | | | | | | | | | |
| 3 | Miscellaneous Revenue | \$ 58,000 | \$ - | | | | | | | | | | | | | | | | |
| 4 | SB Co Behavioral Wellness Funding | \$ 5,657,976 | \$ 5,657,976 | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 145,720 | \$ 287,436 | \$ 20,000 | \$ 180,000 | \$ 165,000 | \$ 82,000 | |
| 5 | SB Co CWS | \$ 287,655 | \$ 133,260 | \$ 40,000 | \$ 15,000 | \$ 35,000 | \$ 5,260 | \$ 22,000 | \$ 8,000 | \$ 8,000 | | | | | | | | | |
| 6 | Other Government Funding | \$ 3,081,293 | \$ 146,230 | | \$ 20,920 | \$ 32,650 | | | \$ 69,550 | \$ 15,750 | \$ 6,210 | \$ 1,150 | | | | | | | |
| 7 | Rental Income | \$ 504,997 | \$ - | | | | | | | | | | | | | | | | |
| 8 | Other (specify) | | \$ - | | | | | | | | | | | | | | | | |
| 9 | Other (specify) | | \$ - | | | | | | | | | | | | | | | | |
| 10 | Total Other Revenue | \$ 9,910,562 | \$ 5,937,466 | \$ 531,213 | \$ 489,427 | \$ 555,657 | \$ 221,833 | \$ 297,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 145,720 | \$ 287,436 | \$ 20,000 | \$ 180,000 | \$ 165,000 | \$ 82,000 | |
| | I.B. Client and Third Party Revenues: | | | | | | | | | | | | | | | | | | |
| 11 | Client Fees | \$ 40,000 | 40,000 | \$ 12,000 | \$ 6,000 | \$ 6,000 | \$ 6,000 | \$ 10,000 | \$ - | \$ - | | | | | | | | | |
| 12 | SSI | | - | | | | | | | | | | | | | | | | |
| 13 | Other (specify) | | - | | | | | | | | | | | | | | | | |
| 14 | Total Client and Third Party Revenues (Sum of lines 19 through 23) | \$ 40,000 | \$ 40,000 | \$ 12,000 | \$ 6,000 | \$ 6,000 | \$ 6,000 | \$ 10,000 | \$ - | \$ - | \$ - | \$ - | | | \$ - | \$ - | \$ - | \$ - | |
| 15 | GROSS PROGRAM REVENUE BUDGET | \$ 9,950,562 | \$ 5,977,466 | \$ 543,213 | \$ 495,427 | \$ 561,657 | \$ 227,833 | \$ 307,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 145,720 | \$ 287,436 | \$ 20,000 | \$ 180,000 | \$ 165,000 | \$ 82,000 | |

| III. DIRECT COSTS | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Recovery Point (Santa Maria) | Project Premie(Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Residential Treatment at Transitional Center House (Santa Maria) | Residential Treatment at Recovery Way Home (Lompoc) | Prop 47 Step Down Facility (starting Nov.1, 2019) | Prop 47 Sober Center (starting Nov.1, 2019) | CALWORKS Counseling | Alcohol Drug Free Housing - Emergency Shelter | Homeless Clinicians | Mental Health Beds |
|--|---|--|---------------------------------|-----------------------------------|--|--|--|--|--|--|---|--|--|------------------------|--|------------------------|-----------------------|
| III.A. Salaries and Benefits Object Level | | | | | | | | | | | | | | | | | |
| 16 Salaries (Complete Staffing Schedule) | 4,384,270 | 2,857,892 | 282,822 | 245,708 | 277,035 | 117,863 | 157,680 | 319,449 | 273,084 | 448,014 | 472,119 | 14,958 | 113,987 | 12,882 | 43,720 | 78,572 | - |
| 17 Employee Benefits | 1,096,067 | 714,473 | 70,705 | 61,427 | 69,259 | 29,466 | 39,420 | 79,862 | 68,271 | 112,003 | 118,030 | 3,739 | 28,497 | 3,221 | 10,930 | 19,643 | - |
| 18 Consultants | - | - | | | | | | | | | | | | | | | |
| 19 Payroll Taxes | 438,427 | 285,789 | 28,282 | 24,571 | 27,704 | 11,786 | 15,768 | 31,945 | 27,308 | 44,801 | 47,212 | 1,496 | 11,399 | 1,288 | 4,372 | 7,857 | - |
| 20 Salaries and Benefits Subtotal | 5,918,764 | 3,858,154 | 381,809 | 331,706 | 373,997 | 159,116 | 212,868 | 431,256 | 368,663 | 604,818 | 637,360 | 20,193 | 153,882 | 17,391 | 59,022 | 106,072 | - |
| III.B Services and Supplies Object Level | | | | | | | | | | | | | | | | | |
| 21 Auto Expenses | 94,029 | 52,480 | 1,000 | 4,200 | 3,500 | 500 | 1,000 | 10,000 | 5,000 | 10,000 | 10,000 | 5,980 | | | | 1,300 | |
| 22 Contracted/Professional Services | 525,600 | 321,600 | 37,400 | 37,400 | 37,400 | 20,400 | 19,400 | 27,400 | 27,400 | 52,400 | 52,400 | | | | | 10,000 | |
| 23 Depreciation/Occupancy | 414,200 | 218,700 | 3,000 | 10,800 | 31,000 | 5,000 | | 17,500 | 1,500 | 32,400 | 31,000 | | | | 45,000 | - | 41,500 |
| 24 Drug Testing | 82,915 | 67,999 | 25,000 | 7,000 | 7,000 | 2,500 | 7,500 | 4,000 | 2,000 | 5,000 | 5,000 | | 1,499 | | 1,500 | | |
| 25 Education & Training | 25,300 | 23,000 | 2,000 | 2,000 | 2,000 | 1,000 | | 2,000 | 1,000 | 5,000 | 5,000 | | | | | 3,000 | |
| 26 Gov'tl Fees & Charges | 35,800 | 28,500 | 3,000 | 3,000 | 3,000 | 2,000 | 1,500 | 3,000 | 3,000 | 5,000 | 5,000 | | | | | | |
| 27 Insurance | 95,991 | 34,702 | 2,500 | 3,300 | 6,000 | 1,000 | 2,000 | 2,500 | 2,000 | 6,000 | 6,000 | 301 | 301 | | 2,000 | 800 | |
| 28 Laundry | 4,750 | 4,750 | | | | | | 1,000 | 750 | 1,500 | 1,500 | | | | | | |
| 29 Legal and Accounting | 2,400 | - | | | | | | | | | | | | | | | |
| 30 Meetings and Seminars | 6,106 | 6,006 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 1,000 | 1,000 | | | | | 506 | |
| 31 Office Expense/Supplies | 33,362 | 23,137 | 2,000 | 2,500 | 2,000 | 1,500 | 1,500 | 2,000 | 1,000 | 2,000 | 2,000 | 1,537 | | | 2,000 | 3,100 | |
| 32 Program Supplies Food | 91,480 | 50,366 | | | | | | 15,000 | 8,000 | 10,000 | 10,000 | 2,059 | 2,307 | | 3,000 | | |
| 33 Program Supplies | 143,820 | 92,576 | 4,000 | 9,500 | 4,500 | 1,500 | 3,000 | 8,000 | 4,000 | 7,000 | 7,000 | 23,573 | 5,203 | | 12,000 | 3,300 | |
| 34 Rental of Buildings | 166,400 | 114,665 | | | | | 12,000 | | | - | - | 72,052 | 18,614 | | | 12,000 | |
| 35 Rental of Equipment | 13,000 | 9,624 | 1,300 | 1,300 | 1,500 | 500 | 500 | 1,000 | 500 | 1,500 | 1,500 | | 24 | | | | |
| 36 Repairs & Maintenance | 145,573 | 78,000 | 2,500 | 7,000 | 4,000 | 500 | 500 | 6,000 | 2,500 | 10,000 | 15,000 | | | | 10,000 | | 20,000 |
| 37 Telephone/Internet | 60,675 | 25,020 | 2,400 | 2,100 | 1,600 | 1,000 | 1,600 | 2,600 | 2,900 | 3,600 | 3,600 | 1,018 | 1,202 | | | 1,400 | |
| 38 Travel Expense | 16,800 | 14,646 | 1,000 | 1,000 | 1,000 | | 1,000 | 1,000 | 1,000 | 2,500 | 2,500 | | 2,146 | | | 1,500 | |
| 39 Util - Electricity | 105,668 | 44,750 | 2,200 | 3,000 | 3,600 | 500 | 750 | 8,000 | 1,200 | 6,000 | 6,000 | | | | 8,000 | 500 | 5,000 |
| 40 Util - Heat (Gas) | 33,412 | 16,100 | | 2,000 | 800 | 350 | 750 | 1,000 | 1,200 | 2,000 | 2,000 | | | | 6,000 | | |
| 41 Util - Water/Sewer | 106,280 | 48,254 | 750 | 2,500 | 5,000 | 250 | 750 | 8,500 | 1,700 | 8,000 | 8,000 | | | | 8,000 | | 4,804 |
| 42 Rapid Rehousing and other payments | 346,917 | - | | | | | | | | - | - | | | | | | |
| 43 Facil.Site Prep/Furn, Fixtures | 430,842 | 73,352 | | | | | | | | - | - | | 73,352 | | | | |
| 44 Services and Supplies Subtotal | 2,981,320 | 1,348,228 | 90,550 | 99,100 | 114,400 | 39,000 | 54,250 | 121,000 | 67,150 | 170,900 | 174,500 | 106,520 | 104,648 | - | 97,500 | 37,406 | 71,304 |
| 45 III.C. Client Expense Object Level Total (Not | | - | | | | | | | | | | | | | | | |
| 46 | | | | | | | | | | | | | | | | | |
| 47 | | | | | | | | | | | | | | | | | |
| 48 | | | | | | | | | | | | | | | | | |
| 49 SUBTOTAL DIRECT COSTS | 8,900,084 | 5,206,382 | 472,359 | 430,806 | 488,397 | 198,116 | 267,118 | 552,256 | 435,813 | 775,718 | 811,860 | 126,713 | 258,530 | 17,391 | 156,522 | 143,478 | 71,304 |
| IV. INDIRECT COSTS | | | | | | | | | | | | | | | | | |
| 51 Administrative Indirect Costs (Reimbursement limited to 15%) | 1,230,314 | 771,083 | 70,854 | 64,621 | 73,260 | 29,717 | 40,068 | 82,838 | 65,372 | 116,358 | 121,779 | 19,007 | 28,906 | 2,609 | 23,478 | 21,522 | 10,696 |
| 52 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48) | 10,130,398 | 5,977,465 | 543,213 | 495,427 | 561,657 | 227,833 | 307,186 | 635,094 | 501,185 | 892,076 | 933,639 | 145,720 | 287,435 | 20,000 | 180,000 | 165,000 | 82,000 |

**Exhibit B 2 Santa Barbara County Department of Behavioral Wellness Contract Budget Packet ADP & MHS
Entity Budget By Program**

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: FY 20/21 Amd 5

Gray Shaded cells contain formulas, do not overwrite

| LINE # | COLUMN # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|--------------------------------------|---|---|--|---------------------------------|---------------------------------|--|---|--|--|---|--|--|-------------------------------|-------------------------|------------------------|--|------------------------|-----------------------|----|
| I. REVENUE SOURCES: | | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Recovery Point (Santa Maria) | Project Premie (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Residential Treatment at Transitional Center House (Santa Maria) | Residential Treatment at Recovery Way Home (Lompoc) | Prop 47 Step Down Facility | Prop 47 Sober Center | CALWORKS Counseling | Alcohol Drug Free Housing - Emergency Shelter | Homeless Clinicians | Mental Health Beds | |
| 1 | Contributions | \$ 41,051 | \$ - | | | | | | | | | | | | | | | | |
| 2 | Foundations/Trusts | \$ 279,590 | \$ - | | | | | | | | | | | | | | | | |
| 3 | Miscellaneous Revenue | \$ 58,000 | \$ - | | | | | | | | | | | | | | | | |
| 4 | SB Co Behavioral Wellness Funding | \$ 6,382,652 | \$ 6,382,652 | \$ 491,213 | \$ 453,507 | \$ 488,007 | \$ 216,573 | \$ 275,186 | \$ 557,544 | \$ 477,435 | \$ 885,866 | \$ 932,489 | \$ 425,256 | \$ 732,576 | \$ 20,000 | \$ 180,000 | \$ 165,000 | \$ 82,000 | |
| 5 | SB Co CWS | \$ 287,655 | \$ 133,260 | \$ 40,000 | \$ 15,000 | \$ 35,000 | \$ 5,260 | \$ 22,000 | \$ 8,000 | \$ 8,000 | | | | | | | | | |
| 6 | Other Government Funding | \$ 3,081,293 | \$ 146,230 | | \$ 20,920 | \$ 32,650 | | | \$ 69,550 | \$ 15,750 | \$ 6,210 | \$ 1,150 | | | | | | | |
| 7 | Rental Income | \$ 504,997 | \$ - | | | | | | | | | | | | | | | | |
| 8 | Other (specify) | | \$ - | | | | | | | | | | | | | | | | |
| 9 | Other (specify) | | \$ - | | | | | | | | | | | | | | | | |
| 10 | Total Other Revenue | \$ 10,635,238 | \$ 6,662,142 | \$ 531,213 | \$ 489,427 | \$ 555,657 | \$ 221,833 | \$ 297,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 425,256 | \$ 732,576 | \$ 20,000 | \$ 180,000 | \$ 165,000 | \$ 82,000 | |
| I.B Client and Third Party Revenues: | | | | | | | | | | | | | | | | | | | |
| 11 | Client Fees | \$ 40,000 | 40,000 | \$ 12,000 | \$ 6,000 | \$ 6,000 | \$ 6,000 | \$ 10,000 | \$ - | \$ - | | | | | | | | | |
| 12 | SSI | | - | | | | | | | | | | | | | | | | |
| 13 | Other (specify) | | - | | | | | | | | | | | | | | | | |
| 14 | Total Client and Third Party Revenues (Sum of lines 19 through 23) | \$ 40,000 | \$ 40,000 | \$ 12,000 | \$ 6,000 | \$ 6,000 | \$ 6,000 | \$ 10,000 | \$ - | \$ - | \$ - | \$ - | | | \$ - | \$ - | \$ - | \$ - | |
| 15 | GROSS PROGRAM REVENUE BUDGET | \$ 10,675,238 | \$ 6,702,142 | \$ 543,213 | \$ 495,427 | \$ 561,657 | \$ 227,833 | \$ 307,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 425,256 | \$ 732,576 | \$ 20,000 | \$ 180,000 | \$ 165,000 | \$ 82,000 | |

| III. DIRECT COSTS | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Recovery Point (Santa Maria) | Project Premie (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Casa De Familia Treatment Center (Santa Maria) | Lompoc Recovery Center (Lompoc) | Residential Treatment at Recovery Point (Santa Maria) | Residential Treatment at Another Road Detox (Lompoc) | Residential Treatment at Transitional Center House (Santa Maria) | Residential Treatment at Recovery Way Home (Lompoc) | Prop 47 Step Down Facility | Prop 47 Sober Center | CALWORKS Counseling | Alcohol Drug Free Housing - Emergency Shelter | Homeless Clinicians | Mental Health Beds |
|--|---|--|---------------------------------|---------------------------------|--|---|--|--|---|--|--|-------------------------------|-------------------------|------------------------|--|------------------------|-----------------------|
| III.A. Salaries and Benefits Object Level | | | | | | | | | | | | | | | | | |
| 16 Salaries (Complete Staffing Schedule) | 4,591,450 | \$ 3,211,570 | \$ 282,822 | \$ 245,708 | \$ 277,035 | \$ 117,863 | \$ 157,680 | \$ 319,449 | \$ 273,084 | \$ 448,014 | \$ 472,119 | \$ 89,960 | \$ 392,663 | \$ 12,882 | \$ 43,720 | \$ 78,572 | \$ - |
| 17 Employee Benefits | \$ 1,147,863 | \$ 802,892 | \$ 70,705 | \$ 61,427 | \$ 69,259 | \$ 29,466 | \$ 39,420 | \$ 79,862 | \$ 68,271 | \$ 112,003 | \$ 118,030 | \$ 22,490 | \$ 98,166 | \$ 3,221 | \$ 10,930 | \$ 19,643 | \$ - |
| 18 Consultants | - | \$ - | | | | | | | | | | | | | | | |
| 19 Payroll Taxes | \$ 459,145 | \$ 321,157 | \$ 28,282 | \$ 24,571 | \$ 27,704 | \$ 11,786 | \$ 15,768 | \$ 31,945 | \$ 27,308 | \$ 44,801 | \$ 47,212 | \$ 8,996 | \$ 39,266 | \$ 1,288 | \$ 4,372 | \$ 7,857 | \$ - |
| 20 Salaries and Benefits Subtotal | \$ 6,198,458 | \$ 4,335,619 | \$ 381,809 | \$ 331,706 | \$ 373,997 | \$ 159,116 | \$ 212,868 | \$ 431,256 | \$ 368,663 | \$ 604,818 | \$ 637,360 | \$ 121,446 | \$ 530,095 | \$ 17,391 | \$ 59,022 | \$ 106,072 | \$ - |
| III.B Services and Supplies Object Level | | | | | | | | | | | | | | | | | |
| 21 Auto Expenses | 100,877 | \$ 67,500 | \$ 1,000 | \$ 4,200 | \$ 3,500 | \$ 500 | \$ 1,000 | \$ 10,000 | \$ 5,000 | \$ 10,000 | \$ 10,000 | \$ 14,000 | \$ 7,000 | | | \$ 1,300 | |
| 22 Contracted/Professional Services | 530,400 | \$ 326,400 | \$ 37,400 | \$ 37,400 | \$ 37,400 | \$ 20,400 | \$ 19,400 | \$ 27,400 | \$ 27,400 | \$ 52,400 | \$ 52,400 | \$ 2,400 | \$ 2,400 | | | \$ 10,000 | |
| 23 Depreciation/Occupancy | 414,200 | \$ 218,700 | \$ 3,000 | \$ 10,800 | \$ 31,000 | \$ 5,000 | | \$ 17,500 | \$ 1,500 | \$ 32,400 | \$ 31,000 | | | | \$ 45,000 | \$ - | \$ 41,500 |
| 24 Drug Testing | 83,400 | \$ 68,500 | \$ 25,000 | \$ 7,000 | \$ 7,000 | \$ 2,500 | \$ 7,500 | \$ 4,000 | \$ 2,000 | \$ 5,000 | \$ 5,000 | \$ 500 | \$ 1,500 | | \$ 1,500 | | |
| 25 Education & Training | 25,300 | \$ 23,000 | \$ 2,000 | \$ 2,000 | \$ 2,000 | \$ 1,000 | | \$ 2,000 | \$ 1,000 | \$ 5,000 | \$ 5,000 | | | | | \$ 3,000 | |
| 26 Gov'tl Fees & Charges | 40,300 | \$ 33,000 | \$ 3,000 | \$ 3,000 | \$ 3,000 | \$ 2,000 | \$ 1,500 | \$ 3,000 | \$ 3,000 | \$ 5,000 | \$ 5,000 | \$ 4,500 | | | | | |
| 27 Insurance | 94,146 | \$ 36,600 | \$ 2,500 | \$ 3,300 | \$ 6,000 | \$ 1,000 | \$ 2,000 | \$ 2,500 | \$ 2,000 | \$ 6,000 | \$ 6,000 | \$ 1,000 | \$ 1,500 | | \$ 2,000 | \$ 800 | |
| 28 Laundry | 4,750 | \$ 4,750 | \$ - | | | | | \$ 1,000 | \$ 750 | \$ 1,500 | \$ 1,500 | | | | | | |
| 29 Legal and Accounting | 2,400 | \$ - | | | | | | | | | | | | | | | |
| 30 Meetings and Seminars | 6,106 | \$ 6,006 | \$ 500 | \$ 500 | \$ 500 | \$ 500 | \$ 500 | \$ 500 | \$ 500 | \$ 1,000 | \$ 1,000 | | | | | \$ 506 | |
| 31 Office Expense/Supplies | 35,234 | \$ 26,600 | \$ 2,000 | \$ 2,500 | \$ 2,000 | \$ 1,500 | \$ 1,500 | \$ 2,000 | \$ 1,000 | \$ 2,000 | \$ 2,000 | \$ 5,000 | | | \$ 2,000 | \$ 3,100 | |
| 32 Program Supplies Food | 100,161 | \$ 67,000 | | | | | | \$ 15,000 | \$ 8,000 | \$ 10,000 | \$ 10,000 | \$ 15,000 | \$ 6,000 | | \$ 3,000 | | |
| 33 Program Supplies | 159,320 | \$ 106,800 | \$ 4,000 | \$ 9,500 | \$ 4,500 | \$ 1,500 | \$ 3,000 | \$ 8,000 | \$ 4,000 | \$ 7,000 | \$ 7,000 | \$ 25,000 | \$ 18,000 | | \$ 12,000 | \$ 3,300 | |
| 34 Rental of Buildings | 270,040 | \$ 231,200 | | | | | \$ 12,000 | | | \$ - | \$ - | \$ 168,000 | \$ 39,200 | | | \$ 12,000 | |
| 35 Rental of Equipment | 13,000 | \$ 9,600 | \$ 1,300 | \$ 1,300 | \$ 1,500 | \$ 500 | \$ 500 | \$ 1,000 | \$ 500 | \$ 1,500 | \$ 1,500 | | | | | | |
| 36 Repairs & Maintenance | 148,573 | \$ 87,000 | \$ 2,500 | \$ 7,000 | \$ 4,000 | \$ 500 | \$ 500 | \$ 6,000 | \$ 2,500 | \$ 10,000 | \$ 15,000 | \$ 9,000 | | | \$ 10,000 | | \$ 20,000 |
| 37 Telephone/Internet | 63,783 | \$ 29,042 | \$ 2,400 | \$ 2,100 | \$ 1,600 | \$ 1,000 | \$ 1,600 | \$ 2,600 | \$ 2,900 | \$ 3,600 | \$ 3,600 | \$ 3,942 | \$ 2,300 | | | \$ 1,400 | |
| 38 Travel Expense | 16,800 | \$ 12,500 | \$ 1,000 | \$ 1,000 | \$ 1,000 | | \$ 1,000 | \$ 1,000 | \$ 1,000 | \$ 2,500 | \$ 2,500 | | | | | \$ 1,500 | |
| 39 Util - Electricity | 105,668 | \$ 44,750 | \$ 2,200 | \$ 3,000 | \$ 3,600 | \$ 500 | \$ 750 | \$ 8,000 | \$ 1,200 | \$ 6,000 | \$ 6,000 | | | | \$ 8,000 | \$ 500 | \$ 5,000 |
| 40 Util - Heat (Gas) | 33,412 | \$ 16,100 | \$ - | \$ 2,000 | \$ 800 | \$ 350 | \$ 750 | \$ 1,000 | \$ 1,200 | \$ 2,000 | \$ 2,000 | | | | \$ 6,000 | | |
| 41 Util - Water/Sewer | 106,280 | \$ 48,254 | \$ 750 | \$ 2,500 | \$ 5,000 | \$ 250 | \$ 750 | \$ 8,500 | \$ 1,700 | \$ 8,000 | \$ 8,000 | | | | \$ 8,000 | | \$ 4,804 |
| 42 Rapid Rehousing and other payments | 346,917 | \$ - | | | | | | | | \$ - | \$ - | | | | | | |
| 43 Facil.Site Prep/Furn, Fixtures | 383,291 | \$ 33,382 | | | | | | | | \$ - | \$ - | | \$ 33,382 | | | | |
| 44 Services and Supplies Subtotal | \$ 3,084,358 | \$ 1,496,684 | \$ 90,550 | \$ 99,100 | \$ 114,400 | \$ 39,000 | \$ 54,250 | \$ 121,000 | \$ 67,150 | \$ 170,900 | \$ 174,500 | \$ 248,342 | \$ 111,282 | \$ - | \$ 97,500 | \$ 37,406 | \$ 71,304 |
| 45 III.C. Client Expense Object Level Total (Not | | \$ - | | | | | | | | | | | | | | | |
| 46 | | | | | | | | | | | | | | | | | |
| 47 | | | | | | | | | | | | | | | | | |
| 48 | | | | | | | | | | | | | | | | | |
| 49 SUBTOTAL DIRECT COSTS | \$ 9,282,816 | \$ 5,832,304 | \$ 472,359 | \$ 430,806 | \$ 488,397 | \$ 198,116 | \$ 267,118 | \$ 552,256 | \$ 435,813 | \$ 775,718 | \$ 811,860 | \$ 369,788 | \$ 641,377 | \$ 17,391 | \$ 156,522 | \$ 143,478 | \$ 71,304 |
| IV. INDIRECT COSTS | | | | | | | | | | | | | | | | | |
| 51 Administrative Indirect Costs (Reimbursement limited to 15%) | 1,392,422 | \$ 869,838 | \$ 70,854 | \$ 64,621 | \$ 73,260 | \$ 29,717 | \$ 40,068 | \$ 82,838 | \$ 65,372 | \$ 116,358 | \$ 121,779 | \$ 55,468 | \$ 91,199 | \$ 2,609 | \$ 23,478 | \$ 21,522 | \$ 10,696 |
| 52 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48) | \$ 10,675,238 | \$ 6,702,142 | \$ 543,213 | \$ 495,427 | \$ 561,657 | \$ 227,833 | \$ 307,186 | \$ 635,094 | \$ 501,185 | \$ 892,076 | \$ 933,639 | \$ 425,256 | \$ 732,576 | \$ 20,000 | \$ 180,000 | \$ 165,000 | \$ 82,000 |

XXVI. Add FY 20-21 to Exhibit B-3 ADP Sliding Fee Scale as follows:

**COUNTY OF SANTA BARBARA
ALCOHOL & DRUG PROGRAM
FEE SCHEDULE *
2020-2021**

**ANNUAL GROSS FAMILY INCOME
NUMBER OF DEPENDENTS**

| FEE PER VISIT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 5 | 17,236 | 23,336 | 29,435 | 35,535 | 41,635 | 47,734 | 53,734 | 59,834 |
| 10 | 21,556 | 27,656 | 33,755 | 39,855 | 45,955 | 52,054 | 58,054 | 64,154 |
| 15 | 25,876 | 31,976 | 38,075 | 44,175 | 50,275 | 56,374 | 62,374 | 68,474 |
| 20 | 30,196 | 36,296 | 42,395 | 48,495 | 54,595 | 60,694 | 66,694 | 72,794 |
| 25 | 34,516 | 40,616 | 46,715 | 52,815 | 58,915 | 65,014 | 71,014 | 77,114 |
| 30 | 38,836 | 44,936 | 51,035 | 57,135 | 63,235 | 69,334 | 75,334 | 81,434 |
| 35 | 43,156 | 49,256 | 55,355 | 61,455 | 67,555 | 73,654 | 79,654 | 85,754 |
| 40 | 47,476 | 53,576 | 59,675 | 65,775 | 71,875 | 77,974 | 83,974 | 90,074 |
| 45 | 51,796 | 57,896 | 63,995 | 70,095 | 76,195 | 82,294 | 88,294 | 94,394 |
| 50 | 56,116 | 62,216 | 68,315 | 74,415 | 80,515 | 86,614 | 92,614 | 98,714 |
| 55 | 60,436 | 66,536 | 72,635 | 78,735 | 84,835 | 90,934 | 96,934 | 103,034 |
| 60 | 64,756 | 70,856 | 76,955 | 83,055 | 89,155 | 95,254 | 101,254 | 107,354 |
| 65 | 69,076 | 75,176 | 81,275 | 87,375 | 93,475 | 99,574 | 105,574 | 111,674 |
| 70 | 73,396 | 79,496 | 85,595 | 91,695 | 97,795 | 103,894 | 109,894 | 115,994 |
| 75 | 77,716 | 83,816 | 89,915 | 96,015 | 102,115 | 108,214 | 114,214 | 120,314 |
| 80 | 82,036 | 88,136 | 94,235 | 100,335 | 106,435 | 112,534 | 118,534 | 124,634 |
| 85 | 86,356 | 92,456 | 98,555 | 104,655 | 110,755 | 116,854 | 122,854 | 128,954 |
| 90 | 90,676 | 96,776 | 102,875 | 108,975 | 115,075 | 121,174 | 127,174 | 133,274 |

**MONTHLY GROSS FAMILY INCOME
NUMBER OF DEPENDENTS**

| FEE PER VISIT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 5 | 1,436 | 1,945 | 2,453 | 2,961 | 3,470 | 3,978 | 4,478 | 4,986 |
| 10 | 1,796 | 2,305 | 2,813 | 3,321 | 3,830 | 4,338 | 4,838 | 5,346 |
| 15 | 2,156 | 2,665 | 3,173 | 3,681 | 4,190 | 4,698 | 5,198 | 5,706 |
| 20 | 2,516 | 3,025 | 3,533 | 4,041 | 4,550 | 5,058 | 5,558 | 6,066 |
| 25 | 2,876 | 3,385 | 3,893 | 4,401 | 4,910 | 5,418 | 5,918 | 6,426 |
| 30 | 3,236 | 3,745 | 4,253 | 4,761 | 5,270 | 5,778 | 6,278 | 6,786 |
| 35 | 3,596 | 4,105 | 4,613 | 5,121 | 5,630 | 6,138 | 6,638 | 7,146 |
| 40 | 3,956 | 4,465 | 4,973 | 5,481 | 5,990 | 6,498 | 6,998 | 7,506 |
| 45 | 4,316 | 4,825 | 5,333 | 5,841 | 6,350 | 6,858 | 7,358 | 7,866 |
| 50 | 4,676 | 5,185 | 5,693 | 6,201 | 6,710 | 7,218 | 7,718 | 8,226 |
| 55 | 5,036 | 5,545 | 6,053 | 6,561 | 7,070 | 7,578 | 8,078 | 8,586 |
| 60 | 5,396 | 5,905 | 6,413 | 6,921 | 7,430 | 7,938 | 8,438 | 8,946 |
| 65 | 5,756 | 6,265 | 6,773 | 7,281 | 7,790 | 8,298 | 8,798 | 9,306 |
| 70 | 6,116 | 6,625 | 7,133 | 7,641 | 8,150 | 8,658 | 9,158 | 9,666 |
| 75 | 6,476 | 6,985 | 7,493 | 8,001 | 8,510 | 9,018 | 9,518 | 10,026 |
| 80 | 6,836 | 7,345 | 7,853 | 8,361 | 8,870 | 9,378 | 9,878 | 10,386 |
| 85 | 7,196 | 7,705 | 8,213 | 8,721 | 9,230 | 9,738 | 10,238 | 10,746 |
| 90 | 7,556 | 8,065 | 8,573 | 9,081 | 9,590 | 10,098 | 10,598 | 11,106 |

* For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

* For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

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

SIGANTURE PAGE

Fifth Amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Good Samaritan Shelter**.

IN WITNESS WHEREOF, the parties have executed this Fifth Amendment to the Agreement for Services of Independent Contractor to be effective on July 1, 2020.

COUNTY OF SANTA BARBARA:

By: _____
GREGG HART, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

GOOD SAMARITAN SHELTER

By: _____
Authorized Representative


Name: _____

Title: _____

Date: _____


APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By:  _____
Teresa M. Martinez (Aug 31, 2020 13:29 PDT)
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:  _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D.
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
DEPARTMENT OF RISK MANAGEMENT

By:  _____
Risk Manager

SIGANTURE PAGE

Fifth Amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara and Good Samaritan Shelter.**

IN WITNESS WHEREOF, the parties have executed this Fifth Amendment to the Agreement for Services of Independent Contractor to be effective on July 1, 2020.

COUNTY OF SANTA BARBARA:

By: _____
GREGG HART, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

GOOD SAMARITAN SHELTER

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D.
DEPARTMENT OF BEHAVIORAL
WELLNESS

By:  _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
DEPARTMENT OF RISK MANAGEMENT

By: _____
Risk Manager

SIGANTURE PAGE

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IN WITNESS WHEREOF, the parties have executed this Fifth Amendment to the Agreement for Services of Independent Contractor to be effective on July 1, 2020.

COUNTY OF SANTA BARBARA:

By: _____
GREGG HART, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:


MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

GOOD SAMARITAN SHELTER

By:  _____
Authorized Representative

Name: Sylvia Barnard

Title: Executive Director

Date: 8/25/20

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D.
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
DEPARTMENT OF RISK MANAGEMENT

By: _____
Risk Manager