

**FOURTH AMENDED
AGREEMENT FOR SERVICES OF
INDEPENDENT CONTRACTOR**

Between

COUNTY OF SANTA BARBARA
DEPARTMENT OF BEHAVIORAL WELLNESS

AND

GOOD SAMARITAN SHELTER

FOR
ALCOHOL AND DRUG PROGRAM SERVICES
AND
MENTAL HEALTH SERVICES

**FOURTH AMENDED AGREEMENT
FOR SERVICES OF INDEPENDENT CONTRACTOR**

THIS FOURTH AMENDMENT to the AGREEMENT for Services of Independent Contractor, referenced as BC 19-152, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter**, a California nonprofit public benefit corporation (Contractor), wherein Contractor agrees to provide and County agrees to accept the 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 provisions 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 was authorized by the County Board of Supervisors on January 29, 2019 to add revised language for the Recovery Residences Program and 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**;

WHEREAS, the Second Amended Agreement was authorized by the County Board of Supervisors on June 18, 2019 to update 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 of the Board Contract entered into by the County Board of Services on November 13, 2018, as amended;

WHEREAS, the Third Amended Agreement was authorized by the County Board of Supervisors on October 15, 2019 to amend the sites where Contractor shall provide alcohol and drug services due to recent 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 in June 2019, excepted as modified by the Third Amended Agreement;

WHEREAS, this Fourth Amended Agreement amends Exhibit A-8 to add a new location for Mental Health Shelter Beds in Lompoc, increases the total number of shelter beds from 6 to 8 County-wide, and increases services in Lompoc from 1 to 3 clients, with no change to the Maximum Contract Amount of \$494,000 for Mental Health Services; adds ADP Sobering Center services (Exhibit A-10) effective November 1, 2019 at a cost of \$1,090,025, inclusive of \$400,415 for FY 19-20 and \$689,610 for FY 20-21; adds Residential Step Down Supported Housing services (Exhibit A-11) effective November 1, 2019 at a cost of \$604,430, inclusive of \$212,577 for FY 19-20 and \$391,853 for FY 20-21; and increases CalWORKS ADP funds by \$170,000 for the provision of additional CalWORKS Alcohol and Drug residential treatment and Alcohol Drug Free housing program services with a \$1,864,455 total increase to the Maximum Contract Amount not to exceed \$14,726,098, for the period of December 1, 2018 through June 30, 2021; and incorporates the terms and conditions set forth in the Second

Amended Agreement approved by the Board of Supervisors on June 18, 2019, except as modified by the Third and this Fourth Amended Agreement.

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

I. Add subdivision B. to Section 1 (Program Summary) of Exhibit A-8 (Mental Health-Funded Shelter Beds) with the following;

1. PROGRAM SUMMARY.

B. 2025 Sweeney Road, Lompoc, California.

II. Delete and replace subdivision A. to Section 2 (Services), Section 3 (Clients), and subdivision C to Section 4 (Length of Stay) of Exhibit A-8 (Mental Health-Funded Shelter Beds) with the following:

2. SERVICES.

A. Contractor shall provide shelter beds for a minimum of five (5) homeless mentally ill clients per day, in Santa Maria, and three (3) homeless mentally ill clients in Lompoc, screened and referred by the Behavioral Wellness Homeless Outreach Worker.

3. CLIENTS. Contractor shall provide shelter beds and the services described in Section 2 to eight (8) individuals with severe mental illness who are any of the following:

- A. Homeless;
- B. Needing shelter while awaiting receipt of benefits; or
- C. Temporarily displaced while awaiting placements in more permanent housing.

4. LENGTH OF STAY.

C. If Behavioral Wellness has not filled all beds by 10:00 PM each night, Behavioral Wellness releases its claim to all but one (1) of the eight (8) beds remaining available.

III. Add Exhibit A-10 Statement of Work - ADP, Crisis Intervention and Diversion Services - Sobering Center, as follows:

ALCOHOL AND DRUG PROGRAMS

EXHIBIT A-10

STATEMENT OF WORK: ADP

CRISIS INTERVENTION, DIVERSION AND SUPPORT (CIDS) - SOBERING CENTER

Services applicable beginning November 1, 2019.

1. PROGRAM SUMMARY.

The Contractor shall deliver Crisis Intervention, Diversion and Support (CIDS) supportive intervention sobering services to provide coordination of care and linkage for adults with

Severe Mental Illness/Substance Abuse disorder (SMI/SUD) who are under the influence of alcohol or drugs who come in contact with law enforcement (hereafter, the “Program”). Through the model developed and facilitated through on-going collaboration with a Local Advisory Committee (LAC) of community stakeholders and CBO partnerships, the Contractor shall provide intake, linkage to indicated services and step-down housing as well as case management services for clients as part of the Program. The Contractor shall implement a seamless and well-integrated continuum of care program in collaboration with dedicated Behavioral Wellness and Public Defender CIDS Crisis Intervention Team (CIT) staff. The Program will be located at the Sobering Center:

A. 427 Camino Del Remedio, Santa Barbara, California.

2. PROGRAM GOALS.

A. Reduce:

1. Incarceration;
2. Hospitalization;
3. Emergency Room use; and
4. Recidivism into the criminal justice system.

B. Increase client linkage to:

1. Appropriate services;
2. Access to treatment; and
3. Access to housing resources.

C. Reduce costs associated with criminal case processing and re-arrest.

3. SERVICES. The Contractor shall provide sobering services initially Thursday at 5:00 pm through Monday at 9:00 am (86 hours of operation) and will work towards providing services 24 hours/7 days a week, in consultation with County staff, to include but not be limited to:

A. Case Management services including but not limited to:

1. Integrated, multidimensional screening and/or assessments for clients to determine SMI/SUD issues including the American Society of Addiction Medicine (ASAM) criteria, the Clinical Institute Withdrawal Assessment (CIWA), and/or the Clinical Opiate Withdrawal Scale (COWS).

B. Orientation and intake services;

C. Care coordination services to including but not limited to:

1. Linkage to services; and
2. Alcohol and Other Drug (AOD) education.

D. Supportive care services including but not limited to:

1. Vital signs;
2. Oral rehydration;
3. Nutrition;
4. Breathalyzing;

5. Drug testing;
 6. Vitamins; and
 7. Basic wound care as needed.
- E.** Referral services including but not limited to SUDS treatment, crisis, mental health, primary care and other ancillary services based upon individual needs;
 - F.** Provide lockers to store client's belongings;
 - G.** Transportation upon discharge, if needed; and
 - H.** Provide locked medication boxes.
4. **CLIENTS.** Contractor shall provide services as described in Section 3 to a maximum ten (10) clients at any given time, ages 18 years and over, and a minimum of one hundred (100) clients per year.
 5. **LENGTH OF STAY.** The length of stay for clients entering the Sobering Center will be determined on an individual basis, with stabilization averaging 8 hours but up to a maximum of 72 hour stay, if needed.
 6. **REFERRALS.**
 - A.** Contractor shall receive referrals for participants who have been screened, assessed, and identified by the South County Crisis Service (SCCS) Hub Team who have been diverted and referred from the:
 1. Santa Barbara County Sheriff's Department;
 2. Police departments located within Santa Barbara County;
 3. Santa Barbara County Public Defender's CIDS CIT (in the field, during booking or at pre-arraignment);
 4. SCCS Hub Team; and/or
 5. Behavioral Wellness crisis teams and mental health clinics, including the Crisis Stabilization Unit (CSU).
 7. **ADMISSION PROCESS:**
 - A.** Contractor shall screen and or assess clients to determine appropriateness for the Sobering Center.
 - B.** Contractor shall admit clients referred by sources described in Section 6.A (Referrals), unless the client's needs and or presenting physical condition warrants hospitalization or a higher level of care as determined by Sobering Center staff.
 - C.** Orientation Packet: At Contractor's intake meeting with client, Contractor shall orient client to the Sobering Center and provide client with the following information:
 1. Participation Agreement, including Program objectives, rules and guidelines, signed by client.
 - D.** Obtain a Release of Information (ROI) authorization form(s), signed by client.
 1. The information released from the client through the ROI will vary by client. Contractor staff shall meet and discuss what is needed from the client on a case by case basis.

8. **EXCLUSION CRITERIA:** On a case-by-case basis, the following may be cause for client exclusion from the Program:
 - A. Client threat of or actual violence toward staff or other clients; and
 - B. Rude or disruptive behavior that cannot be redirected.
 - C. Contractor shall only exclude clients following consultation with a Behavioral Wellness designee.
9. **DOCUMENTATION REQUIREMENTS.** Staff will complete a tracking sheet on each client documenting the following:
 - A. Demographics;
 - B. Daily census;
 - C. Documentation of each component of the admission process evaluation including but not limited to:
 1. Client referral;
 2. Supportive Care services; and
 3. Linkage to services.
 - D. Create policies and procedures for the operation of the Program and provide them to County upon request.
 - E. Collect and provide to County all data requirements for evaluation purposes for Proposition 47 Grant funding as requested by the County.
10. **DISCHARGES.** Contractor will assess the client for discharge based on the level of sobriety. Sobering center staff will assess each individual and discharge based on level of sobriety. Following discharge from the Sobering Center, clients with co-occurring mental health issues, who have opted to participate in the CIDS program will then go the SCCS HUB Team for mental health linkage or if applicable, to Step- down housing.
11. **STAFFING.** Contractor shall adhere to the Program staffing requirements outlined below unless otherwise approved by Behavioral Wellness in writing. Staffing requirements include: registered or certified substance use disorder counselors, peer staff, case managers and nursing or nursing assistance staff:
 - A. The Program shall include bilingual and bicultural staff able to meet the diverse needs represented in the local community. The languages to be covered are English and Spanish. The Program shall have access to qualified interpreters and translator services as needed.
 - B. A maximum of 9.60 FTEs for 24/7 operation of the Sobering Center consisting of the following staff, adjusted based on hours of operation:
 1. 4.30 FTE - Peer Staff or Case Managers to provide orientation and care coordination;
 2. 1.0 FTE - AOD Certified Counselor to provide alcohol and/ or drug education, counseling, and care coordination;
 3. 0.5 FTE - Program Manager to coordinate and manage day to day operations and services for Sobering Center clients by performing the following duties:

- a. Secures information such as medical, psychological, and social factors contributing to client's situation and, based upon historical information provided as well as assessments at intake, evaluates the issues and client's current capacities.
 - b. Refers clients to community resources and other community organizations for clients to pursue once they discharge from the Sobering Center.
 - c. Compiles client records of progress while in the Sobering Center. Uses County database program to collect demographic information, case notes and log assessments.
 - d. Monitors clients and ensures safety at all times during the sobering process.
 - e. Transports clients as necessary in Contractor-provided vehicle to client residence, residential treatment, community based organizations, or step-down housing.
 - f. Drug testing and/or breathalyzing clients may be necessary.
 - g. Prepares reports, assessment tools, data collection as necessary, and maintains records of Program-related activities.
 - h. Meets regularly with Sobering Center staff and communicates County information clearly to staff and clients to ensure that operations are being executed in accordance with the organization's policies.
 - i. Consistently reviews the operating results of the Sobering Center Program, compares them to established objectives, and takes steps to ensure that appropriate measures are taken to correct unsatisfactory results.
 - j. Professionally represents the organization with major participants, shareholders, staff and the general public.
 - k. Consistently consults and communicates with representatives of other area service providers to develop active and successful coordination of services.
 - l. Reports directly to Contractor's Executive Director.
 - m. Carries out duties and responsibilities in accordance with Contractor and County's policies and procedures and applicable County, State and Federal Laws.
 - n. Responsible for the overall coordination, direction, scheduling and evaluation of all organizational staff of the Sobering Center.
 - o. Other duties as may be assigned or required.
4. 3.70 FTE – Medical Support Staff preferably Registered Nurse (RN) to assist with supportive care as described in this Exhibit A-10.
 5. 0.10 FTE – Program Supervisor to provide supervision and operational programming and staffing within the Sobering Center.

12. LEASE AND FACILITY REQUIREMENTS.

- A. The Program will operate out of a County-owned building, consisting of approximately 1,400 square feet and including the surrounding grounds and

appurtenances, as shown by the cross-hatched marked area shown in Exhibit F to this Agreement, located at 475 Camino Del Remedio, Santa Barbara, California (“Program Site”).

- B. The parties executed the lease for the Program Site on December 20, 2019. The lease is ancillary to this Agreement and shall be independently executed and approved by Contractor and County. However, the term of the lease shall coincide with the term of this Agreement for Services of Independent Contractor. This Agreement may be terminated by County if the lease is terminated by either Party, and vice versa.
- C. Contractor shall have oversight of the Program Site and shall manage the Program for the benefit of clients. Contractor shall use the Program Site exclusively for administering the Program.
- D. Contractor acknowledges and agrees that any and all personal property, fixtures, or other items needed to run the day-to-day operations of the Program currently located at the Program Site are, and shall remain, the property of County.
- E. Contractor will be responsible for payment to the County for renovations cost to the Sobering Center.

13. **COMPLIANCE WITH PROPOSITION 47 GRANT AGREEMENT.** Contractor shall comply with all requirements of the Proposition 47 Grant Agreement between the County and the California Board of State and Community Corrections (Contract Number BSCC 506-19), available at www.countyofsb.org/behavioral-wellness. Contractor agrees that in the event of any inconsistency between this Agreement and the Proposition 47 Grant Agreement, the latter shall prevail.

IV. **Add Exhibit A-11 Statement of Work - ADP, Step Down Supported Housing, as follows:**

ALCOHOL AND DRUG PROGRAMS

EXHIBIT A-11

STATEMENT OF WORK: ADP

STEP DOWN SUPPORTED HOUSING

Services applicable beginning November 1, 2019

1. **PROGRAM SUMMARY.**

The Step-down Supported Housing Program shall consist of 4 individual congregate supportive living housing units each with a capacity of 5 beds per house with a total of 20 beds (hereafter referred to as the “Program”). Contractor shall use a housing first model for the Program. These houses will be a part of the Crisis Intervention, Diversion and Support Program (CIDS) Continuum of Care. The Program will serve homeless, low income, and low risk offenders with mental illness and co-occurring substance abuse issues. Clients will be referred directly to the Program from the Sobering Center operated by Contractor per Exhibit A-10 of this Agreement in collaboration with the CIDS team. The Program also provides clients with referrals to other community resources, assistance with personal needs and health/hygiene, coordination with other community services, and referral to long term stable housing or shelters. Contractor shall comply with all

requirements of the Proposition 47 Grant Agreement between the County and the California Board of State and Community Corrections (Contract Number BSCC 506-19), available at www.countyofsb.org/behavioral-wellness. The Program shall be located at:

A. 421 North Alisos Street, Santa Barbara, California consisting of:

1. Four (4) units, three (3) of which will contain three (3) bedrooms and two and one half (2 ½) bathrooms and one (1) unit will contain three (3) bedrooms and two (2) bathrooms.
2. Each house will contain five (5) beds.
3. At least one unit shall be for females only.

2. PROGRAM GOALS.

- A. Increase access to treatment for Severe Mental Illness (SMI)/Substance Use Disorder (SUD);
- B. Increase client engagement to services;
- C. Increase client access to stable long-term housing resources;
- D. Introduce clients to an ongoing process of recovery;
- E. Increase client self-sufficiency and empowerment; and
- F. Prevent and reduce the incarceration of individuals with mental health and substance abuse disorders.

3. SERVICES.

- A. Contractor will provide Program beds and services to twenty (20) clients with five (5) clients per each of the four (4) houses who are referred by the Sobering Center and the CIDS Team. The services to be provided at each location include but are not limited to:
 1. A safe environment for all residents, some of whom may not be clean and sober;
 2. An environment that is pet and smoke free;
 3. Food for meal preparation by clients, access to shower, laundry, medication storage and mailboxes for clients, included in each night's stay for as long as the client is a resident at the Program;
 4. Licensed Practitioner of the Health Arts (LPHA) services in collaboration with Family Services Agency of Santa Barbara County including but not limited to the following:
 - a. Evidence based and integrated outpatient treatment services.
 5. Case Manager/House Navigator to provide the following services including, but not limited to:
 - a. Deliver seamless services to avoid gaps in service;
 - b. Integrate services with Behavioral Wellness clinics and other Community Based Organizations and/or Agencies (CBO/CBA) to;
 - i. Facilitate recovery;

- ii. Empower residents by providing skill building assistance;
 - iii. Improve independent living skills; and
 - iv. Achieve and maintain stable/permanent housing for clients.
 - c. Housing retention services;
 - d. Case management services including, but not limited to:
 - i. Outreach/engagement;
 - ii. Case management assessment;
 - iii. Personalized plan for self-sufficiency and timeline;
 - iv. Assistance connecting with community resources to access: medical, educational, social, prevocational, rehabilitative or other community service (e.g. local Recovery Learning Communities, housing options, Department of Social Services, Public Health, Food banks, Goodwill, Department of Rehabilitation Vocational services, services to meet unique multi-cultural needs, AA/NA meetings, etc.); and
 - v. Connection to employment services.
 - e. Monitoring clients for physical health issues;
 - f. Assisting clients with personal hygiene;
 - g. Coordinating a variety of activities for residents;
 - h. Providing daily oversight to clients' safety and well-being; and
 - i. Collecting Program data.
6. Transportation of clients to individual appointments, where indicated including but not limited to the following:
- a. Doctor appointments;
 - b. Court;
 - c. Probation appointments;
 - d. Self-help meetings; and
 - e. Escorts individuals on trips or outside establishments for shopping or other appointments as needed.
7. Provide a Residential Manager per each of the four (4) houses for ten (10) hours per week to ensure a safe environment. Residential Manager will report to the Case Manager. Residential Manager's duties shall include, but not be limited to the following:
- a. Provide daily oversight to the safety and well-being of Program residents;
 - b. Monitor chores;
 - c. Facilitate house meetings;
 - d. Facilitate resolution to disputes amongst residents;
 - e. Pick up food from foodbanks;
 - f. Collect Sobering Center Data; and

- g. Other duties as assigned.
- 4. **CLIENTS.** Contractor shall provide services as described in Section 3 to twenty (20) clients at any given time, age 18 years and over. It is estimated Contractor will serve 20-40 clients per year depending on an individual client's length of stay.
- 5. **LENGTH OF STAY.** Clients may stay six (6) to twelve (12) months. If the Contractor determines that a client's length of stay needs to exceed 12 months, Contractor shall first obtain authorization from a designated Behavioral Wellness representative.
- 6. **REFERRALS.**
 - A. Contractor shall receive referrals from the Sobering Center.
 - 1. Contractor shall receive referral via phone or written referral; and
 - 2. Referrals shall be accompanied by written documentation.
- 7. **ADMISSION PROCESS.** At Contractor's intake meeting with client, Contractor shall complete an admission packet to include the following information:
 - A. Contractor shall interview client to determine client's appropriateness for the Program.
 - B. Accept admission to the program Monday through Friday from 8:00 a.m. to 5:00 p.m.
 - 1. Consent to Program rules and guidelines, signed by client;
 - 2. Release of information form, signed by client;
 - a. The information released from the client through the ROI will vary by client. Contractor staff shall meet and discuss what is needed from the client on a case by case basis.
 - C. Financial assessment to meet low income criteria.
 - D. Personal and demographic information of client, that shall include, but not limited to:
 - 1. Social, economic and family background;
 - 2. Education;
 - 3. Vocational achievements;
 - 4. Criminal history, legal status;
 - 5. Medical history;
 - 6. Drug history; and
 - 7. Previous treatment.
 - E. Emergency contact information for client.
 - F. Receipt of initial referral.
 - G. Contractor shall complete and send a Verification of Enrollment form to the South County Crisis Service (SCCS) HUB Team upon acceptance of client into Program, no later than 72 hours after admission.

8. **TRANSITION PROCESS.** Contractor will provide a process for transitioning clients from the Program to next level of care, which may or may not include SUD/SMI treatment as indicated by medical necessity. Contractor will review this discharge process with client on an ongoing basis.
9. **EXCLUSION CRITERIA.** On a case-by-case basis, the following may be cause for client exclusion from the Program:
 - A. Client threat of or actual violence toward staff or other clients; and
 - B. Rude or disruptive behavior that cannot be redirected.
 - C. Contractor shall only exclude clients following consultation with a Behavioral Wellness designee.
10. **DOCUMENTATION REQUIREMENTS.** Contractor shall document the following:
 - A. Demographics;
 - B. Daily Census;
 - C. Number of clients referred to SMI/SUD treatment;
 - D. Number of clients engaged in SMI/UD treatment;
 - E. Number of clients successfully placed in permanent housing; and
 - F. Number of client arrested/incarcerated and or hospitalized while in the Program;
 - G. Create policies and procedures for the operation of the Program and provide them to County upon request.
 - H. Collect and provide all data requirements for evaluation purposes for Proposition 47 Grant funding as needed.
 1. Contractor shall submit quarterly progress reports to County, which shall be received by County no later than 7 calendar days following the end of the quarter being reported.
11. **DISCHARGES.** Contractor shall work with each client, CIDS Team, and County ADP Staff to establish a written discharge plan that is responsive to the client's needs and personal goals. Contractor shall inform CIDS or the SCCS HUB Team, if applicable, of client status and discharge.
 - A. Contractor and County shall collaborate in planning for discharge and transition;
 - B. Clients and their families shall be involved as much as possible in the discharge; and
 - C. Contractor shall notify County of final discharge date immediately.
12. **STAFFING.** Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing to include the following 1.67 FTE:
 - A. 1.0 FTE Case Manager/Housing Navigator: to provide the services as stated in Section 3.A.5 of this Exhibit A-11.
 - B. Four (4) - 0.25 FTE Residential Manager: to provide the services as stated in Section 3.A.7 of this Exhibit A-11.
 - C. 0.33 FTE Driver: to provide the services as stated in Section 3.A.6 of this Exhibit A-11.

13. **COMPLIANCE WITH PROPOSITION 47 GRANT AGREEMENT.** Contractor shall comply with all requirements of the Proposition 47 Grant Agreement between the County and the California Board of State and Community Corrections (Contract Number BSCC 506-19), available at www.countyofsb.org/behavioral-wellness. Contractor agrees that in the event of any inconsistency between this Agreement and the Proposition 47 Grant Agreement, the latter shall prevail.

IV. Replace the following provisions of Exhibit B ADP:

FINANCIAL PROVISIONS

EXHIBIT B-ADP

FINANCIAL PROVISIONS

(Applicable to programs described in Exhibits A-2 through A-6, A-10 and A-11)

- I. This Agreement provides for reimbursement for Alcohol and Drug Program services up to a Maximum Contract Amount, reflected in Section II below and Exhibit B-1-ADP. For all services provided under this Agreement, Contractor will comply with all requirements necessary for reimbursement in accordance with the regulations applicable to the funding sources identified in the Exhibit B-1 ADP, the Intergovernmental Agreement, Contract Number 18-95148, the Proposition 47 Grant Agreement between the County and the California Board of State and Community Corrections (Contract Number BSCC 506-19), and other applicable Federal, State and local laws, rules, manuals, policies, guidelines and directives.

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$14,726,098** comprised of **\$14,232,098** in Alcohol and Drug Program funding inclusive of \$2,582,003 for FY 18-19, \$5,590,812 for FY 19-20, and \$6,059,283 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 ADP funding for Contractor's performance of ADP services hereunder without a properly executed amendment.

V. Delete Exhibit B MHS, Section II (Maximum Contract Amount) and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$14,726,098** 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 Mental Health Services funding for Contractor's performance of Mental Health Services hereunder without a properly executed amendment.

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

FINANCIAL PROVISIONS

EXHIBIT B-1- ADP

SCHEDULE OF RATES AND CONTRACT MAXIMUM

(Applicable to programs described in Exhibits A-2 - A-6, A-10 and A-11)

Exhibit B-1
Schedule of Rates and Contract Maximum

FISCAL YEAR: 2019-20

Good Samaritan

CONTRACTOR NAME:

Drug Medi-Cal/Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	Report Service Code	Projected Number of Clients
Drug Medi-Cal Biliabile Services	Outpatient	15	ODS Outpatient Treatment	15 Minute Unit	91	91	35,003
			ODS Case Management	15 Minute Unit	93	93	16,421
			ODS Physician Consultation	15 Minute Unit	94	94	876
			ODS Recovery Services	15 Minute Unit	95	95	12,329
			ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	8,467
			Level 3.2 Withdrawal Management	Bed Day	109	109	1,971
			Level 3.1 Residential Treatment	Bed Day	112	112	15,768
			ODS Group Counseling	15 Minute Unit	91	91	\$33.81
			ODS Individual Counseling	15 Minute Unit	92	92	\$33.81
			ODS Case Management	15 Minute Unit	93	93	\$33.81
Drug Medi-Cal Biliabile Services	Outpatient	15	ODS Physician Consultation	15 Minute Unit	94	94	\$141.59
			ODS Recovery Services Individual	15 Minute Unit	95	95	\$33.81
			ODS Recovery Services Group	15 Minute Unit	96	96	\$33.81
			ODS Recovery Services Case Management	15 Minute Unit	97	97	\$33.81
			ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	98	98	\$33.81
			Level 3.2 Withdrawal Management - Treatment Only	Bed Day	109	109	\$184.84
			Level 3.1 Residential Treatment - Treatment Only	Bed Day	112	112	\$143.29
			Residential Treatment Services, Room & Board Only	Bed Day	N/A	59	Actual Cost ²
			Residential Treatment Services Primal, Room & Board Only	Bed Day	N/A	58-1	Actual Cost ²
			Alcohol/Drug Free Housing (Prima/Parole Only)	Bed Day	N/A	57	Actual Cost ¹
Non - Drug Medi-Cal Biliabile Services	Residential	N/A	Interim Treatment Services (CaWORKS Only)	Hours	N/A	35	Actual Cost ¹

Service Description	Prop 47 Step Down Housing (starting Nov 1, 2019)	Prop 47 Sobering Center (starting Nov 1, 2019)	Residential Treatment at Home (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)	Residential Treatment at Another Road Detox (Lompoc)	Lompoc Recovery Center (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Project PRIME (Santa Maria)	Recovery Point (Santa Maria)	Recovery Point (Santa Maria)	Alcohol/Drug Free Housing (Prima/Parole Only)	CaWORKS	Recovery Resilience Centers (Lompoc)	CaWORKS Counseling	Alcohol/Drug Free Housing	TOTAL
933,639	212,577	400,415	892,076	501,185	635,094	307,186	227,833	351,657	455,427	543,213	543,213	491,213	455,507	20,000	180,000	5,910,302	
885,866	212,577	400,415	892,076	501,185	635,094	307,186	227,833	351,657	455,427	543,213	543,213	491,213	455,507	20,000	180,000	5,910,302	

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**

Duvs Medi-Cal	\$ 466,652	\$ 430,832	\$ 463,607	\$ 205,744	\$ 281,427	\$ 471,915	\$ 409,748	\$ 730,604	\$ 789,864
Realignment/SAPT - Discretionary	\$ 24,561	\$ 22,675	\$ 24,400	\$ 10,829	\$ 13,759	\$ 80,629	\$ 67,866	\$ 115,262	\$ 132,927
Realignment/SAPT - Perinatal									
Realignment/SAPT - Adolescent Treatment									
Realignment/SAPT - Primary Prevention									
Other County Funds									
FY18-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 286,441	\$ 264,546	\$ 264,671	\$ 126,334	\$ 180,625	\$ 325,234	\$ 278,504	\$ 389,111	\$ 388,537
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,644	\$ 477,435	\$ 885,866	\$ 932,489
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,644	\$ 477,435	\$ 885,866	\$ 932,489
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 1,269,867	\$ 1,171,560	\$ 1,240,685	\$ 559,480	\$ 770,897	\$ 1,440,322	\$ 1,233,374	\$ 2,140,843	\$ 2,253,515

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.

CONTRACTOR NAME: Good Samaritan

SCHEDULE OF RATES AND CONTRACT MAXIMUM

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
	Residential	10	ODS Recovery Services	15 Minute Unit	95	95	12,329	172
		5	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
Drug Medi-Cal/Non Drug Medi-Cal	Outpatient	15	Level 3.1 Residential Treatment	15 Minute Unit	91	91	15,768	187
		15	ODS Group Counseling	15 Minute Unit	91	91	833.81	
		15	ODS Individual Counseling	15 Minute Unit	92	92	833.81	
		15	ODS Case Management	15 Minute Unit	93	93	833.81	
		15	ODS Physician Consultation	15 Minute Unit	94	94	833.81	
		15	ODS Recovery Services Individual	15 Minute Unit	95	95	1,147.59	
		15	ODS Recovery Services Group	15 Minute Unit	95	95	833.81	
		15	ODS Recovery Services Case Management	15 Minute Unit	96	96	833.81	
		15	ODS Recovery Services Monitoring	15 Minute Unit	97	97	833.81	
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	98	98	833.81	
		5	Level 3.2 Withdrawal Management - Treatment Only	15 Minute Unit	105	105	833.81	
		N/A	Level 3.1 Residential Treatment - Treatment Only	Bed Day	109	109	1,971	
		N/A	Residential Treatment Services, Room & Board Only	Bed Day	112	112	1,971	
		N/A	Residential Treatment Services (Perinatal, Room & Board Only)	Bed Day	N/A	98		
		N/A	Alcohol/Drug Free Housing (Perinatal/Perinole Only)	Bed Day	N/A	98-1		
		N/A	Intensive Treatment Services (CaliWORKS Only)	Hours	N/A	35		

PROGRAM	Recovery Point (Santa Maria)	Lompoc Recovery Center (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Turning Point PNI Outpatient (Lompoc)	Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Ancho Road (Santa Maria)	Residential Treatment at Home (Lompoc)	Prop 47 Step Down Housing (Santa Maria)	Prop 47 Sobering Center (Santa Maria)	Recovery Residence Centers (Lompoc)	CalWorks Counseling	Alcohol Drug Free Housing	TOTAL
GROSS COST:	\$ 543,213	\$ 495,427	\$ 581,657	\$ 227,853	\$ 307,186	\$ 635,034	\$ 501,185	\$ 892,076	\$ 935,639	\$ 212,577	\$ 400,415	\$ 400,415	\$ 5,910,302
LESS REVENUES COLLECTED BY CONTRACTOR:	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000	\$ 8,000	\$ 8,000	\$ 8,000	\$ 8,000	\$ 22,000	\$ 22,000	\$ 22,000	\$ 40,000
CALIER FEES	\$ 40,000	\$ 15,000	\$ 35,000	\$ 32,650	\$ 69,650	\$ 15,750	\$ 6,210	\$ 1,150	\$ 1,150	\$ 6,210	\$ 6,210	\$ 6,210	\$ 133,260
OTHER GOVERNMENT FUNDING CWS	\$ 20,920	\$ 20,920	\$ 32,650	\$ 32,650	\$ 69,650	\$ 15,750	\$ 6,210	\$ 1,150	\$ 1,150	\$ 6,210	\$ 6,210	\$ 6,210	\$ 133,260
OTHER GOVERNMENT FUNDING	\$ 92,000	\$ 41,920	\$ 73,650	\$ 11,260	\$ 32,000	\$ 77,550	\$ 23,750	\$ 6,210	\$ 1,150	\$ 6,210	\$ 6,210	\$ 6,210	\$ 146,230
TOTAL CONTRACTOR REVENUES	\$ 481,213	\$ 453,507	\$ 488,007	\$ 488,007	\$ 216,573	\$ 477,435	\$ 477,435	\$ 885,866	\$ 932,488	\$ 212,577	\$ 400,415	\$ 400,415	\$ 5,910,302
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE:	\$ 466,652	\$ 430,832	\$ 483,607	\$ 483,607	\$ 205,744	\$ 471,915	\$ 408,748	\$ 730,604	\$ 789,664	\$ 212,577	\$ 400,415	\$ 400,415	\$ 5,910,302
Drug Medi-Cal	\$ 24,561	\$ 22,075	\$ 24,400	\$ 24,400	\$ 10,829	\$ 80,629	\$ 57,666	\$ 115,262	\$ 132,827	\$ 22,000	\$ 22,000	\$ 22,000	\$ 42,000
Realignments/SAPT - Discretionary													
Realignments/SAPT - Perinatal													
Realignments/SAPT - Adolescent Treatment													
Realignments/SAPT - Primary Prevention													
CalWORKS*													
Other County Funds													
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 266,541	\$ 264,546	\$ 284,671	\$ 284,671	\$ 126,334	\$ 325,234	\$ 275,504	\$ 389,111	\$ 388,537	\$ 22,000	\$ 22,000	\$ 22,000	\$ 612,992
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 481,213	\$ 453,507	\$ 488,007	\$ 488,007	\$ 216,573	\$ 477,435	\$ 477,435	\$ 885,866	\$ 932,488	\$ 212,577	\$ 400,415	\$ 400,415	\$ 5,910,302
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 481,213	\$ 453,507	\$ 488,007	\$ 488,007	\$ 216,573	\$ 477,435	\$ 477,435	\$ 885,866	\$ 932,488	\$ 212,577	\$ 400,415	\$ 400,415	\$ 5,910,302
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 1,268,967	\$ 1,171,560	\$ 1,260,685	\$ 1,260,685	\$ 559,480	\$ 1,440,322	\$ 1,233,374	\$ 2,140,843	\$ 2,253,515	\$ 604,430	\$ 1,090,825	\$ 1,090,825	\$ 14,232,088

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**	Drug Medi-Cal	Realignments/SAPT - Discretionary	Realignments/SAPT - Perinatal	Realignments/SAPT - Adolescent Treatment	Realignments/SAPT - Primary Prevention	CalWORKS*	Other County Funds	FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)
Drug Medi-Cal	\$ 466,652	\$ 430,832	\$ 483,607	\$ 483,607	\$ 205,744	\$ 261,427	\$ 471,915	\$ 408,748	\$ 730,604	\$ 789,664
Realignments/SAPT - Discretionary										
Realignments/SAPT - Perinatal										
Realignments/SAPT - Adolescent Treatment										
Realignments/SAPT - Primary Prevention										
CalWORKS*										
Other County Funds										
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 266,541	\$ 264,546	\$ 284,671	\$ 284,671	\$ 126,334	\$ 325,234	\$ 275,504	\$ 389,111	\$ 388,537	\$ 612,992
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 481,213	\$ 453,507	\$ 488,007	\$ 488,007	\$ 216,573	\$ 477,435	\$ 477,435	\$ 885,866	\$ 932,488	\$ 1,440,843
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 1,268,967	\$ 1,171,560	\$ 1,260,685	\$ 1,260,685	\$ 559,480	\$ 1,440,322	\$ 1,233,374	\$ 2,140,843	\$ 2,253,515	\$ 6,059,285

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 CSOs in recovering full costs. Actual services provided and clients served may vary.
 *Rate based on most recently filed cost report.
 **Rate based on approved costs.

VII. Delete and replace B-1-MHS Schedule of Rates and Contract Maximum 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:** 2019-2021

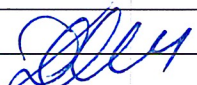
Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate(4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.51
			Collateral	Minutes	10	\$3.25
			*MHS- Assessment	Minutes	30	\$3.25
			MHS - 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
MAXIMUM 19-20 CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000		\$ -	\$ -	\$ 247,000
MAXIMUM 20-21 CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000				\$ 247,000
TOTAL CONTRACT AMOUNT PAYABLE:	\$ 330,000	\$ 164,000				\$ 494,000

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) County reserves the right to increase the CMA by the home health care index if determined to be appropriate in year 2 of contract.

VII. Delete and replace B-1-MHS Schedule of Rates and Contract Maximum with the following:

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

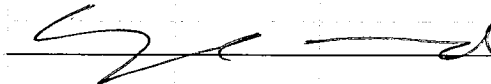
FISCAL YEAR: 2019-2021

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	\$2.51
			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	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
MAXIMUM 19-20 CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000		\$ -	\$ -	\$ 247,000
MAXIMUM 20-21 CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000				\$ 247,000
TOTAL CONTRACT AMOUNT PAYABLE:	\$ 330,000	\$ 164,000				\$ 494,000

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) County reserves the right to increase the CMA by the home health care index if determined to be appropriate in year 2 of contract.

VIII. Delete and replace Exhibit B-2 ADP & MHS Contractor Budget with the following:

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

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: 19/20

Gray Shaded cells contain formulas, do not overwrite

Column	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
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)	Santa Maria - WIMRES Treatment at Recovery Point	Lompoc - WIMRES Treatment at Another Road Detox	Santa Maria - WIMRES Treatment - Transitional Center Houses (TCH)	Lompoc - WIMRES Treatment Recovery Way Home (LTCH)	Prop-47 Step Down Facility (starting Nov 1, 2019)	Prop-47 Sober Center (starting Nov 1, 2019)	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		\$ 5,837,812	\$ 5,837,812	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,366	\$ 932,469	\$ 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		\$ 3,081,283	\$ 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		\$ 10,090,398	\$ 6,117,302	\$ 531,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 297,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 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		\$ 10,130,398	\$ 6,157,302	\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 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 Premise(Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria WIREES Treatment at Recovery Point	Lompoc WIREES Treatment at Another Road Detour	Santa Maria WIREES Treatment Transitional Center House (TCH)	Lompoc WIREES Treatment Recovery Way Home (LTC)	Pop-Up Stop Down Facility (Blating Nov 1, 2019)	Play-It-Sober Center (Blating Nov 1, 2019)	CAUWORKS 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	2,944,612	282,822	245,708	277,035	117,863	157,690	319,449	273,094	448,014	472,119	47,320	168,344	12,882	43,720	78,572	
17 Employee Benefits	1,096,067	732,013	70,705	61,427	69,259	29,466	39,420	79,862	68,271	112,003	118,030	7,690	42,066	3,221	10,930	19,643	
18 Consultants																	
19 Payroll Taxes	438,427	294,461	28,282	24,571	27,704	11,766	15,768	31,945	27,308	44,801	47,212	4,732	16,894	1,288	4,372	7,857	
20 Salaries and Benefits Subtotal	5,918,764	3,971,086	381,809	331,706	373,997	159,116	212,868	431,256	368,663	604,818	637,360	59,742	227,265	17,391	59,022	106,072	
III.B Services and Supplies Object Level																	
21 Auto Expenses	94,029	60,652	1,000	4,200	3,500	500	1,000	10,000	5,000	10,000	10,000	8,723	5,429			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	68,015	25,000	7,000	7,000	2,500	7,500	4,000	2,000	5,000	5,000		1,515		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't 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	38,445	2,500	3,300	6,000	1,000	2,000	2,500	2,000	6,000	6,000	1,454	2,891		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	6,066	500	500	500	500	500	500	500	1,000	1,000					506	
31 Office Expense/Supplies	33,362	24,728	2,000	2,500	2,000	1,500	1,500	2,000	1,000	2,000	2,000	3,128			2,000	3,100	
32 Program Supplies Food	91,480	58,319						15,000	8,000	10,000	10,000	7,269	5,080		3,000		
33 Program Supplies	143,820	91,300	4,000	9,500	4,500	1,500	3,000	8,000	4,000	7,000	7,000	19,500	8,000		12,000	3,900	
34 Rental of Buildings	168,400	127,560					12,000					84,000	19,560			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	145,573	84,000	2,500	7,000	4,000	500	500	6,000	2,500	10,000	15,000		6,000		10,000		20,000
37 Telephone/Internet	60,675	25,934	2,400	2,100	1,600	1,000	1,600	2,600	2,900	3,600	3,600	1,034	2,100			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						
39 Utility - 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 Utility - Heat (Gas)	33,412	16,100		2,000	800	350	750	1,000	1,200	2,000	2,000				6,000		
41 Utility - Water/Sewer	106,280	48,254	750	2,500	5,000	250	750	8,500	1,700	8,000	8,000				8,000		4,800
42 Rapid Relocating and other payments	346,917																
43 Facility Site Prep/Furn. Fixtures	430,842	80,933											80,933				
44 Services and Supplies Subtotal	2,981,320	1,393,646	90,550	99,100	114,400	39,000	54,250	121,000	67,150	170,900	174,500	125,108	131,478		97,500	37,406	71,300
45 III.C. Client Expense Object Level Total (Ncl)																	
46																	
47																	
48 SUBTOTAL DIRECT COSTS	8,900,084	5,364,732	472,359	430,806	488,397	198,116	267,118	552,256	435,813	775,718	811,860	184,850	358,743	17,391	156,522	143,478	71,300
IV. INDIRECT COSTS																	
49 Administrative indirect Costs (Reimbursement limited to 15%)	1,230,314	792,570	70,854	64,621	73,260	29,717	40,068	82,838	65,372	116,358	121,779	27,727	41,672	2,609	23,478	21,522	10,698
50 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47-48)	10,130,398	6,157,302	543,213	495,427	561,657	227,833	307,186	635,094	501,185	892,076	933,639	212,577	400,415	20,000	180,000	165,000	82,000

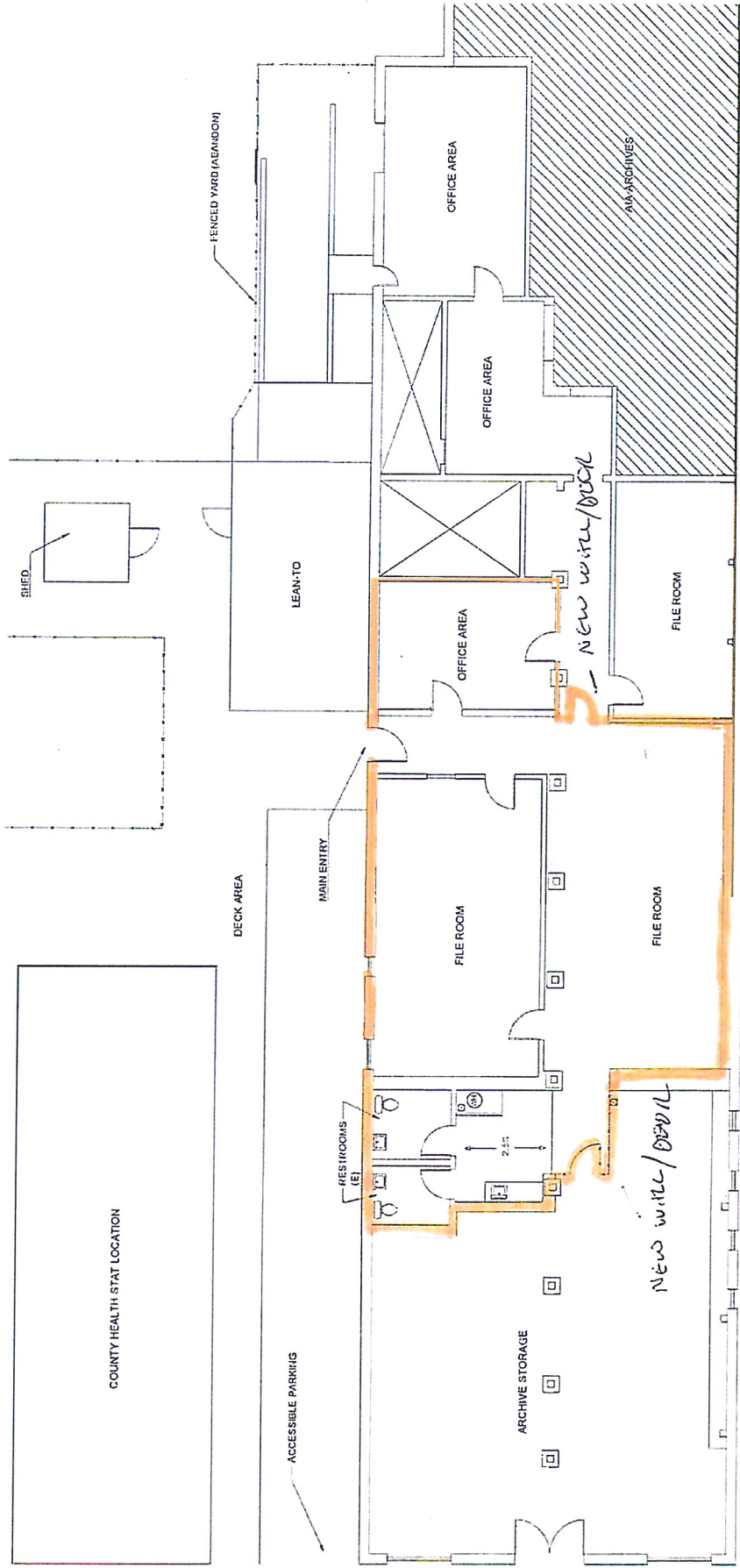
IX. Add the following to Exhibit E Program Goals, Outcomes and Measures

Program Evaluation Sobering Center		
Program Goals	Outcomes+	Sobering Center (all outcomes are in %)
Provide Case Management Services to assist clients with engagement to self-sufficiency and engagement to treatment services.	A. % clients referred to SUD or MH treatment services	50%
	B. % clients referred to healthcare services	65%
	C. % clients referred to Step Down Housing services from Sobering Center	50%
	D. % clients referred to Other** Services	30%
<p>+Additional program goals and outcomes may be established as part of the Proposition 47 evaluation process.</p> <p>**Other = Vets Services, Food Distribution, Clothing, Personal/Grooming Needs, Household Goods, Local Transportation, Educational Support Services</p>		

Program Evaluation
Step-Down Supported Housing

Program Goals	Outcomes+	Step Down Housing (all outcomes are in %)
1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems.	A. Incarcerations / Juvenile Hall	≤5
	B. Psychiatric Inpatient Admissions	≤5
	C. Physical Health Hospitalizations	≤10
	D. Physical Health Emergency Care	≤10
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community.	A. Stable/Permanent Housing	≥95
	B. Engaged in Purposeful Activity	≥40
	C. Of those who discharged (#dc = denominator): % who transitioned to a higher level of care	≥15
	D. Of those who discharged (#dc = denominator): % who transitioned to a lower level of care (or graduated/discharged from care no longer needed or medical necessity not met)	≥85
3. Provide Case Management Services to assist clients with engagement to self-sufficiency and engagement to treatment services.	D. % clients referred to SUD or MH treatment services	50%
	E. % initiated Treatment	60%
	F. % clients <u>referred</u> to healthcare services	50%
	D. % clients <u>referred</u> to Other** Services	50%
	E. % clients <u>obtained</u> permanent housing	75%
4. Provide staffing to provide on-site recovery assistance and support services.	A. Maintain a 20 client caseload at any one time	100%
+Additional program goals and outcomes may be established as part of the Proposition 47 evaluation process.		
**Other = Vets Services, Food Distribution, Clothing, Personal/Grooming Needs, Household Goods, Local Transportation, Educational Support Services		

X. Add Exhibit F Sobering Center Rendering



*Cover ceiling with painted pl-woods
 Build soffit to hide plumbing pipes/fixtures*



EXISTING FLOOR PLAN - BEWELL MEDICAL RECORDS
 COUNTY OF SANTA BARBARA CALLE REAL CAMPUS - ARCHIVES BUILDING
 SCALE: 1/4" = 1' 0"

NOT VERIFIED: 07/02/19


XI. All other terms shall remain in full force and effect.

SIGNATURE PAGE

Fourth Amended Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Good Samaritan Shelter**.

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

COUNTY OF SANTA BARBARA:

By: 
GREGG HART, CHAIR
BOARD OF SUPERVISORS

Date: 2-4-20

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: 
Deputy Clerk

Date: 2-4-20

CONTRACTOR:

GOOD SAMARITAN SHELTER

By: _____
Authorized Representative

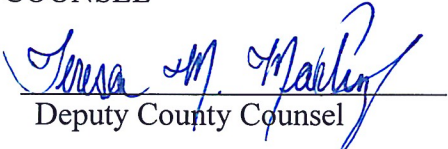
Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: 
Deputy County Counsel

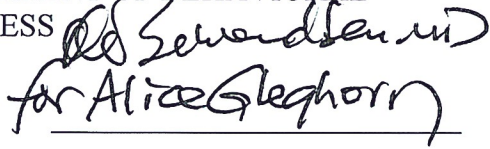
APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

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

By: 
for Alice Gleghorn
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: 
Risk Management

SIGNATURE PAGE

Fourth Amended Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Good Samaritan Shelter**.

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

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: 1/14/2020

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

On Behalf of

RECOMMENDED FOR APPROVAL:

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

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management

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