

Board Contract: _____

**SECOND AMENDMENT TO THE AGREEMENT
FOR SERVICES OF
INDEPENDENT CONTRACTOR**

BETWEEN

COUNTY OF SANTA BARBARA
DEPARTMENT OF BEHAVIORAL WELLNESS

AND

GOOD SAMARITAN SHELTER

FOR

ALCOHOL AND DRUG PROGRAMS
AND
MENTAL HEALTH SERVICES

**SECOND AMENDMENT TO THE AGREEMENT
FOR SERVICES OF INDEPENDENT CONTRACTOR**

THIS SECOND AMENDMENT to the Agreement for Services of Independent Contractor, **BC No. 23-087**, is made by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter** (Contractor) for the continued provision of services specified herein (hereafter, Second Amended Agreement).

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, County and Contractor (collectively, the parties) entered into an Agreement for Services of Independent Contractor, BC No. 23-087, for the provision of alcohol and drug programs services and mental health services for a total maximum contract amount not to exceed \$29,826,414, inclusive of \$26,579,114 (\$7,072,799 for FY 23-24, \$7,041,549 for FY 24-25, \$6,636,966 for FY 25-26, and \$5,827,800 for FY 26-27 in Alcohol and Drug Program funding, and inclusive of \$3,247,300 (\$811,825 annually) in Mental Health funding, for the period of July 1, 2023, through June 30, 2027, (Agreement);

WHEREAS, the parties subsequently entered into an amendment to the Agreement to update the contract consistent with the State of California requirements, including provisions regarding contingency payment, contingency cost settlement, and Medicare practitioner billing and fee changes, with no change to the maximum contract amount of the Agreement or to the contract term (First Amended Agreement); and

WHEREAS, the parties now wish to extend the AB 1810 Safe and Stable Housing Program services provided by Contractor (as set forth in Exhibit A-11 of the Agreement) until June 30, 2025; to adjust the staffing requirement for Exhibit A-12 Homeless Housing Case Management Services; to add five (5) single beds for five (5) clients at Hedge House located at 6549 El Colegio Road, Goleta, CA 93117 to Exhibit A-13; and to increase the contract amount by **\$375,347** for a new maximum contract amount of **\$30,201,761**, inclusive of **\$26,766,914** (\$7,072,799 for FY 23-24, \$7,104,149 for FY 24-25, \$6,699,566 for FY 25-26, and \$5,890,400 for FY 26-27) in Alcohol and Drug Program funding and **\$3,434,847** (\$811,825 for FY 23-24, \$1,033,072 for FY 24-25, \$790,823 for FY 25-26, and \$799,127 for FY 26-27) in Mental Health funding, for the period of July 1, 2023, through June 30, 2027.

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

- I. Delete the introductory paragraph of Exhibit A-11 (Statement of Work: MHS AB1810 Safe and Stable Housing) and replace it with the following:**
 - 1. Notwithstanding any other provision of this Agreement, Contractor shall commence performance under this Exhibit A-11 Statement of Work: MHS AB1810 Safe and Stable Housing on July 1, 2023, and end performance upon completion, but no later than June 30, 2025, unless directed by County or unless earlier terminated.
 - 2. **PROGRAM SUMMARY.** Contractor shall operate, and provide administrative oversight of, the AB 1810 Safe and Stable Housing program (hereafter the “AB 1810 Safe and Stable Housing Program” or the “Program”), consisting of

emergency short-term housing for six (6) individuals who are homeless, low income, have qualifying serious mental illness (SMI), who face certain felony charges and have been determined, or could be determined, Incompetent to Stand Trial (IST) under the AB 1810 Pre-Trial Felony Mental Health Diversion Program (hereafter “AB 1810 Diversion Program”). Other justice-involved individuals may also be referred by Behavioral Wellness for residence at the Program. Contractor shall provide residents (hereafter “clients”) with direct services and referrals to community resources, assistance with personal needs and health/hygiene, coordination with other community services and referral to long-term stable housing or shelter. The Program will be located at the location(s) set forth in this Section 1 (Program Summary) unless otherwise approved by the Director of the Department Behavioral Wellness or designee in writing. Any changes to the service location(s) do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.

- a. 1442 Swallow Court, Santa Maria, California.

II. Delete Section 5, Staff Requirements, Sub-Section A, of Exhibit A-12 (Statement of Work: MHS Homeless Housing Case Management Services) and replace it with the following:

- A. Program staff shall consist of 2.75 full-time equivalent (FTE) staff as follows:
 - 1. 0.75 FTE Case Worker who shall provide case management for tenants of the Homekey Studios with funds provided directly by Housing and Community Development with services tracked by County;
 - 2. 0.5 FTE Case Worker who shall provide case management for tenants of the West Cox Cottages;
 - 3. 1.00 FTE Case Worker who shall provide case management for tenants of the Residences at Depot Street; and
 - 4. 0.5 FTE Case Worker who shall provide case management for tenants of the Homekey Studios.

III. Delete Section 1, Program Summary, of Exhibit A-13 (Statement of Work: MHS Mental Health-Funded Shelter Beds) and replace it with the following:

A. **PROGRAM SUMMARY.** The Good Samaritan Homeless Shelter Program, (hereafter “the Program”) provides shelter services to mentally ill clients who are homeless, at risk of homelessness, or living in substandard housing. The Program will be located at the location(s) set forth in this Section 1 (Program Summary) unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to the service location(s) do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.

- A. Good Samaritan, Santa Maria Shelter: 401 W. Morrison, Santa Maria, California;
- B. Good Samaritan, Lompoc Shelter: 2025 Sweeney Road, Lompoc, California; and
- C. Hedges House of Hope: —6549 El Colegio Road, Goleta, California.

IV. Delete Section 2, Services, Subsection A of Exhibit A-13 (Statement of Work: MHS Mental Health-Funded Shelter Beds) and replace it with the following:

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

V. **Delete Section 3, Clients, of Exhibit A-13 (Statement of Work: MHS Mental Health-Funded Shelter Beds) and replace it with the following:**

- 3. **CLIENTS.** Contractor shall provide shelter beds, and the services described in Section 2 (Services) to thirteen (13) individuals with severe mental illness who are any of the following:
 - A. Homeless; or
 - B. Needing shelter while awaiting receipt of benefits.
 - C. If Behavioral Wellness has not filled the beds by 10:00 p.m. each night, Behavioral Wellness releases its claim to all but one (1) of the thirteen (13) beds remaining available.

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

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$30,201,761**, inclusive of **\$26,766,914** (\$7,072,799 for FY 23-24, \$7,104,149 for FY 24-25, \$6,699,566 for FY 25-26, and \$5,890,400 for FY 26-27) in Alcohol and Drug Program funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-ADP. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor’s performance hereunder without a properly executed amendment.

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

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$30,201,761**, inclusive of **\$3,434,847** (\$811,825 for FY 23-24, \$1,033,072 for FY 24-25, \$790,823 for FY 25-26, and \$799,127 for FY 26-27) in Mental Health funding, 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.

VIII. **Delete Exhibit B-1 – ADP (Schedule of Rates and Contracts Maximum) FY 23-24, FY 24-25, FY 25-26, and FY 26-27 in their entirety and replace them with the following Exhibit B-1s ADP for FY 23-24, FY 24-25, FY 25-26, and FY 26-27:**

**EXHIBIT B-1 – ADP
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

(Applicable to programs described in Exhibit A2-A9)

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

CONTRACTOR NAME: Good Samaritan Shelter

FISCAL YEAR: 23-24

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target	Medi-Cal Contract Allocation	
Medi-Cal Billable Services	24-Hour Services	Residential	RESIDENTIAL 3.1	Bed Day	\$217.00	9,658	\$2,095,800	
			RESIDENTIAL 3.2	Bed Day	\$217.00	657	\$142,600	
			RESIDENTIAL 3.3	Bed Day	\$217.00	0	\$0	
			RESIDENTIAL 3.5	Bed Day	\$217.00	164	\$35,600	
	Outpatient Services Fee-For-Service	Behavioral Health Provider	RESIDENTIAL 3.7	Bed Day	\$724.00	0	\$0	
			Psychologist/ Pre-licensed Psychologist		0.00	\$362.62	0	\$0
			LPHA / Assoc. LPHA		1.13	\$246.98	936	\$231,200
			Certified Peer Recovery Specialist		0.00	\$196.00	0	\$0
		Alcohol and Drug Counselor		12.15	\$205.81	10,109	\$2,080,500	
				13.28		21,524	\$4,585,700	

Contracted Service	Service Type	Reimbursement Method	Rate (if applicable)	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Non-Medi-Cal Services (1)	Fee-For-Service	n/a	\$0
	Quality Management (2)	Incentive	n/a	\$91,700
	Utilization Management (2)	Incentive	n/a	\$91,700
	Board and Care (5)	Negotiated Rate & Contingent Cost Reimbursement	\$50.00 Per Day	\$ 658,700
	Contingency Management	Cost Reimbursement	n/a	\$31,250
	Prop 47	Cost Reimbursement	n/a	\$1,213,749
	Recovery Residence (5)	Negotiated Rate & Contingent Cost Reimbursement	\$83.56 Per Day	\$140,000
	CalWORKs Board and Care	Negotiated Rate	\$50.00 Per Day	\$60,000
	CalWORKs Counseling	Negotiated Rate	\$3.43 Per Minute	\$20,000
	CalWORKs ADFH	Negotiated Rate	\$66.16 Per Day	\$180,000
				\$2,487,099

Total Contract Maximum Per Fiscal Year **\$7,072,799**

Funding Sources (3)	Contract Maximum by Program & Estimated Funding Sources								Total
	Outpatient Treatment Programs	Residential Treatment Programs	Contingency Management Startup (FY 23-24)	Prop 47 Step Down Housing	Prop 47 Sobering Center	Recovery Residence	CalWORKs Counseling	CalWORKs Alcohol Drug Free Housing	
Medi-Cal Patient Revenue (4)	\$ 2,311,700	\$ 2,274,000							\$ 4,585,700
Realignment/SAPT - Non-Medi-Cal Services (1)	\$ -	\$ -							\$ -
Realignment Quality Assurance Incentive (2)	\$ 46,200	\$ 45,500							\$ 91,700
Realignment Utilization Review Incentive (2)	\$ 46,200	\$ 45,500							\$ 91,700
Realignment/SAPT - Board and Care (5)		\$ 658,700							\$ 658,700
SAPT - Non-Medi-Cal Services (5)						\$ 140,000			\$ 140,000
CalWORKS		\$ 60,000					\$ 20,000	\$ 180,000	\$ 260,000
Grants				\$ 442,241	\$ 771,508				\$ 1,213,749
Other State Funds			\$ 31,250						\$ 31,250
Other County Funds									\$ -
TOTAL CONTRACT PAYABLE FY 23-24:	\$ 2,404,100	\$ 3,083,700	\$ 31,250	\$ 442,241	\$ 771,508	\$ 140,000	\$ 20,000	\$ 180,000	\$ 7,072,799

Signed by: *Sylvia Barnard*
 melissa.namph...
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CONTRACTOR SIGNATURE:
FISCAL SERVICES SIGNATURE:

(1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Service rates as noted for Medi-Cal clients.
 (2) Quality & Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
 (3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
 (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.
 (5) Provider is paid monthly at a provisional rate. Service type is subject to cost settlement. If costs are higher than the provisional rate, then reimbursement is subject to availability of SABG funds

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

CONTRACTOR NAME: Good Samaritan Shelter

FISCAL YEAR: 24-25

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target	Medi-Cal Contract Allocation
Medi-Cal Billable Services	24-Hour Services	Residential	RESIDENTIAL 3.1	Bed Day	\$217.00	9,658	\$2,095,800
			RESIDENTIAL 3.2	Bed Day	\$217.00	657	\$142,600
			RESIDENTIAL 3.3	Bed Day	\$217.00	0	\$0
			RESIDENTIAL 3.5	Bed Day	\$217.00	164	\$35,600
			RESIDENTIAL 3.7	Bed Day	\$724.00	0	\$0
	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psycholog	0.00	\$393.01	0	\$0
			LPHA / Assoc. LPHA	1.13	\$254.33	936	\$238,100
			Certified Peer Recovery Specialist	0.00	\$200.92	0	\$0
			Alcohol and Drug Counselor	12.15	\$210.96	10,109	\$2,132,600
				13.28		21,524	\$4,644,700

Contracted Service	Service Type	Reimbursement Method	Rate (if applicable)	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Non-Medi-Cal Services (1)	Fee-For-Service	n/a	\$92,900
	Quality Management (2)	Incentive	n/a	\$92,900
	Utilization Management (2)	Incentive	n/a	\$92,900
	Board and Care (5)	Negotiated Rate & Contingent Cost Reimbursement	\$50.00 Per Day	\$ 524,000
	Prop 47	Cost Reimbursement	n/a	\$1,213,749
	Recovery Residence (5)	Negotiated Rate & Contingent Cost Reimbursement	\$83.56 Per Day	\$183,000
	CalWORKs Board and Care	Negotiated Rate	\$50.00 Per Day	\$60,000
	CalWORKs Counseling	Negotiated Rate	\$3.43 Per Minute	\$20,000
	CalWORKs ADFH	Negotiated Rate	\$66.16 Per Day	\$180,000

Total Contract Maximum Per Fiscal Year **\$7,104,149**

Funding Sources (3)	Contract Maximum by Program & Estimated Funding Sources							Total
	PROGRAM(S)							
	Outpatient Treatment Programs	Residential Treatment Programs	Prop 47 Step Down Housing	Prop 47 Sobering Center	Recovery Residence	CalWORKs Counseling	CalWORKs Alcohol Drug Free Housing	
Medi-Cal Patient Revenue (4)	\$ 2,370,700	\$ 2,274,000						\$ 4,644,700
Realignment/SAPT - Non-Medi-Cal Services (1)	\$ 47,400	\$ 45,500						\$ 92,900
Realignment Quality Assurance Incentive (2)	\$ 47,400	\$ 45,500						\$ 92,900
Realignment Utilization Review Incentive (2)	\$ 47,400	\$ 45,500						\$ 92,900
Realignment/SAPT - Board and Care (5)		\$ 524,000						\$ 524,000
SAPT - Non-Medi-Cal Services (5)					\$ 183,000			\$ 183,000
CalWORKs		\$ 60,000				\$ 20,000	\$ 180,000	\$ 260,000
Grants			\$ 442,241	\$ 771,508				\$ 1,213,749
Other State Funds								\$ -
Other County Funds								\$ -
TOTAL CONTRACT PAYABLE FY 24-25	\$ 2,512,900	\$ 2,994,500	\$ 442,241	\$ 771,508	\$ 183,000	\$ 20,000	\$ 180,000	\$ 7,104,149

CONTRACTOR SIGNATURE: _____
 FISCAL SERVICES SIGNATURE: _____
 Signed by: *Sylvia Barnard* DocuSigned by:
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(1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Service rates as noted for Medi-Cal clients.
 (2) Quality & Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
 (3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
 (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.
 (5) Provider is paid monthly at a provisional rate. Service type is subject to cost settlement. If costs are higher than the provisional rate, then reimbursement is subject to availability of SABG funds

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

CONTRACTOR NAME: Good Samaritan Shelter

FISCAL YEAR: 25-26

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target	Medi-Cal Contract Allocation
Medi-Cal Billable Services	24-Hour Services	Residential	RESIDENTIAL 3.1	Bed Day	\$217.00	9,658	\$2,095,800
			RESIDENTIAL 3.2	Bed Day	\$217.00	657	\$142,600
			RESIDENTIAL 3.3	Bed Day	\$217.00	0	\$0
			RESIDENTIAL 3.5	Bed Day	\$217.00	164	\$35,600
			RESIDENTIAL 3.7	Bed Day	\$724.00	0	\$0
	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$393.01	0	\$0
			LPHA / Assoc. LPHA	1.13	\$254.33	936	\$238,100
			Certified Peer Recovery Specialist	0.00	\$200.92	0	\$0
			Alcohol and Drug Counselor	12.15	\$210.96	10,109	\$2,132,600
				13.28		21,524	\$4,644,700

Contracted Service	Service Type	Reimbursement Method	Rate (if applicable)	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Non-Medi-Cal Services (1)	Fee-For-Service	n/a	\$92,900
	Quality Management (2)	Incentive	n/a	\$92,900
	Utilization Management (2)	Incentive	n/a	\$92,900
	Board and Care (5)	Negotiated Rate & Contingent Cost Reimbursement	\$50.00 Per Day	\$ 524,000
	Prop 47	Cost Reimbursement	n/a	\$809,166
	Recovery Residence (5)	Negotiated Rate & Contingent Cost Reimbursement	\$83.56 Per Day	\$183,000
	CalWORKs Board and Care	Negotiated Rate	\$50.00 Per Day	\$60,000
	CalWORKs Counseling	Negotiated Rate	\$3.43 Per Minute	\$20,000
	CalWORKs ADFH	Negotiated Rate	\$66.16 Per Day	\$180,000
				\$2,054,866

Total Contract Maximum Per Fiscal Year **\$6,699,566**

Funding Sources (3)	Contract Maximum by Program & Estimated Funding Sources							Total
	PROGRAM(S)							
	Outpatient Treatment Programs	Residential Treatment Programs	Prop 47 Step Down Housing	Prop 47 Sobering Center	Recovery Residence	CalWORKs Counseling	CalWORKs Alcohol Drug Free Housing	
Medi-Cal Patient Revenue (4)	\$ 2,370,700	\$ 2,274,000						\$ 4,644,700
Realignment/SAPT - Non-Medi-Cal Services (1)	\$ 47,400	\$ 45,500						\$ 92,900
Realignment Quality Assurance Incentive (2)	\$ 47,400	\$ 45,500						\$ 92,900
Realignment Utilization Review Incentive (2)	\$ 47,400	\$ 45,500						\$ 92,900
Realignment/SAPT - Board and Care (5)		\$ 524,000						\$ 524,000
SAPT - Non-Medi-Cal Services (5)					\$ 183,000			\$ 183,000
CalWORKs		\$ 60,000				\$ 20,000	\$ 180,000	\$ 260,000
Grants			\$ 294,827	\$ 514,339				\$ 809,166
Other State Funds								\$ -
Other County Funds								\$ -
TOTAL CONTRACT PAYABLE FY 25-26:	\$ 2,512,900	\$ 2,994,500	\$ 294,827	\$ 514,339	\$ 183,000	\$ 20,000	\$ 180,000	\$ 6,699,566

CONTRACTOR SIGNATURE: *Sylvia Barnard*
 FISCAL SERVICES SIGNATURE: *melissa m...*
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- (1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Services rates as noted for Medi-Cal clients.
- (2) Quality & Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
- (3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.
- (5) Provider is paid monthly at a provisional rate. Service type is subject to cost settlement. If costs are higher than the provisional rate, then reimbursement is subject to availability of SABG funds

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

CONTRACTOR NAME:

Good Samaritan Shelter

FISCAL YEAR: 26-27

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target	Medi-Cal Contract Allocation
Medi-Cal Billable Services	24-Hour Services	Residential	RESIDENTIAL 3.1	Bed Day	\$217.00	9,658	\$2,095,800
			RESIDENTIAL 3.2	Bed Day	\$217.00	657	\$142,600
			RESIDENTIAL 3.3	Bed Day	\$217.00	0	\$0
			RESIDENTIAL 3.5	Bed Day	\$217.00	164	\$35,600
			RESIDENTIAL 3.7	Bed Day	\$724.00	0	\$0
	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$393.01	0	\$0
			LPHA / Assoc. LPHA	1.13	\$254.33	936	\$238,100
			Certified Peer Recovery Specialist	0.00	\$200.92	0	\$0
			Alcohol and Drug Counselor	12.15	\$210.96	10,109	\$2,132,600
				13.28		21,524	\$4,644,700

Contracted Service	Service Type	Reimbursement Method	Rate (if applicable)	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Non-Medi-Cal Services (1)	Fee-For-Service	n/a	\$92,900
	Quality Management (2)	Incentive	n/a	\$92,900
	Utilization Management (2)	Incentive	n/a	\$92,900
	Board and Care (5)	Negotiated Rate & Contingent Cost Reimbursement	\$50.00 Per Day	\$ 524,000
	Prop 47	Cost Reimbursement	n/a	\$0
	Recovery Residence (5)	Negotiated Rate & Contingent Cost Reimbursement	\$83.56 Per Day	\$183,000
	CalWORKs Board and Care	Negotiated Rate	\$50.00 Per Day	\$60,000
	CalWORKs Counseling	Negotiated Rate	\$3.43 Per Minute	\$20,000
	CalWORKs ADFH	Negotiated Rate	\$66.16 Per Day	\$180,000
				\$1,245,700

Total Contract Maximum Per Fiscal Year \$5,890,400

Contract Maximum by Program & Estimated Funding Sources							Total
Funding Sources (3)	PROGRAM(S)						
	Outpatient Treatment Programs	Residential Treatment Programs	Recovery Residence	CalWORKs Counseling	CalWORKs Alcohol Drug Free Housing		
Medi-Cal Patient Revenue (4)	\$ 2,370,700	\$ 2,274,000					\$ 4,644,700
Realignment/SAPT - Non-Medi-Cal Services (1)	\$ 47,400	\$ 45,500					\$ 92,900
Realignment Quality Assurance Incentive (2)	\$ 47,400	\$ 45,500					\$ 92,900
Realignment Utilization Review Incentive (2)	\$ 47,400	\$ 45,500					\$ 92,900
Realignment/SAPT - Board and Care (5)		\$ 524,000					\$ 524,000
SAPT - Non-Medi-Cal Services (5)			\$ 183,000				\$ 183,000
CalWORKs		\$ 60,000		\$ 20,000	\$ 180,000		\$ 260,000
Grants							\$ -
Other State Funds							\$ -
Other County Funds							\$ -
TOTAL CONTRACT PAYABLE FY 26-27:	\$ 2,512,900	\$ 2,994,500	\$ 183,000	\$ 20,000	\$ 180,000		\$ 5,890,400

CONTRACTOR SIGNATURE:

Signed by: *Sylvia Barnard*
 DocuSigned by:
Melissa Manzo
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FISCAL SERVICES SIGNATURE:

- (1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Service rates as noted for Medi-Cal clients.
- (2) Quality & Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
- (3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.
- (5) Provider is paid monthly at a provisional rate. Service type is subject to cost settlement. If costs are higher than the provisional rate, then reimbursement is subject to availability of SABG funds

IX. Delete Exhibit B-1 – MHS (Schedule of Rates and Contracts Maximum) FY 23-27 in its entirety and replace it with the following Exhibit B-1s MH for FY 23-24, FY 24-25, FY 25-26, and FY 26-27:

**EXHIBIT B-1 – MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibit A11-A14)**

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

CONTRACTOR NAME: Good Samaritan **FISCAL YEAR:** 2023-2024

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target Hours	Medi-Cal Contract Allocation
Medi-Cal Billable Services	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$362.62	0	\$0
			LPHA / Assoc. LPHA	3.00	\$246.98	1,498	\$369,970
			Certified Peer Recovery Specialist	0.00	\$196.01	0	\$0
			Rehabilitation Specialists & Other Qualified Providers	0.00	\$186.21	0	\$0
			3.00			1,498	\$369,970

Contracted Service	Service Type	Program	Reimbursement Method	Non-Medi-Cal Contract Allocation	
Non-Medi-Cal Services	Quality Assurance & Utilization Management (2)	Homeless Clinician	Incentive	\$14,799	
	Mental Health Funded Shelter Beds	Shelter Beds	Fee-For-Service - \$38.50 per bed per day	\$112,420	
	Client Flexible Funds	Homeless Clinician	Cost Reimbursement	\$3,500	
	Emergency Short Term Housing	Safe and Stable Housing	Cost Reimbursement	\$191,636	
	Homeless Housing Case Management Services	Homekey	Homekey	Funded by Community Services PLHA	\$0
		Depot Street	Depot Street	Cost Reimbursement	\$82,000
	West Cox	West Cox	Cost Reimbursement	\$37,500	
				\$441,855	

Total Contract Maximum **\$811,825**

Contract Maximum by Program & Estimated Funding Sources								Total
Funding Sources (3)	PROGRAM(S)							
	Homeless Clinician	Shelter Beds	Safe and Stable Housing	Homekey	Depot Street	West Cox		
Medi-Cal Patient Revenue (4)	\$ 369,970	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 369,970	
Realignment Non-Medi-Cal Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Realignment Non-Medi-Cal Program	\$ -	\$ 112,420	\$ -	\$ -	\$ -	\$ -	\$ 112,420	
Realignment QA / UM Incentive	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
MHSA QA / UM Incentive	\$ 14,799	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,799	
MHSA Client Flexible Support	\$ 3,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,500	
MHSA Non-Medi-Cal Program	\$ -	\$ -	\$ -	\$ -	\$ 82,000	\$ 37,500	\$ 119,500	
Grants	\$ -	\$ -	\$ 191,636	\$ -	\$ -	\$ -	\$ 191,636	
TOTAL CONTRACT PAYABLE FY 23-	\$ 388,269	\$ 112,420	\$ 191,636	\$ -	\$ 82,000	\$ 37,500	\$ 811,825	

CONTRACTOR SIGNATURE:

FISCAL SERVICES SIGNATURE:

Signed by: Christie Boyer
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- (1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Service rates as noted for Medi-Cal clients.
- (2) Quality Assurance and Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
- (3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental Funds and SB 163.

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

CONTRACTOR NAME: Good Samaritan

FISCAL YEAR: 2024-2025

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target Hours	Medi-Cal Contract Allocation
Medi-Cal Billable Services	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$362.62	0	\$0
			LPHA / Assoc. LPHA	3.00	\$246.98	1,498	\$369,970
			Certified Peer Recovery Specialist	0.00	\$196.01	0	\$0
			Rehabilitation Specialists & Other Qualified Providers	0.00	\$186.21	0	\$0
				3.00		1,498	\$369,970

Contracted Service	Service Type	Program	Reimbursement Method	Non-Medi-Cal Contract Allocation	
Non-Medi-Cal Services	Quality Assurance & Utilization Management (2)	Homeless Clinician	Incentive	\$14,799	
	Mental Health Funded Shelter Beds	Shelter Beds	Fee-For-Service - \$50 per bed per day	\$237,250	
	Client Flexible Funds	Homeless Clinician	Cost Reimbursement	\$3,500	
	Emergency Short Term Housing	Safe and Stable Housing	Cost Reimbursement	\$250,553	
	Homeless Housing Case Management Services	Homekey	Homekey	Cost Reimbursement	\$37,500
		Depot Street	Depot Street	Cost Reimbursement	\$82,000
West Cox		West Cox	Cost Reimbursement	\$37,500	
				\$663,102	

Total Contract Maximum **\$1,033,072**

Contract Maximum by Program & Estimated Funding Sources							Total
Funding Sources (3)	PROGRAM(S)						
	Homeless Clinician	Shelter Beds	Safe and Stable Housing	Homekey	Depot Street	West Cox	
Medi-Cal Patient Revenue (4)	\$ 369,970	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 369,970
Realignment Non-Medi-Cal Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Realignment Non-Medi-Cal Program	\$ -	\$ 109,500	\$ -	\$ -	\$ -	\$ -	\$ 109,500
Realignment QA / UM Incentive	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MHSA QA / UM Incentive	\$ 14,799	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,799
MHSA Client Flexible Support	\$ 3,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,500
MHSA Non-Medi-Cal Program	\$ -	\$ -	\$ -	\$ 37,500	\$ 82,000	\$ 37,500	\$ 157,000
BHBH Grant	\$ -	\$ 127,750	\$ -	\$ -	\$ -	\$ -	\$ 127,750
AB 1810 Grant	\$ -	\$ -	\$ 250,553	\$ -	\$ -	\$ -	\$ 250,553
TOTAL CONTRACT PAYABLE PER FY 24	\$ 388,269	\$ 337,250	\$ 250,553	\$ 37,500	\$ 82,000	\$ 37,500	\$ 1,033,072

CONTRACTOR SIGNATURE: *Sylvia Raymond*
 FISCAL SERVICES SIGNATURE: *Christine Boyer*
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- (1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Service rates as noted for Medi-Cal clients.
- (2) Quality Assurance and Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
- (3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental Funds and SB 163.

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

CONTRACTOR NAME: Good Samaritan

FISCAL YEAR: 2025-2026

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target Hours	Medi-Cal Contract Allocation
Medi-Cal Billable Services	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$362.62	0	\$0
			LPHA / Assoc. LPHA	3.00	\$246.98	1,498	\$369,970
			Certified Peer Recovery Specialist	0.00	\$196.01	0	\$0
			Rehabilitation Specialists & Other Qualified Providers	0.00	\$186.21	0	\$0
				3.00		1,498	\$369,970

Contracted Service	Service Type	Program	Reimbursement Method	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Services	Quality Assurance & Utilization Management (2)	Homeless Clinician	Incentive	\$14,799
	Mental Health Funded Shelter Beds	Shelter Beds	Fee-For-Service - \$51.75 per bed per day	\$245,554
	Client Flexible Funds	Homeless Clinician	Cost Reimbursement	\$3,500
	Homeless Housing Case Management Services	Homekey	Cost Reimbursement	\$37,500
		Depot Street	Cost Reimbursement	\$82,000
	West Cox	Cost Reimbursement	\$37,500	
				\$420,853

Total Contract Maximum **\$790,823**

Contract Maximum by Program & Estimated Funding Sources							Total
Funding Sources (3)	PROGRAM(S)						
	Homeless Clinician	Shelter Beds	Depot Street	West Cox	Homekey		
Medi-Cal Patient Revenue (4)	\$ 369,970	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 369,970
Realignment Non-Medi-Cal Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Realignment Non-Medi-Cal Program	\$ -	\$ 113,333	\$ -	\$ -	\$ -	\$ -	\$ 113,333
Realignment QA / UM Incentive	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MHSA QA / UM Incentive	\$ 14,799	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,799
MHSA Client Flexible Support	\$ 3,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,500
MHSA Non-Medi-Cal Program	\$ -	\$ -	\$ 82,000	\$ 37,500	\$ 37,500	\$ -	\$ 157,000
BHBH Grant	\$ -	\$ 132,221	\$ -	\$ -	\$ -	\$ -	\$ 132,221
TOTAL CONTRACT PAYABLE PER FISCAL YEAR	\$ 388,269	\$ 245,554	\$ 82,000	\$ 37,500	\$ 37,500	\$ -	\$ 790,823

CONTRACTOR SIGNATURE:

FISCAL SERVICES SIGNATURE:

Signed by: Christie Couet
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- (1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Service rates as noted for Medi-Cal clients.
- (2) Quality Assurance and Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
- (3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental Funds and SB 163.

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

CONTRACTOR NAME: Good Samaritan

FISCAL YEAR: 2026-2027

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target Hours	Medi-Cal Contract Allocation
Medi-Cal Billable Services	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$362.62	0	\$0
			LPHA / Assoc. LPHA	3.00	\$246.98	1,498	\$369,970
			Certified Peer Recovery Specialist	0.00	\$196.01	0	\$0
			Rehabilitation Specialists & Other Qualified Providers	0.00	\$186.21	0	\$0
				3.00		1,498	\$369,970

Contracted Service	Service Type	Program	Reimbursement Method	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Services	Quality Assurance & Utilization Management (2)	Homeless Clinician	Incentive	\$14,799
	Mental Health Funded Shelter Beds	Shelter Beds	Fee-For-Service - \$53.50 per bed per day	\$253,858
	Client Flexible Funds	Homeless Clinician	Cost Reimbursement	\$3,500
	Homeless Housing Case Management Services	Homekey	Cost Reimbursement	\$37,500
		Depot Street	Cost Reimbursement	\$82,000
	West Cox	Cost Reimbursement	\$37,500	
				\$429,156

Total Contract Maximum **\$799,126**

Contract Maximum by Program & Estimated Funding Sources							Total
Funding Sources (3)	PROGRAM(S)						
	Homeless Clinician	Shelter Beds	Depot Street	West Cox	Homekey		
Medi-Cal Patient Revenue (4)	\$ 369,970	\$ -	\$ -	\$ -	\$ -	\$ 369,970	
Realignment Non-Medi-Cal Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Realignment Non-Medi-Cal Program	\$ -	\$ 117,165	\$ -	\$ -	\$ -	\$ 117,165	
Realignment QA / UM Incentive	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
MHSA QA / UM Incentive	\$ 14,799	\$ -	\$ -	\$ -	\$ -	\$ 14,799	
MHSA Client Flexible Support	\$ 3,500	\$ -	\$ -	\$ -	\$ -	\$ 3,500	
MHSA Non-Medi-Cal Program	\$ -	\$ -	\$ 82,000	\$ 37,500	\$ 37,500	\$ 157,000	
BHBH Grant	\$ -	\$ 136,693	\$ -	\$ -	\$ -	\$ 136,693	
TOTAL CONTRACT PAYABLE PER FY: 26-27	\$ 388,269	\$ 253,858	\$ 82,000	\$ 37,500	\$ 37,500	\$ 799,127	

CONTRACTOR SIGNATURE:

Signed by: *Sylvia Barnard*
 Document ID: FB90BAA97CA34C1...
 Signed by: *Christie Boyer*
 ID: 96D40AB0C0AD408...

FISCAL SERVICES SIGNATURE:

- (1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Service rates as noted for Medi-Cal clients.
- (2) Quality Assurance and Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
- (3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental Funds and SB 163.

X. Delete Exhibit B-2-ADP & MHS – ENTITY BUDGET BY PROGRAM in its entirety and replace it with the following:

Exhibit B-2-ADP & MHS
Entity Budget By Program FY23-24

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

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: FY 2023-2024

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9
	I. REVENUE SOURCES:		Total Behavioral Wellness (Cost Reimbursement Programs Only)	Safe and Stable Housing	West Cox	Depot Street	ADP Contingency Management Startup (FY 23-24 Only)	ADP Prop 47 Step Down Housing	ADP Prop 47 Sobering Center	ADP Recovery Residences
1	Contributions		\$ -							
2	Foundations/Trusts		\$ -							
3	Miscellaneous Revenue		\$ -							
4	SB Co Behavioral Wellness Funding		\$ 1,696,135	191,636	37,500	82,000	31,250	442,241	771,508	140,000
5	SB Co CWS		\$ -							
6	Rental Income		\$ 10,000							10,000
7	Total Other Revenue		\$ 1,706,135	\$ 191,636	\$ 37,500	\$ 82,000	\$ 31,250	\$ 442,241	\$ 771,508	\$ 150,000
	II. Client and Third Party Revenues:									
8	Client Fees									
9	SSI									
10	Total Client and Third Party Revenues		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	GROSS PROGRAM REVENUE BUDGET		\$ 1,706,135	\$ 191,636	\$ 37,500	\$ 82,000	\$ 31,250	\$ 442,241	\$ 771,508	\$ 150,000

**Exhibit B-2-ADP & MHS
Entity Budget By Program FY 23-24 (Continued)**

III. DIRECT COSTS	Total Behavioral Wellness (Cost Reimbursement Programs Only)	Safe and Stable Housing	West Cox	Depot Street	ADP Contingency Management Startup (FY 23-24)	ADP Prop 47 Step Down Housing	ADP Prop 47 Sobering Center	ADP Recovery Residences
III.A. Salaries and Benefits Object Level								
12 Salaries (Complete Staffing Schedule)	\$ 853,695	79,560	24,960	49,920	20,433	136,083	473,374	69,365
13 Employee Benefits	\$ 116,656	20,686	3,120	12,979	5,108	14,817	42,605	17,341
14 Payroll Taxes	\$ 80,169	7,956	2,496	4,992	2,043	11,908	43,837	6,937
15 Salaries and Benefits Subtotal	\$ 1,050,520	\$ 108,202	\$ 30,576	\$ 67,891	\$ 27,585	\$ 162,808	\$ 559,816	\$ 93,643
III.B Services and Supplies Object								
16 Auto Expenses	\$ 32,900	9,200	500	1,000		19,200		3,000
17 Contracted/Professional Services	\$ 12,386	1,300				1,000	8,586	1,500
18 Depreciation/Occupancy	\$ 157,370					110,250	39,120	8,000
19 Drug Testing	\$ 4,650					2,200	1,450	1,000
20 Education & Training	\$ 2,000	500					1,000	500
21 Gov'tl Fees & Charges	\$ 3,100	1,100				500		1,500
22 Insurance	\$ 26,350					18,250	5,400	2,700
23 Laundry	\$ 1,400							1,400
24 Meetings and Seminars	\$ -							
25 Office Expense/Supplies	\$ 5,316	500	1,283	1,933		1,000	100	500
26 Program Supplies Food	\$ 37,461	5,461				17,500	11,500	3,000
27 Program Supplies	\$ 56,164	3,960				32,249	19,955	
28 Rental of Buildings	\$ -							
29 Rental of Equipment	\$ -							
30 Repairs & Maintenance	\$ 18,650					9,750	1,900	7,000
31 Telephone/Internet	\$ 21,710	2,880	250	480		9,500	5,600	3,000
32 Utilities	\$ 6,000							6,000
33 Travel	\$ 16,800					350	16,450	
34 Master Lease	\$ 38,568	38,568						
35 Services and Supplies Subtotal	\$ 440,825	\$ 63,469	\$ 2,033	\$ 3,413	\$ -	\$ 221,749	\$ 111,061	\$ 39,100
36 III. C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	-							
37								
38 SUBTOTAL DIRECT COSTS	\$ 1,491,345	\$ 171,671	\$ 32,609	\$ 71,304	\$ 27,585	\$ 384,557	\$ 670,877	\$ 132,743
39 IV. INDIRECT COSTS								
40 Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 214,790	\$ 19,965	\$ 4,891	\$ 10,696	\$ 3,666	\$ 57,684	\$ 100,632	\$ 17,258
41 GROSS DIRECT AND INDIRECT COSTS	\$ 1,706,135	\$ 191,636	\$ 37,500	\$ 82,000	\$ 31,250	\$ 442,241	\$ 771,508	\$ 150,000

Exhibit B-2-ADP & MHS
Entity Budget By Program FY 24-25

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet Entity Budget By Program										
AGENCY NAME: <u>Good Samaritan Shelter</u>										
COUNTY FISCAL YEAR: <u>FY 2024-2025</u>										
LINE #	COLUMN #	1	2	3	4	5	6	7	8	9
	I. REVENUE SOURCES:	Total Behavioral Wellness (Cost Reimbursement Programs Only)	Safe and Stable Housing	West Cox	Homekey	Depot Street	ADP Prop 47 Step Down Housing	ADP Prop 47 Sobering Center	ADP Recovery Residences	
1	Contributions	\$ -								
2	Foundations/Trusts	\$ -								
3	Miscellaneous Revenue	\$ -								
4	SB Co Behavioral Wellness Funding	\$ 1,804,302	250,553	37,500	37,500	82,000	442,241	771,508	183,000	
5	SB Co CWS	\$ -								
6	Rental Income	\$ 10,000								10,000
7	Total Other Revenue	\$ 1,814,302	\$ 250,553	\$ 37,500	\$ 37,500	\$ 82,000	\$ 442,241	\$ 771,508	\$ 193,000	
	II. Client and Third Party Revenues:									
8	Client Fees									
9	SSI									
10	Total Client and Third Party Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	GROSS PROGRAM REVENUE BUDGET	\$ 1,814,302	\$ 250,553	\$ 37,500	\$ 37,500	\$ 82,000	\$ 442,241	\$ 771,508	\$ 193,000	

Exhibit B-2-ADP & MHS
Entity Budget By Program FY 24-25 (Continued)

	Total Behavioral Wellness (Cost Reimbursement Programs Only)	Safe and Stable Housing	West Cox	Homekey	Depot Street	ADP Prop 47 Step Down n Housing	ADP Prop 47 Sobering Center	ADP Recovery Residences	
III. DIRECT COSTS									
III.A. Salaries and Benefits Object Level									
12	Salaries (Complete Staffing Schedule)	\$ 929,829	122,980	24,960	24,960	49,920	136,083	473,374	97,552
13	Employee Benefits	\$ 121,715	20,686	3,120	3,120	12,979	14,817	42,605	24,388
14	Payroll Taxes	\$ 83,440	7,956	2,496	2,496	4,992	11,908	43,837	9,755
15	Salaries and Benefits Subtotal	\$ 1,134,983	\$ 151,622	\$ 30,576	\$ 30,576	\$ 67,891	\$ 162,808	\$ 559,816	\$ 131,695
III.B Services and Supplies Object									
16	Auto Expenses	\$ 49,900	9,200	500	500	1,000	19,200	16,500	3,000
17	Contracted/Professional Services	\$ 13,500	2,400				1,000	8,600	1,500
18	Depreciation/Occupancy	\$ 8,000							8,000
19	Drug Testing	\$ 4,700					2,200	1,500	1,000
20	Education & Training	\$ 2,350	500				350	1,000	500
21	Gov'tl Fees & Charges	\$ 7,300	5,300				500		1,500
22	Insurance	\$ 26,350					18,250	5,400	2,700
23	Laundry	\$ 1,400							1,400
24	Meetings and Seminars	\$ -							
25	Office Expense/Supplies	\$ 6,599	500	1,283	1,283	1,933	1,000	100	500
26	Program Supplies Food	\$ 37,461	5,461				17,500	11,500	3,000
27	Program Supplies	\$ 56,210	3,960				32,250	20,000	
28	Rental of Buildings	\$ 149,210					110,250	38,960	
29	Rental of Equipment	\$ -							
30	Repairs & Maintenance	\$ 18,650					9,750	1,900	7,000
31	Telephone/Internet	\$ 22,321	3,241	250	250	480	9,500	5,600	3,000
32	Utilities	\$ 6,000							6,000
33	Travel	\$ -							
34	Master Lease	\$ 38,568	38,568						
35	Services and Supplies Subtotal	\$ 448,519	\$ 69,130	\$ 2,033	\$ 2,033	\$ 3,413	\$ 221,750	\$ 111,060	\$ 39,100
36	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	-							
37									
38	SUBTOTAL DIRECT COSTS	\$ 1,583,502	\$ 220,752	\$ 32,609	\$ 32,609	\$ 71,304	\$ 384,558	\$ 670,876	\$ 170,795
IV. INDIRECT COSTS									
40	Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 230,800	\$ 29,802	\$ 4,891	\$ 4,891	\$ 10,696	\$ 57,684	\$ 100,632	\$ 22,204
41	GROSS DIRECT AND INDIRECT COSTS	\$ 1,814,303	\$ 250,553	\$ 37,500	\$ 37,500	\$ 82,000	\$ 442,241	\$ 771,508	\$ 193,000

Exhibit B-2-ADP & MHS
Entity Budget By Program FY 25-26

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

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: FY 2025-2026

# LINE	COLUMN #	1	2	3	4	5	6	7	8
	I. REVENUE SOURCES:	Total Behavioral Wellness (Cost Reimbursement Programs Only)	West Cox	Homekey	Depot Street	ADP Prop 47 Step Down Housing	ADP Prop 47 Sobering Center	ADP Recovery Residences	
1	Contributions	\$ -							
2	Foundations/Trusts	\$ -							
3	Miscellaneous Revenue	\$ -							
4	SB Co Behavioral Wellness Funding	\$ 1,149,166	37,500	37,500	82,000	294,827	514,339	183,000	
5	SB Co CWS	\$ -							
6	Rental Income	\$ 10,000							10,000
7	Total Other Revenue	\$ 1,159,166	\$ 37,500	\$ 37,500	\$ 82,000	\$ 294,827	\$ 514,339	\$ 193,000	
	II. Client and Third Party Revenues:								
8	Client Fees								
9	SSI								
10	Total Client and Third Party Revenues	\$ -	\$ -			\$ -	\$ -	\$ -	\$ -
11	GROSS PROGRAM REVENUE BUDGET	\$ 1,159,166	\$ 37,500	\$ 37,500	\$ 82,000	\$ 294,827	\$ 514,339	\$ 193,000	

**Exhibit B-2-ADP & MHS
Entity Budget By Program FY 25-26 (Continued)**

III. DIRECT COSTS	Total Behavioral Wellness (Cost Reimbursement Programs Only)	West Cox	Homekey	Depot Street	ADP Prop 47 Step Down Housing	ADP Prop 47 Sobering Center	ADP Recovery Residences
III.A. Salaries and Benefits Object Level							
12 Salaries (Complete Staffing Schedule)	\$ 582,363	24,960	24,960	49,920	92,722	292,249	97,552
13 Employee Benefits	\$ 120,601	3,120	3,120	12,979	18,544	58,450	24,388
14 Payroll Taxes	\$ 58,236	2,496	2,496	4,992	9,272	29,225	9,755
15 Salaries and Benefits Subtotal	\$ 761,200	\$ 30,576	\$ 30,576	\$ 67,891	\$ 120,538	\$ 379,924	\$ 131,695
III.B Services and Supplies Object							
16 Auto Expenses	\$ 20,333	500	500	1,000	9,333	6,000	3,000
17 Contracted/Professional Services	\$ 15,557				4,667	9,391	1,500
18 Depreciation/Occupancy	\$ 8,000				-	-	8,000
19 Drug Testing	\$ 1,800				800	-	1,000
20 Education & Training	\$ 1,267				100	667	500
21 Govtl Fees & Charges	\$ 1,833				333	-	1,500
22 Insurance	\$ 17,633				11,333	3,600	2,700
23 Laundry	\$ 1,400				-	-	1,400
24 Meetings and Seminars	\$ 133				133	-	
25 Office Expense/Supplies	\$ 11,066	1,283	1,283	1,933	4,667	1,400	500
26 Program Supplies Food	\$ 19,667				12,333	4,333	3,000
27 Program Supplies	\$ 23,303				16,667	6,637	
28 Rental of Buildings	\$ 88,800				58,800	30,000	
29 Rental of Equipment	\$ 267				-	267	
30 Repairs & Maintenance	\$ 18,000				10,000	1,000	7,000
31 Telephone/Internet	\$ 14,380	250	250	480	6,667	3,733	3,000
32 Utilities	\$ 6,000					-	6,000
33 Travel	\$ 300					300	
34 Master Lease	\$ -						
35 Services and Supplies Subtotal	\$ 249,740	\$ 2,033	\$ 2,033	\$ 3,413	\$ 135,833	\$ 67,327	\$ 39,100
36 III. C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	-						
37							
38 SUBTOTAL DIRECT COSTS	\$ 1,010,940	\$ 32,609	\$ 32,609	\$ 71,304	\$ 256,371	\$ 447,251	\$ 170,795
39 IV. INDIRECT COSTS							
40 Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 148,226	\$ 4,891	\$ 4,891	\$ 10,696	\$ 38,456	\$ 67,088	\$ 22,204
41 GROSS DIRECT AND INDIRECT COSTS	\$ 1,159,166	\$ 37,500	\$ 37,500	\$ 82,000	\$ 294,827	\$ 514,339	\$ 193,000

Exhibit B-2-ADP & MHS
Entity Budget By Program FY 26-27

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet Entity Budget By Program							
AGENCY NAME:		<u>Good Samaritan Shelter</u>					
COUNTY FISCAL YEAR:		<u>FY 2026-2027</u>					
LINE #	COLUMN #	1	2	3	4	5	6
	I. REVENUE SOURCES:		Total Behavioral Wellness (Cost Reimbursement Programs Only)	West Cox	Homekey	Depot Street	ADP Recovery Residences
1	Contributions		\$ -				
2	Foundations/Trusts		\$ -				
3	Miscellaneous Revenue		\$ -				
4	SB Co Behavioral Wellness Funding		\$ 340,000	37,500	37,500	82,000	183,000
5	SB Co CWS		\$ -				
6	Rental Income		\$ 10,000				10,000
7	Total Other Revenue		\$ 350,000	\$ 37,500	\$ 37,500	\$ 82,000	\$ 193,000
	II. Client and Third Party Revenues:						
8	Client Fees						
9	SSI						
10	Total Client and Third Party Revenues		\$ -	\$ -		\$ -	\$ -
11	GROSS PROGRAM REVENUE BUDGET		\$ 350,000	\$ 37,500	\$ 37,500	\$ 82,000	\$ 193,000

Exhibit B-2-ADP & MHS
Entity Budget By Program FY 26-27 (Continued)

III. DIRECT COSTS	Total Behavioral Wellness (Cost Reimbursement Programs Only)	West Cox	Homekey	Depot Street	ADP Recovery Residences	
III.A. Salaries and Benefits Object Level						
12	Salaries (Complete Staffing Schedule)	\$ 197,392	24,960	24,960	49,920	97,552
13	Employee Benefits	\$ 43,607	3,120	3,120	12,979	24,388
14	Payroll Taxes	\$ 19,739	2,496	2,496	4,992	9,755
15	Salaries and Benefits Subtotal	\$ 260,738	\$ 30,576	\$ 30,576	\$ 67,891	\$ 131,695
III.B Services and Supplies Object						
16	Auto Expenses	\$ 5,000	500	500	1,000	3,000
17	Contracted/Professional Services	\$ 1,500				1,500
18	Depreciation/Occupancy	\$ 8,000				8,000
19	Drug Testing	\$ 1,000				1,000
20	Education & Training	\$ 500				500
21	Gov'tl Fees & Charges	\$ 1,500				1,500
22	Insurance	\$ 2,700				2,700
23	Laundry	\$ 1,400				1,400
24	Meetings and Seminars	\$ -				
25	Office Expense/Supplies	\$ 4,999	1,283	1,283	1,933	500
26	Program Supplies Food	\$ 3,000				3,000
27	Program Supplies	\$ -				
28	Rental of Buildings	\$ -				
29	Rental of Equipment	\$ -				
30	Repairs & Maintenance	\$ 7,000				7,000
31	Telephone/Internet	\$ 3,980	250	250	480	3,000
32	Utilities	\$ 6,000				6,000
33	Travel	\$ -				
34	Master Lease	\$ -				
35	Services and Supplies Subtotal	\$ 46,579	\$ 2,033	\$ 2,033	\$ 3,413	\$ 39,100
36	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	-				
37						
38	SUBTOTAL DIRECT COSTS	\$ 307,317	\$ 32,609	\$ 32,609	\$ 71,304	\$ 170,795
39	IV. INDIRECT COSTS					
40	Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 42,682	\$ 4,891	\$ 4,891	\$ 10,696	\$ 22,204
41	GROSS DIRECT AND INDIRECT COSTS	\$ 350,000	\$ 37,500	\$ 37,500	\$ 82,000	\$ 193,000

XI. Delete Exhibit B-3- ADP – ENTITY RATES AND CODES BY SERVICE TYPE – OUTPATIENT NON-MEDICAL DIRECT SERVICES in its entirety and replace it with the following:

**EXHIBIT B-3 – ADP
ENTITY RATES AND CODES BY SERVICE TYPE
Outpatient Non-Medical Direct Services**

EXHIBIT B-3 ADP DEPARTMENT OF BEHAVIORAL WELLNESS SCHEDULE OF CODES Outpatient Non-Medical Direct Services			
Provider type		Taxonomy Codes	
Psychologist/ Pre-licensed Psychologist		102L, 103G, 103T	
LPHA		1012, 101Y, 102X, 103K, 106H, 1714,	
LCSW		106E, 1041	
Peer Recovery Specialist		175T	
Other Qualified Providers (including Alcohol and Drug Counselor)		171R, 172V, 3726, 373H, 374U, 376J	

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate
90785	Interactive Complexity	Supplemental Service	Occurrence
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment	15
90885	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Assessment	15
96130	Psychological Testing Evaluation, First Hour	Assessment	60
96131	Psychological Testing Evaluation, Each Additional Hour	Assessment	60
98966	Telephone Assessment and Management Service, 5-10 Minutes	Assessment	8
98967	Telephone Assessment and Management Service, 11-20 Minutes	Assessment	16
98968	Telephone Assessment and Management Service, 21-30 Minutes	Assessment	26
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment, 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	23
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment, 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	60
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	10
H0001	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	Assessment	15
H0049	Alcohol and/or drug screening	Assessment	15
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	Care Coordination	15
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	Care Coordination	15
96160	Administration of patient-focused health risk assessment instrument.	Care Coordination	15
99368	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	Care Coordination	60
H1000	Prenatal Care, at risk assessment.	Care Coordination	15
T1017	Targeted Case Management, Each 15 Minutes	Care Coordination	15
99496	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	Discharge Services	15
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification.	Discharge Services	15
90846	Family Psychotherapy (Without the Patient Present), 26-50 minutes	Family Therapy	38
90847	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	Family Therapy	38
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Family Therapy	15
H0005	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	Group Counseling	15
H0004	Behavioral health counseling and therapy, 15 minutes.	Individual Counseling	15
H0050	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	Individual Counseling	15
T1006	Alcohol and/or substance abuse services, family/couple counseling	Individual Counseling	15
H0025	Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.	Peer Support Service	15
H0038	Self-help/peer services, per 15 minutes	Peer Support Service	15
H2015	Comprehensive community support services, per 15 minutes	Recovery Services	15
H2017	Psychosocial Rehabilitation, per 15 Minutes	Recovery Services	15
H2035	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	Recovery Services	60
H0007	Alcohol and/or drug services; crisis intervention (outpatient).	SUD Crisis Intervention	15
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Services	15
96170	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	Supplemental Services	30
96171	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	Supplemental Services	15
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Services	15
H2014	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	Treatment Planning	15
H2021	Community-Based Wrap-Around Services, per 15 Minutes	Treatment Planning	15
H2027	Psychoeducational Service, per 15 minutes	Treatment Planning	15

(1) The State Department of Health Care Services (DHCS) routinely updates CPT and HCPC codes. Refer to the DHCS County Claims Customer Services Library "Specialty Mental Health Services Table" online at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> for a complete list of codes and associated billing requirements.

XII. Delete Exhibit B-3- MHS – Entity Rates and Codes by Service Type in its entirety and replace it with the following:

**EXHIBIT B-3 -MH
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF CODES**

Behavioral Health Provider Fees

Provider type	Hourly Rate (Avg.)	Taxonomy Codes
Psychologist/ Pre-licensed Psychologist	\$362.62	102L, 103G, 103T
LPHA		1012, 101Y, 102X, 103K, 106H, 1714, 222Q, 225C, 2256
	\$246.98	
LCSW		106E, 1041
	\$246.98	
Peer Recovery Specialist	\$186.01	175T
Mental Health Rehab Specialist		146D, 146L, 146M, 146N, 171M, 174H, 1837, 2217, 224Y, 171R, 172V, 3726, 373H, 374U, 376J
	\$186.21	
Other Qualified Providers		
	\$186.21	

Code (1)	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate
90785	Interactive Complexity	Supplemental Service Codes	Occurrence
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment Codes	15
90832	Psychotherapy, 30 Minutes with Patient	Therapy Codes	27
90834	Psychotherapy, 45 Minutes with Patient	Therapy Codes	45
90837	Psychotherapy, 60 Minutes with Patient	Therapy Codes	60
90839	Psychotherapy for Crisis, First 30-74 Minutes 84	Crisis Intervention Codes	52
90840	Psychotherapy for Crisis, Each Additional 30 Minutes	Crisis Intervention Codes	30
90845	Psychoanalysis, 15 Minutes	Therapy Codes	15
90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Therapy Codes	50
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Therapy Codes	15
90853	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	Therapy Codes	15
90885	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Assessment Codes	15
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Service Codes	15
96105	Assessment of Aphasia, per Hour	Assessment Codes	60
96110	Developmental Screening, 15 Minutes	Assessment Codes	15
96112	Developmental Testing, First Hour	Assessment Codes	60
96113	Developmental Testing, Each Additional 30 Minutes	Assessment Codes	30
96116	Neurobehavioral Status Exam, First Hour	Assessment Codes	60
96121	Neurobehavioral Status Exam, Each Additional Hour	Assessment Codes	60
96125	Standardized Cognitive Performance Testing, per Hour	Assessment Codes	60
96127	Brief Emotional/Behavioral Assessment, 15 Minutes	Assessment Codes	15
96130	Psychological Testing Evaluation, First Hour	Assessment Codes	60
96131	Psychological Testing Evaluation, Each Additional Hour	Assessment Codes	60
96132	Neuropsychological Testing Evaluation, First Hour	Assessment Codes	60
96133	Neuropsychological Testing Evaluation, Each Additional Hour	Assessment Codes	60
96136	Psychological or Neuropsychological Test Administration, First 30 Minutes	Assessment Codes	30
96137	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Assessment Codes	30
96146	Psychological or Neuropsychological Test Administration, 15 Minutes	Assessment Codes	15
96161	Caregiver Assessment Administration of Care-Giver Focused Risk Assessment, 15 Minutes	Supplemental Service Codes	15
98966	Telephone Assessment and Management Service, 5-10 Minutes	Assessment Codes	8
98967	Telephone Assessment and Management Service, 11-20 Minutes	Assessment Codes	16
98968	Telephone Assessment and Management Service, 21-30 Minutes	Assessment Codes	26
99366	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician, Face-to-face with Patient and/or Family, 30 Minutes or More	Plan Development Codes	60
99368	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician, Patient and/or Family Not Present, 30 Minutes or More	Plan Development Codes	60
99484	Care Management Services for Behavioral Health Conditions, Directed by Physician, At Least 20 Minutes	Plan Development Codes	60
G2212	Prolonged Outpatient Service beyond the Maximum Time; Each Additional 15 Minutes (automatically added by SmartCare as appropriate)	Add-on Code	15
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Peer Support Services Codes	15
H0031	Mental Health Assessment by Non-Physician, 15 Minutes	Assessment Codes	15
H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Plan Development Codes	15
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Support Codes	15
H0038	Self-help/peer services per 15 minutes	Peer Support Services Codes	15
H2000	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Assessment Codes	15
H2011	Crisis Intervention Service, per 15 Minutes	Crisis Intervention Codes	15
H2017	Psychosocial Rehabilitation, per 15 Minutes	Rehabilitation Codes	15
H2019	Therapeutic Behavioral Services, per 15 Minutes	Therapeutic Behavioral Services	15
H2021	Community-Based Wrap-Around Services, per 15 Minutes 129	Rehabilitation Codes	15
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Service Codes	15
T1017	Targeted Case Management, Each 15 Minutes	Referral Codes	15

(1) The State Department of Health Care Services (DHCS) routinely updates CPT and HCPC codes. Refer to the DHCS County Claims Customer Services Library "Specify Mental Health Services Table" online at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> for a complete list of codes and associated billing requirements.

XIII. Add Exhibit E – MHS (Program Goals, Outcomes, and Measures – applicable to programs described in Exhibit A13) as follows:

**EXHIBIT E - MHS
(PROGRAM GOALS, OUTCOMES AND MEASURES)
(Applicable to programs described in Exhibit A13)
EXHIBIT A13**

Good Samaritan Housing & Shelter				
Program Goals	Outcomes	%		
		Good Sam Shelter Santa Maria (Morrison)	Good Sam Shelter Lompoc (Sweeney)	Hedges House of Hope
1. Provide Housing Support Services to assist clients with maintaining stable housing.	A. % clients discharged by program against client choice (attach any information about evictions/terminations)	≤5	≤5	≤5
	B. % clients with property management issues (law enforcement involvement, property incidents; attach any information about issues)	≤5	≤5	≤5
2. Provide Case Management Services to assist clients with engagement in self-sufficiency and treatment services.	A. % clients who are currently linked to physical health care services	≥95	≥95	≥95
	B. % clients who are currently linked to mental health or substance use services	≥95	≥95	≥95
	C. % clients who are currently linked to benefits	≥95	≥95	≥95
	D. % clients with weekly rehab services focused on housing retention and basic living skills (attach group schedule and attendance)	≥75	≥75	≥75
	E. % clients with weekly service coordination with clinical team	≥50	≥50	≥50

XIV. Add Exhibit F (Behavioral Health Bridge Housing Program Grant Funding Requirements) as follows:

**EXHIBIT F
BEHAVIORAL HEALTH BRIDGE HOUSING PROGRAM GRANT FUNDING
REQUIREMENTS**

1. Behavioral Health Bridge Housing Program Grant Funding Compliance

- A. In the performance of this Agreement, Contractor shall adhere to the requirements and agreement(s) in this Exhibit F (Behavioral Health Bridge Housing Program Grant Funding Compliance), all of which are incorporated by this reference.
- B. Contractor shall comply with all County and Behavioral Health Bridge Housing (BHBH) Program requirements including, but not limited to, the County’s Request for Applications, the County’s BHBH Program Plan, and all applicable local, state,

and federal laws, regulations, and guidance, that are now in force or may hereafter be in force.

- C. Contractor shall comply with all terms and conditions of the Subcontract Agreement, Subcontract Agreement ID: 20456-CA-BHBH-556-BHBH-SANTA-BARBARA-COUNTY-01, between the County and Advocates for Human Potential, Inc. (AHP), the California Department of Health Care Services (DHCS)' administrator for the BHBH Program including, but not limited to, those specified in this Exhibit F (Behavioral Health Bridge Housing Program Grant Funding Compliance), and any amendments thereto, which are or shall be available at <https://bridgehousing.buildingcalhhs.com/> or upon request.

- 1. Contractor acknowledges and agrees to comply with all applicable numbered provisions of Attachment B of County's BHBH grant agreement with AHP, Subcontract Agreement ID: 20456-CA-BHBH-556-BHBH-SANTA-BARBARA-COUNTY-01, including, but not limited to the following numbered provisions: 1 (Travel and Per Diem Reimbursement), 2 (Site Inspection), 3 (Intellectual Property Rights), 5 (Confidentiality of Information), 6 (Documentation, Publications, and Written Reports), 7 (Subcontract Requirements), 11 (Progress Payment Withholds), 15 (Prohibited Use of State Funds for Software), 16 (Insurance Requirements), 17 (Procurement Rules), 18 (Equipment/Property Ownership/Inventory/Disposition), 20 (Suspension or Stop Work Notification), 21 (Public Communications), and 22 (Audit and Record Retention).

- D. **Data Collection and Reporting.** Contractor shall comply with all data collection and reporting requirements of the County, AHP, or DHCS applicable to Contractor's performance under this Agreement and shall use data systems to facilitate BHBH grant evaluation as directed by Behavioral Wellness.

- E. **Debarment and Suspension.** Contractor represents and certifies that neither Contractor nor any of its principals is presently debarred, suspended, proposed for debarment, declared ineligible nor voluntarily excluded by any federal department or agency from participating in transactions. Any change in the debarred or suspended status of the Contractor during the life of this Agreement will be reported immediately to County and AHP. Contractor shall incorporate this Debarment and Suspension certification into any subcontract that it may enter into as a part of this Agreement.

- F. **Intellectual Property.**

- 1. **Ownership.**

- a. Except where DHCS has agreed in a signed writing to accept a license, DHCS shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.

- b.** For the purposes of this Agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, knowhow, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.
- c.** For the purposes of the definition of Intellectual Property, "works" means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.
- d.** In the performance of this Agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this Agreement. In addition, under this Agreement, Contractor may access and utilize certain of DHCS' Intellectual Property in existence prior to the effective date of this Agreement. Except as otherwise set forth herein, Contractor shall not use any of AHP's or DHCS' Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of DHCS. Except as otherwise set forth herein, neither the Contractor nor DHCS shall give any ownership interest in or rights to its Intellectual Property to the other party. If during the term of this Agreement, Contractor accesses any third-party Intellectual Property that is licensed to DHCS, Contractor agrees to abide by all license and confidentiality restrictions applicable to DHCS in the third-party's license agreement.
- e.** Contractor agrees to cooperate with AHP and/or DHCS in establishing or maintaining DHCS' exclusive rights in the Intellectual Property, and in assuring DHCS' sole rights against third parties with respect to the Intellectual Property. If the

Contractor enters into any agreements or subcontracts with other parties in order to perform this Agreement, Contractor shall require the terms of the agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to DHCS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or DHCS and which result directly or indirectly from this Agreement, or any subcontract entered into by Contractor.

- f. Contractor further agrees to assist and cooperate with AHP and/or DHCS in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce DHCS' Intellectual Property rights and interests.

2. Retained Rights/License Rights.

- a. Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement, Contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this Agreement. Contractor hereby grants to DHCS, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this Agreement, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.
- b. Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this Agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of DHCS or third party, or result in a breach or default of any provisions of this Agreement or result in a breach of any provisions of law relating to confidentiality.

3. Copyright.

- a. Contractor agrees that for purposes of copyright law, all works [as defined in section 1.F.1.c above] of authorship made by or on behalf of Contractor in connection with Contractor's performance of this Agreement shall be deemed "works made for hire." Contractor further agrees that the work of each person utilized by Contractor in connection with the performance of this Agreement will be a "work

made for hire,” whether that person is an employee of Contractor or that person has entered into an agreement with Contractor to perform the work. Contractor shall enter into a written agreement with any such person that: (i) all work performed for Contractor shall be deemed a “work made for hire” under the Copyright Act, and (ii) that person shall assign all right, title, and interest to DHCS to any work product made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.

- b. All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this Agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement, shall include DHCS’ notice of copyright, which shall read in 3mm or larger typeface: “© [Enter Current Year e.g., 2023, etc.], California Department of Health Care Services. This material may not be reproduced or disseminated without prior written permission from the California Department of Health Care Services.” This notice should be placed prominently on the materials and set apart from other matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

4. Patent Rights.

- a. With respect to inventions made by Contractor in the performance of this Agreement, which did not result from research and development specifically, included in this Agreement’s scope of work, Contractor hereby grants to DHCS a license as described under section 1.F.2 above for devices or material incorporating, or made through the use of such inventions.
- b. If such inventions result from research and development work specifically included within this Agreement’s scope of work, then Contractor agrees to assign to DHCS, without additional compensation, all its right, title, and interest in and to such inventions and to assist DHCS in securing United States and foreign patents with respect thereto.

5. Third-Party Intellectual Property.

- a. Except as provided herein, Contractor agrees that its performance of this Agreement shall not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining AHP and DHCS’ prior written approval; and (ii) granting to or obtaining for AHP and DHCS, without additional compensation, a license, as described in section 1.F.2 above, for any of Contractor’s or third-party’s Intellectual Property in existence prior to the effective date of this Agreement. If such a license upon these terms is unattainable, and AHP and DHCS determines that the

Intellectual Property should be included in or is required for Contractor's performance of this Agreement, Contractor shall obtain a license under terms acceptable to AHP and DHCS.

6. Warranties.

a. Contractor represents and warrants that:

- a. It is free to enter into and fully perform this Agreement.
- b. It has secured and will secure all rights and licenses necessary for its performance of this Agreement.
- c. Neither Contractor's performance of this Agreement, nor the exercise by either party of the rights granted in this Agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.
- d. Neither Contractor's performance nor any part of its performance will violate the right of privacy of or constitute a libel or slander against any person or entity.
- e. It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers, or releases from all authors of music or performances used, and talent (radio, television, and motion picture talent), owners of any interest in and to real estate, sites, locations, property or props that may be used or shown.
- f. It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to DHCS in this Agreement.
- g. It has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation, or maintenance of computer software in violation of copyright laws.
- h. It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's performance of this Agreement.

- i. DHCS makes no warranty that the intellectual property resulting from this agreement does not infringe upon any patent, trademark, copyright, or the like, now existing or subsequently issued.

7. Intellectual Property Indemnity.

- a. Contractor shall indemnify, defend and hold harmless AHP and DHCS and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, (“Indemnitees”) from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney’s fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (1) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (2) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of DHCS’ use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based on a patent, trademark or copyright registration that issued after the effective date of this Agreement. DHCS reserves the right to participate in and/or control, at Contractor’s expense, any such infringement action brought against DHCS.
- b. Should any Intellectual Property licensed by the Contractor to DHCS under this Agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve DHCS’ right to use the licensed Intellectual Property in accordance with this Agreement at no expense to DHCS. DHCS shall have the right to monitor and appear through its own counsel (at Contractor’s expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for DHCS to continue using the licensed Intellectual Property; or replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or

modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, DHCS shall be entitled to a refund of all monies paid under this Agreement, without restriction or limitation of any other rights and remedies available at law or in equity.

- c. Contractor agrees that damages alone would be inadequate to compensate AHP or DHCS for breach of any term of this section 1.F (Intellectual Property) by Contractor. Contractor acknowledges AHP and/or DHCS would suffer irreparable harm in the event of such breach and agrees AHP and/or DHCS shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

8. Federal Funding.

- a. In any agreement funded in whole or in part by the federal government, DHCS may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.

9. Survival.

- a. The provisions set forth herein shall survive any termination or expiration of this Agreement.

G. Audit and Record Retention.

1. Contractor agrees to maintain and preserve, until three years after termination of County's BHBH grant agreement with AHP, Subcontract Agreement ID: 20456-CA-BHBH-556-BHBH-SANTA-BARBARA-COUNTY-01, and final payment from AHP to County, to permit DHCS or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers, and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records
2. Contractor and/or its subcontractor shall maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. The foregoing constitutes "records" for the purpose of this provision.
3. Contractor's and/or subcontractor's facility or office or such part thereof as may be engaged in the performance of this Agreement and its records shall be subject at all reasonable times to inspection, audit, and reproduction.

4. Contractor agrees that AHP, DHCS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Government Code Section 8546.7, Public Contract Code (PCC) Sections 10115 et seq., California Code of Regulations Title 2, Section 1896.77) The Contractor shall comply with the above and be aware of the penalties for violations of fraud and for obstruction of investigation as set forth in PCC Section 10115.10.
5. Contractor and/or its subcontractor shall preserve and make available its records (1) for a period of six years for all records related to Disabled Veteran Business Enterprise (DVBE) participation (Military and Veterans Code Section 999.55), if this Agreement involves DVBE participation, and three years for all other contract records from the date of final payment under this Agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other provision of this Agreement, or by subparagraphs (a) or (b) below.
 - a. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement; or
 - b. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later.
6. Contractor and/or its subcontractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Contractor and/or its subcontractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.
7. Contractor shall, if applicable, comply with the Single Audit Act and the audit requirements set forth in 2 C.F.R. § 200.501 (2014).

XV. Effectiveness. The terms and provisions set forth in this Second Amended Agreement shall modify and supersede all inconsistent terms and provisions set forth in the Agreement and First Amended Agreement. The terms and provisions of the Agreement, except as expressly modified

and superseded by the First and Second Amended Agreements, are ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.

XVI. Execution of Counterparts. This Second Amended Agreement may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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SIGNATURE PAGE

Second 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 Second Amended Agreement to be effective as of the date executed by COUNTY.

COUNTY OF SANTA BARBARA:

By: _____
STEVE LAVAGNINO, 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: 12/6/2024

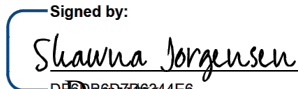
APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By:  _____
Deputy County Counsel

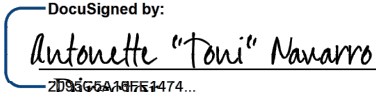
APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:  _____
Deputy

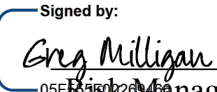
RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

By:  _____
Director

APPROVED AS TO FORM:

GREG MILLIGAN, ARM
RISK MANAGER

By:  _____
Risk Manager