

SECOND AMENDMENT

TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS SECOND AMENDMENT to the Agreement for Services of Independent Contractor, **BC #21-031**, (hereafter Second Amended Agreement), is made by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter** (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 an Agreement for Services of Independent Contractor, referred to as BC #21-031, on June 22, 2021 for the provision of alcohol and drug and mental health services for the period of July 1, 2021 to June 30, 2024 for a total Maximum Contract Amount not to exceed **\$18,323,442**, inclusive of \$16,670,207 of Alcohol and Drug Program (ADP) funding, consisting of \$6,170,140 for FY 21-22; \$5,522,247 for FY 22-23; and \$4,977,820 for FY 23-24; and \$1,653,235 in Mental Health Services (MHS) funding, consisting of \$743,599 for FY 21-22; \$571,136 for FY 22-23; and \$338,500 for FY 23-24;

WHEREAS, the County Board of Supervisors authorized the County to enter into a First Amendment to the Agreement on April 5, 2022 to update the Standard Terms and Conditions, Exhibit A-1 Statement of Work ADP General Provisions, Exhibit A-8 Statement of Work MHS General Provisions, Exhibit A-10 Statement of Work MHS Coronavirus Emergency Supplemental Funding Program, Exhibit B-1 ADP Schedule of Rates and Contract Maximum, Exhibit B-1 MHS Schedule of Rates and Contract Maximum, and Exhibit B-2 ADP & MHS Entity Budget by Program and add \$106,597 for FY 21-22, inclusive of \$50,093 in Alcohol and Drug Program (ADP) funds for Proposition 47 Crisis, Recovery, Engagement, Diversion, and Outreach (CREDO47) Stabilization Center and Step Down Supported Housing and \$56,504 in Mental Health Service funds for the Coronavirus Emergency Supplemental Funding (CESF) Program, for an overall Maximum Contract Amount not to exceed **\$18,430,039**, inclusive of \$16,720,300 of ADP funding, consisting of \$6,220,233 for FY 21-22; \$5,522,247 for FY 22-23; and \$4,977,820 for FY 23-24; and \$1,709,739 in MHS funding, consisting of \$800,103 for FY 21-22; \$571,136 for FY 22-23; and \$338,500 for FY 23-24, for the period of July 1, 2021 through June 30, 2024; and

WHEREAS, this Second Amendment to the Agreement (BC 21-031) is to reallocate FY 21-22 Alcohol and Drug Program (ADP) and Mental Health Services (MHS) funds to FY 22-23 (\$117,478 in ADP funds and \$74,085 in MHS funds), with a \$2,210,348 increase in overall funds for FYs 22-24, consisting of \$1,838,213 in ADP funding (inclusive of \$757,501 for FY 22-23 and \$1,080,712 for FY 23-24) and \$372,135 in MHS funding (inclusive of \$111,499 FY 22-23 and \$260,636 for FY 23-24), for an overall Maximum Contract Amount not to exceed \$20,640,387, consisting of \$18,558,513 in ADP funding (inclusive of \$6,102,755 for FY 21-22; \$6,397,226 for FY 22-23; and \$6,058,532 for FY 23-24) and MHS funding of \$2,081,874 (inclusive of \$726,018 for FY 21-22; \$756,720 for FY 22-23; and \$599,136 for FY 23-24) for the period of July 1, 2021 through June 30, 2024 and make other amendments as follows: update Agreement language for compliance with county, state and federal requirements; extend program services through June 30, 2024 for Exhibit A-3 Crisis, Recovery, Engagement, Diversion, and Outreach (CREDO 47) Stabilization Center and Exhibit A-7 Step Down Supported Housing, contingent upon the Board's approval of Prop. 47 funds (Board of State and Community Corrections (BSCC) Grant Agreement No. BSCC 514-22) at the January 24, 2023 Board hearing; add Case Management services to Exhibit A-7 Step Down Supported Housing; reduce funds and reduce staffing

for Exhibit A-9 AB 1810 Safe and Stable Housing; increase funds for the procurement of additional program supplies and extend program services through January 31, 2023 for Exhibit A-10 Coronavirus Emergency Supplemental Funding (CESF) Program; decrease Homekey funds and add Case Management services for the Depot Street facility for Exhibit A-11 Homeless Housing Case Management Services; increase funding to add program services for Life House Safe and Stable Housing for Exhibit A-13 Mental Health Homeless Clinicians; and update Exhibit E ADP & MHS Program Goals, Outcomes and Measures; and

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

I. Delete Section 28 (Compliance with Law) and Section 34 (Compliance with HIPAA) of the Standard Terms and Conditions and replace them with the following:

28. COMPLIANCE WITH LAW.

Contractor shall, at its sole cost and expense, comply with all County, State and Federal ordinances; statutes; regulations; orders including, but not limited to, executive orders, court orders, and health officer orders; guidance; bulletins; information notices; and letters including, but not limited to, those issued by the California Department of Health Care Services (DHCS) and the California Department of Public Health now in force or which may hereafter be in force with regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of Contractor in any action or proceeding against Contractor, whether County is a party thereto or not, that Contractor has violated any such ordinance, statute, regulation, order, guidance, bulletin, information notice, and/or letter shall be conclusive of that fact as between Contractor and County.

34. COMPLIANCE WITH PRIVACY LAWS.

Contractor is expected to adhere to the healthcare privacy laws specified in Exhibit A-1 (ADP General Provisions), Section 7 and Exhibit A-8 (MHS General Provisions), Section 8 and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with the healthcare privacy laws as they are amended from time to time.

II. Delete Subsection L. of Section 2 (Staff) of Exhibit A-1 Statement of Work: ADP General Provisions and replace it with the following:

L. California Department of Public Health, Public Health Officer Order, Health Care Worker COVID-19 Vaccine Requirement.

1. In compliance with the State Public Health Officer Order, Health Care Worker Vaccine Requirement, and any amendments or updates that may hereafter be in force, Contractor shall, at its sole cost and expense, promptly provide to County proof of:

- i. Vaccination and boosters for its Professionals; or
- ii. Exemption status for its Professionals, and
 - a. Testing results for its Professionals if required by the State Public Health Officer, Local Public Health Officer, or County policy.

2. This requirement applies to all of Contractor's professionals who provide services or work in "Health Care Facilities" as described in the State Public Health Officer Order.

3. The State Public Health Officer Order is subject to change, but the current order is available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>.

III. Delete the Program end date references in the headings of Exhibit A-3 Statement of Work: ADP Crisis, Recovery, Engagement, Diversion and Outreach (CREDO47) Stabilization Center and Exhibit A-7 Statement of Work: ADP Step-Down Supported Housing and replace them with the following:

Program end - June 30, 2024

IV. Delete Subsection B of Section 11 (Staffing) of Exhibit A-3 Statement of Work: ADP Crisis, Recovery, Engagement, Diversion and Outreach (CREDO47) Stabilization Center and replace it with the following:

B. FY 21-22: A maximum of 9.60 full-time equivalent (FTE) for 24 hour/7 days per week operation of the CREDO47 Stabilization 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 CREDO47 Stabilization Center clients by performing the following duties:
 - i. 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.
 - ii. Refers clients to community resources and other community organizations for clients to pursue once they discharge from the CREDO47 Stabilization Center.
 - iii. Compiles client records of progress while in the CREDO47 Stabilization Center. Uses County database program to collect demographic information, case notes, and log assessments.
 - iv. Monitors clients and ensures safety at all times during the sobering process.
 - v. Transports clients, as necessary, in a Contractor-provided vehicle to each client's residence, residential treatment, community based organizations, or Step-Down housing.
 - vi. Drug testing and/or breathalyzing clients, as necessary.
 - vii. Prepares reports, assessment tools, data collection, as necessary, and maintains records of Program-related activities.
 - viii. Meets regularly with CREDO47 Stabilization 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.
 - ix. Consistently reviews the operating results of the CREDO47 Stabilization Center Program, compares them to established objectives, and takes steps to ensure that appropriate measures are taken to correct unsatisfactory results.

- x. Professionally represents the organization with major participants, shareholders, staff, and the general public.
 - xi. Consistently consults and communicates with representatives of other area service providers to develop active and successful coordination of services.
 - xii. Reports directly to Contractor's Executive Director.
 - xiii. Carries out duties and responsibilities in accordance with Contractor and County's policies and procedures and applicable county, state and federal laws.
 - xiv. Responsible for the overall coordination, direction, scheduling, and evaluation of all organizational staff of the CREDO47 Stabilization Center.
 - xv. 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-3.
 5. 0.10 FTE – Program Supervisor to provide supervision and operational programming and staffing within the CREDO47 Stabilization Center.

V. Add Subsection C to Section 11 (Staffing) of Exhibit A-3 Statement of Work: ADP Crisis, Recovery, Engagement, Diversion and Outreach (CREDO47) Stabilization Center as follows:

C. FY 22-24: A maximum of 9.75 full-time equivalent (FTE) for 24 hour/7 days per week operation of the CREDO47 Stabilization Center, consisting of the following staff, adjusted based on hours of operation:

1. 3.00 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. 1.0 FTE - Program Manager to coordinate and manage day-to-day operations and services for CREDO47 Stabilization Center clients by performing the following duties:
 - i. 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.
 - ii. Refers clients to community resources and other community organizations for clients to pursue once they discharge from the CREDO47 Stabilization Center.
 - iii. Compiles client records of progress while in the CREDO47 Stabilization Center. Uses County database program to collect demographic information, case notes, and log assessments.
 - iv. Monitors clients and ensures safety at all times during the sobering process.
 - v. Transports clients, as necessary, in a Contractor-provided vehicle to each client's residence, residential treatment, community based organizations, or Step-Down housing.
 - vi. Drug testing and/or breathalyzing clients, as necessary.
 - vii. Prepares reports, assessment tools, data collection, as necessary, and maintains records of Program-related activities.

- viii. Meets regularly with CREDO47 Stabilization 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.
 - ix. Consistently reviews the operating results of the CREDO47 Stabilization Center Program, compares them to established objectives, and takes steps to ensure that appropriate measures are taken to correct unsatisfactory results.
 - x. Professionally represents the organization with major participants, shareholders, staff, and the general public.
 - xi. Consistently consults and communicates with representatives of other area service providers to develop active and successful coordination of services including, but not limited to, Crisis Hub Manager meeting, Opioid Coalition, and Crisis Action Team.
 - xii. Reports directly to Contractor’s Executive Director.
 - xiii. Carries out duties and responsibilities in accordance with Contractor and County’s policies and procedures and applicable county, state and federal laws.
 - xiv. Responsible for the overall coordination, direction, scheduling, and evaluation of all organizational staff of the CREDO47 Stabilization Center.
 - xv. Other duties as may be assigned or required.
4. 4.75 FTE – Medical Support Staff, preferably Registered Nurse (RN), to assist with supportive care as described in this Exhibit A-3.

VI. Add Subsection 9 (Targeted Case Management services) to Section 3 A. (Services) and Subsections I and J of Section 10 (Documentation Requirement) of Exhibit A-7 Step-Down Supported Housing as follows:

3. SERVICES.

9. Targeted Case Management services. Contractor shall provide case management and referral services in coordination with Homeless Shelter or Residential Program staff, and Behavioral Wellness Clinic staff, if applicable (hereafter, the “Treatment Team”) to include the following services, as needed, for a particular client in their recovery process and to assist the client retain permanent residency:
- i. Administer professionally indicated evaluation instruments and bring information attained to Treatment Team for Client Service Planning, if applicable;
 - ii. Provide residents with referrals to community resources;
 - iii. Provide advocacy;
 - iv. Assist clients with accessing benefits including, but not limited to, housing and Medi-Cal;
 - v. Link clients to available community resources including, but not limited to, mental health treatment services and to in-home supportive care when needed;
 - vi. Assist clients in permanent housing placement;
 - vii. Encourage social skills development;

- viii. Assistance with personal needs and health/hygiene;
- ix. Obtain necessary documentation from the clients, such as a Release of Information (ROI) form, which will serve as an aid to link client to the proper services;
- x. Coordinate with community service providers;
- xi. Consult with other members of the Treatment Team, if applicable; and
- xii. Conduct case conferences with all persons involved with each client's treatment.

10. DOCUMENTATION REQUIREMENTS. Contractor shall document the following:

I. Provide Case Management quarterly report to Behavioral Wellness, which shall be received no later than seven (7) calendar days following the end of each quarter to include, but not be limited to, the following:

- 1. Services provided;
- 2. Number of clients assisted in obtaining stable/permanent housing;
- 3. Assistance in helping the Sobering Center document the following services:
 - i. Contractor shall document number of clients referred to serious mental illness (SMI)/substance use disorder (SUD) treatment; and
 - ii. Number of clients engaged in SMI/SUD treatment.

J. Collect and provide other data requirements for evaluation purposes for Proposition 47 Grant funding as requested by County.

VII. Delete Section 12 (Staffing) of Exhibit A-7 Step-Down Supported Housing and replace it with the following:

12. STAFFING. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Amendments to these requirements do not alter the Maximum Contract Amount and do not require a formal amendment to this Agreement. Contractor staff shall include the following full-time equivalent (FTE):

FY 21-22 - 2.33 FTE consisting of:

- A.** 1.0 FTE Case Manager/Housing Navigator to provide the services as stated in Section 3.A.5 of this Exhibit A-7.
- B.** Four (4) - 0.25 FTE Residential Manager: to provide the services as stated in Section 3.A.7 of this Exhibit A-7.
- C.** 0.33 FTE Driver: to provide the services as stated in Section 3.A.6 of this Exhibit A-7.

FY 22-24 - 3.35 FTE to consist of the following:

- A.** 0.8 FTE Case Manager/Housing Navigator to provide the services as stated in Section 3.A.5 of this Exhibit A-7.
- B.** 1.0 FTE to consist of four (4) - 0.25 FTE Residential Manager: to provide the services as stated in Section 3.A.7 of this Exhibit A-7.

- D. 1.0 full-time equivalent (FTE) Licensed Practitioner of the Healing Arts (LPHA) or LPHA intern who shall provide Case Management services in accordance with this Exhibit A-7 within 72 hours of placement in the Program.
- E. 0.6 FTE supervisory staff (which includes Clinical Director, Clinical Manager, Program Director, Program Manager).

VIII. Delete Section 1 (Performance) and Subsection I. of Section 2. (Staff) of Exhibit A-8 Statement of Work MHS General Provisions and replace it with the following:

1. PERFORMANCE.

A. Contractor shall adhere to all applicable County, State, and Federal laws including, but not limited to, the statutes and regulations set forth below and the applicable sections of the State Medicaid plan and waiver in the performance of this Agreement. Contractor shall comply with any changes to these statutes and regulations that may occur during the Term of the Agreement and any new applicable statutes or regulations without the need for an amendment(s) to this Agreement. Contractor's performance shall be governed by, and construed in accordance with, the following:

1. All laws and regulations, and all contractual obligations of the County under the County Mental Health Plan ("MHP") (Contract No. 22-20133) between the County Department of Behavioral Wellness (the Department) and the State Department of Health Care Services (DHCS), available at www.countyofsb.org/behavioral-wellness, including, but not limited to, Subsections D, G, and H of Section 6(B) of Exhibit E of the MHP and the applicable provisions of Exhibit D(F) of the MHP referenced in Section 19.D (State Contract Compliance) of this Exhibit. Contractor shall comply with the MHP (Contract No. 22-20133), which is incorporated by this reference;
2. The Behavioral Wellness Steering Committee Vision and Guiding Principles, available at www.countyofsb.org/behavioral-wellness;
3. All applicable laws and regulations relating to patients' rights, including but not limited to Welfare and Institutions Code Section 5325, California Code of Regulations, Title 9, Sections 862 through 868, and 42 Code of Federal Regulations Section 438.100;
4. All applicable Medicaid laws, regulations, including applicable sub-regulatory guidance and contract provisions (42 C.F.R. § 438.230(c)(2).);
5. California's Mental Health Services Act;
6. California Code of Regulations Title 9, Division 1; and
7. 42 C.F.R. § 438.900 *et seq.* requiring the provision of services to be delivered in compliance with federal regulatory requirements related to parity in mental health and substance use disorder benefits.

2. STAFF.

- I. California Department of Public Health, Public Health Officer Order, Health Care Worker COVID-19 Vaccine Requirement.
 1. In compliance with the State Public Health Officer Order, Health Care Worker Vaccine Requirement, and any amendments or updates that may hereafter be in force, Contractor shall, at its sole cost and expense, promptly provide to County proof of:
 - i. Vaccination and boosters for its Professionals; or

- ii. Exemption status for its Professionals, and
 - a. Testing results for its Professionals if required by the State Public Health Officer, Local Public Health Officer, or County policy.
- 2. This requirement applies to all of Contractor’s professionals who provide services or work in “Health Care Facilities” as described in the State Public Health Officer Order.
- 3. The State Public Health Officer Order is subject to change, but the current order is available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>.

IX. Delete the Program end date reference in the heading of Exhibit A-9 Statement of Work: MHS AB 1810 Safe and Stable Housing and replace it with the following:

Program end - December 31, 2024

X. Delete Section 12 (Staffing) of Exhibit A-9 Statement of Work: MHS AB 1810 Safe and Stable Housing and replace it with the following:

12. STAFFING. Contractor will provide the following full-time Equivalent (FTE) staffing levels, based on a forty (40)-hour work week to consist of the following:

FY 21-22:

A. 1.0 FTE Case Manager/Housing Navigator to provide case management, housing navigation, and housing retention services to clients, as described in this section and above in Section 3 (Services). Case management services include, but are not limited to, outreach/engagement, case management assessment and service planning, mainstream entitlement application and/or connection to employment services, housing location, addressing all service needs to stabilize clients in housing, and promoting recovery and community integration.

B. 0.5 FTE live-in Property House Manager shall:

- 1. Reside at the facility;
- 2. Perform light physical maintenance of the home;
- 3. Perform basic shopping for supplies and food;
- 4. Perform light housekeeping duties;
- 5. Conduct weekly client meetings;
- 6. Respond to problems related to client housing;
- 7. Document and track incidents;
- 8. Provide services to clients as described above in Section 3 (Services).

C. 0.10 FTE Program Manager to oversee staffing, referrals, and quarterly reporting and annual staff training reports, as required and as described above in Section 3 (Services).

FY 22-24:

A. 1.0 FTE Case Manager/Housing Navigator to provide case management, housing navigation, and housing retention services to clients, as described in this section and above in Section 3 (Services). Case management services include, but are not limited to, outreach/engagement, case management assessment and service planning, mainstream entitlement application and/or connection to employment services, housing location, addressing all service needs to stabilize clients in housing, and promoting recovery and community integration.

B. 0.4 FTE live-in Property House Manager shall:

1. Reside at the facility;
2. Perform light physical maintenance of the home;
3. Perform basic shopping for supplies and food;
4. Perform light housekeeping duties;
5. Conduct weekly client meetings;
6. Respond to problems related to client housing;
7. Document and track incidents;
8. Provide services to clients as described above in Section 3 (Services).

C. 0.05 FTE Program Manager to oversee staffing, referrals, and quarterly reporting and annual staff training reports, as required and as described above in Section 3 (Services).

XI. Delete the Program end date reference in the heading of Exhibit A-10 Statement of Work: MHS Coronavirus Emergency Supplemental Funding (CESF) Program and replace it with the following:

Program end - January 31, 2023

XII. Delete Exhibit A-11 Statement of Work: MHS Homeless Housing Case Management Services in its entirety and replace it with the following:

**EXHIBIT A-11
STATEMENT OF WORK: MHS
HOMELESS HOUSING CASE MANAGEMENT SERVICES**

1. PROGRAM SUMMARY. Contractor shall provide case management supportive services for tenants at the Housing Authority of the County of Santa Barbara Homekey Studios, the No Place Like Home West Cox Cottages and the Residences at Depot Street, affordable housing projects, for the purpose of assisting clients to retain housing (hereafter, the Program). The services will be provided at:

- A.** Homekey Studios - 117 North B Street, Lompoc, California; and
- B.** West Cox Cottages – 1141 West Cox Lane, Santa Maria, California.
- C.** The Residences at Depot Street - 201-205 N. Depot Street, Santa Maria, California.

2. GOALS.

- A.** Deliver seamless on- and off-site supportive services to Homekey Studios, West Cox Cottages and Residences at Depot Street tenants to avoid gaps in services;

- B. Integrate services with Behavioral Wellness clinics and other Community Based Organizations and/or Agencies (CBO/CBA);
 - C. Empower tenants by providing skill-building assistance;
 - D. Increase tenants' independent living skills; and
 - E. Achieve and maintain stable/permanent housing for tenants.
3. **SERVICES.** Contractor shall provide case management supportive services a minimum of twenty (20) hours per week to Homekey Studios tenants, a minimum of twenty (20) hours per week to West Cox Cottages tenants and a minimum of forty (40) per week to Residences at Depot Street tenants. Case management supportive services shall include, but not be limited to:
- A. Support and linkage to physical health care, including access to routine and preventative health and dental care;
 - B. Linkage to mental health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups;
 - C. Provide benefits counseling and advocacy, including assistance in accessing Social Security Income/State Supplementary Payment (SSI/SSP) and enrolling in Medi-Cal;
 - D. Provide basic housing retention skills building, such as unit maintenance and upkeep, cooking, laundry, and money management;
 - E. Referral to substance use disorder services, such as treatment, relapse prevention, and peer support groups;
 - F. Linkage to medication management services;
 - G. Connect tenants to wellness services;
 - H. Lead support groups for Homekey Studio tenants;
 - I. Provide peer support activities for West Cox Cottages tenants.
 - J. Additional services may be provided if authorized by the Director of the Department of Behavioral Wellness or designee. The authorization of additional services does not alter the Maximum Contract Amount and does not require an amendment to this Agreement.
4. **CLIENTS/PROGRAM CAPACITY.** The Program will serve individuals who are tenants of one of the fourteen (14) housing units at Homekey Studios, of the thirteen (13) housing units at West Cox Cottages or of the thirty-five (35) Residences at Depot Street.
5. **STAFF.** Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Amendments to these requirements do not alter the Maximum Contract Amount and do not require a formal amendment to this Agreement.
- A. FY 21-22 - 1.275 full-time equivalent (FTE) to consist of:
 - 1. 0.75 FTE Case Worker who shall provide case management for tenants of the Homekey Studios and who shall be Licensed Practitioners of the Healing Arts (LPHA);
 - 2. 0.50 FTE Case Worker who shall provide case management for tenants of the West Cox Cottages and who shall be LPHA; and
 - 3. 0.025 FTE West Cox Cottages Program Manager who shall provide supervision of Case Workers.

B. FY 22-24 – 1.5 full-time equivalent (FTE) to consist of:

1. 0.75 FTE Case Worker who shall provide case management for tenants of the Homekey Studios and who shall be Licensed Practitioners of the Healing Arts (LPHA) with funds provided directly by Housing and Community Development with services tracked by County;
2. 0.50 FTE Case Worker who shall provide case management for tenants of the West Cox Cottages and who shall be LPHA; and
3. 1.00 FTE Case Worker who shall provide case management for tenants of the Residences at Depot Street and who shall be LPHA.

C. Licensed Practitioners of the Healing Arts (LPHA). Professional staff shall be licensed, registered, certified, or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. LPHA shall receive a minimum of five hours of continuing medical education related to addiction medication each year. LPHA include:

1. Physicians;
2. Nurse Practitioners;
3. Physician Assistants;
4. Registered Nurses;
5. Registered Pharmacists;
6. Licensed Clinical Psychologists;
7. Licensed Clinical Social Workers;
8. Licensed Professional Clinical Counselors;
9. Licensed Marriage and Family Therapists; and
10. Licensed Eligible Practitioners working under the supervision of Licensed Clinicians.

6. TREATMENT LOCATIONS. Services shall be provided at Homekey Studios, West Cox Cottages, Residences at Depot Street and other community locations easily accessible to tenants.

7. REPORTS. Enter the client in the Homeless tracking database.

8. ADDITIONAL REQUIREMENTS.

A. Contractor will meet with County representatives, as needed, to review Homekey Studios, West Cox Cottages and Residences at Depot Street tenants' tenancies and services in order to ensure integrated housing and supportive services for tenants.

XIII. Add Subsection C to Section 1 (Program Summary) of Exhibit A-13 Statement of Work: MHS Mental Health Homeless Clinicians:

C. Life House - 1443 Swallow Court, Santa Maria, CA 93454-7257

XIV. Delete Section 3 (Staff) of Exhibit A-13 Statement of Work Mental Health Homeless Clinicians and replace it with the following:

3. STAFF. Contractor shall adhere to the Program staffing requirements outlined below of full-time equivalent (FTE) staff, unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Amendments to these requirements do not alter the Maximum Contract Amount and do not require a formal amendment to this Agreement.

A. FY 21-22 - 3.3 FTE to consist of:

1. 0.20 FTE Lead Homeless Services Clinician;
2. 1.10 FTE Homeless Clinicians: and
3. 2.00 FTE Homeless Services Mental Health Interns who shall be a licensed mental health professional or waived/registered professional, as described in Title 9 CCR Sections 1810.223 and 1810.254.
4. Licensed mental health professionals under Title 9 C.C.R. Section 1810.223 includes:
 - i. Licensed physicians;
 - ii. Licensed psychologists;
 - iii. Licensed clinical social workers;
 - iv. Licensed marriage and family therapists;
 - v. Licensed psychiatric technicians;
 - vi. Registered Nurses; and
 - vii. Licensed Vocational Nurses.
5. Waivered/Registered Professional under Title 9 CCR Section 1810.254 includes an individual who has:
 - i. A waiver of psychologist licensure issued by the Department or
 - ii. Registered with the corresponding state licensing authority for psychologists, marriage and family therapists, or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist, or clinical social worker licensure.
6. Graduate Student Interns/Trainees and Interns/Trainees.
 - i. Except as provided below in subsection 6.ii, Contractor may utilize Graduate Student Interns/Trainees or Interns/Trainees as staff to provide services but only as is consistent with any and all applicable laws, regulations, and policies, as may be amended, and as follows:
 - a. Graduate Student Interns/Trainees under the direct supervision of Contractor's licensed, registered or waived Mental Health clinicians; and
 - b. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number if a Livescan is provided by the Contractor for the Interns/Trainees.

ii. Assessment/Reassessment and Therapy services, described above in Section 2 (Services), may only be provided by Graduate Student Interns/Trainees who are under the direct supervision of Contractor's licensed mental health professionals or waived/registered professionals.

7. 2.0 FTE unpaid interns under the supervision of the Homeless Clinician, as described in Section 3.A.6.

B. FY 22-24 - 3.8 FTE to consist of:

1. 0.20 FTE Lead Homeless Services Clinician;
2. 1.60 FTE Homeless Clinicians: and
3. 2.00 FTE Homeless Services Mental Health Interns who shall be a licensed mental health professional or waived/registered professional, as described in Title 9 CCR Sections 1810.223 and 1810.254.
4. 2.0 FTE unpaid interns under the supervision of the Homeless Clinician, as described in Section 3.A.6.

XV. 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 **\$20,640,387**, inclusive of **\$18,558,513** in Alcohol and Drug Program funding, consisting of \$6,102,755 for FY 21-22; \$6,397,226 for FY 22-23; and \$6,058,532 for FY 23-24, 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.

XVI. 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 **\$20,640,387**, inclusive of **\$2,081,874** in Mental Health Services funding, consisting of \$726,018 for FY 21-22; \$756,720 for FY 22-23; and \$599,136 for FY 23-24, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MHS and be subject to 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.

XVII. Delete Exhibit B-1- ADP in its entirety and replace it with the following:

**EXHIBIT B-1- ADP
SCHEDULE OF RATES AND CONTRACT MAXIMUM**
(Applicable to programs described in Exhibit A2 – A7)

Exhibit B-1 ADP Schedule of Rates and Contract Maximum										
CONTRACTOR NAME: <u>Good Samaritan</u>							FISCAL YEAR: <u>21-22</u>			
Drug Medi-Cal/Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service	Projected Number of Clients**		
Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment	15 Minute Unit	91	91	20,418	547		
		15	ODS Case Management	15 Minute Unit	93	93	6,100	154		
		15	ODS Physician Consultation	15 Minute Unit	94	94	325	8		
		15	ODS Recovery Services	15 Minute Unit	95	95	4,361	110		
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	4,531	97		
		5	Level 3.2 Withdrawal Management	Bed Day	109	109	1,150	230		
	Residential	5	Level 3.1 Residential Treatment	Bed Day	112	112	2,300	26		
Drug Medi-Cal/Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate			
Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment (OT)	15 Minute Unit	91	91	\$70.76			
		15	ODS Individual Counseling	15 Minute Unit	92	92	\$70.76			
		15	ODS Case Management	15 Minute Unit	93	93	\$70.76			
		15	ODS Physician Consultation	15 Minute Unit	94	94	\$148.98			
		15	ODS Recovery Services Individual	15 Minute Unit	95	95	\$70.76			
		15	ODS Recovery Services Group	15 Minute Unit	96	96	\$70.76			
		15	ODS Recovery Services Case Management	15 Minute Unit	97	97	\$70.76			
		15	ODS Recovery Services Monitoring	15 Minute Unit	98	98	\$70.76			
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	\$70.76			
		5	Level 3.2 Withdrawal Management - Treatment Only	Bed Day	109	109	\$159.64			
Residential	5	Level 3.1 Residential Treatment - Treatment Only	Bed Day	112	112	\$159.64				
	5	Level 3.5 Residential Treatment - Treatment Only	Bed Day	114	114	\$159.64				
	N/A	Level 3.2 Withdrawal Management - Room & Board	Bed Day	N/A	58	Actual Cost ¹				
Non - Drug Medi-Cal Billable Services	Residential	N/A	Level 3.1 Residential Treatment - - Room & Board	Bed Day	N/A	58	Actual Cost ¹			
		N/A	Level 3.5 Residential Treatment - - Room & Board	Bed Day	N/A	58	Actual Cost ¹			
		N/A	Level 3.2 Withdrawal Management - Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost ¹			
		N/A	Level 3.1 Residential Treatment - - Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost ¹			
		N/A	Level 3.5 Residential Treatment - - Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost ¹			
		N/A	Free-Standing Residential Detoxification	Bed Day	N/A	50	Actual Cost ¹			
		N/A	Residential Recovery Long Term (over 30 days)	Bed Day	N/A	51	Actual Cost ¹			
		N/A	Alcohol/Drug Free Housing (Perinatal/Parolee Only)	Bed Day	N/A	56	Actual Cost ¹			
		CaWorks	N/A	Herim Treatment Services (CaWorks Only)	Hours	N/A	35	Actual Cost ¹		

	PROGRAM													TOTAL
	Recovery Point (Santa Maria)	Project PREME (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Another Road Delox (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)	Residential Treatment at Recovery Way Home (Lompoc)	Prop 47 Step Down Housing	Prop 47 Sobering Center	CaWorks Counseling	Alcohol Drug Free Housing	
GROSS COST:	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 442,116	\$ 682,819	\$ 20,000	\$ 180,000	\$ 6,404,245
LESS REVENUES COLLECTED BY CONTRACTOR:														
PATIENT FEES	\$ 12,000				\$ 10,000									\$ 22,000
CONTRIBUTIONS														\$ -
OTHER COUNTY FUNDING	\$ 40,000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000							\$ 133,260
OTHER GOVERNMENT FUNDING	\$ 20,920	\$ 32,650				\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150					\$ 146,230
TOTAL CONTRACTOR REVENUES	\$ 52,000	\$ 35,920	\$ 67,650	\$ 5,260	\$ 32,000	\$ 77,550	\$ 23,750	\$ 6,210	\$ 1,150	\$ -	\$ -	\$ -	\$ -	\$ 301,490
MAXIMUM (NET) CONTRACT AMOUNT PA	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 442,116	\$ 682,819	\$ 20,000	\$ 180,000	\$ 6,102,755

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**														
Drug Medi-Cal	\$ 408,013	\$ 430,832	\$ 463,607	\$ 195,273	\$ 255,586	\$ 437,844	\$ 364,749	\$ 620,604	\$ 754,662					\$ 3,931,170
Realignment/SAPT - Discretionary	\$ 83,200			\$ 21,300	\$ 19,600	\$ 114,700	\$ 107,686							\$ 346,486
Realignment/SAPT - Perinatal		\$ 22,675	\$ 24,400					\$ 225,262	\$ 167,827					\$ 440,164
Realignment/SAPT - Adolescent Treatment														\$ -
Realignment/SAPT - Primary Prevention														\$ -
CaWORKS ¹						\$ 5,000	\$ 5,000	\$ 40,000	\$ 10,000			\$ 20,000	\$ 180,000	\$ 260,000
Other County Funds										\$ 442,116	\$ 682,819			\$ 1,124,935
FY21-22 TOTAL (SOURCES OF BEHAVIOR)	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 442,116	\$ 682,819	\$ 20,000	\$ 180,000	\$ 6,102,755

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 CONTRACTOR SIGNATURE: Sylvia Barnard
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 DocuSigned by:
 FISCAL SERVICES SIGNATURE: Christie Boyer
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***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 schedule specific to FY21-22 only. Rates for subsequent years will be based on the State approved schedule.
²Rate based on approved costs.
³Rate based on most recently filed cost report.

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

CONTRACTOR NAME: Good Samaritan

FISCAL
YEAR: 22-23

Drug Medi-Cal/Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service	Projected Number of Clients**
Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment	15 Minute Unit	91	91	20,418	547
		15	ODS Case Management	15 Minute Unit	93	93	6,100	154
		15	ODS Physician Consultation	15 Minute Unit	94	94	325	8
		15	ODS Recovery Services	15 Minute Unit	95	95	4,361	110
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	4,531	97
	Residential	5	Level 3.2 Withdrawal Management	Bed Day	109	109	1,150	230
		5	Level 3.1 Residential Treatment	Bed Day	112	112	2,300	26
	Drug Medi-Cal/Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate
	Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment (OT)	15 Minute Unit	91	91	\$70.76
			15	ODS Individual Counseling	15 Minute Unit	92	92	\$70.76
15			ODS Case Management	15 Minute Unit	93	93	\$70.76	
15			ODS Physician Consultation	15 Minute Unit	94	94	\$148.98	
15			ODS Recovery Services Individual	15 Minute Unit	95	95	\$70.76	
15			ODS Recovery Services Group	15 Minute Unit	96	96	\$70.76	
15			ODS Recovery Services Case Management	15 Minute Unit	97	97	\$70.76	
15			ODS Recovery Services Monitoring	15 Minute Unit	98	98	\$70.76	
Residential		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	\$70.76	
		5	Level 3.2 Withdrawal Management - Treatment Only	Bed Day	109	109	\$159.64	
	5	Level 3.1 Residential Treatment - Treatment Only	Bed Day	112	112	\$159.64		
Non - Drug Medi-Cal Billable Services	Residential	N/A	Level 3.2 Withdrawal Management - Room & Board	Bed Day	N/A	58	Actual Cost†	
		N/A	Level 3.1 Residential Treatment - Room & Board	Bed Day	N/A	58	Actual Cost†	
		N/A	Level 3.5 Residential Treatment - Room & Board	Bed Day	N/A	58	Actual Cost†	
		N/A	Level 3.2 Withdrawal Management - Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost†	
		N/A	Level 3.1 Residential Treatment - Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost†	
		N/A	Level 3.5 Residential Treatment - Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost†	
		N/A	Free-Standing Residential Detoxification	Bed Day	N/A	50	Actual Cost†	
		N/A	Residential Recovery Long Term (over 30 days)	Bed Day	N/A	51	Actual Cost†	
		N/A	Alcohol/Drug Free Housing (Perinatal/Parolee Only)	Bed Day	N/A	56	Actual Cost†	
		CaWorks	N/A	Interim Treatment Services (CaWORKS Only)	Hours	N/A	35	Actual Cost†

	PROGRAM													TOTAL
	Recovery Point (Santa Maria)	Project PREMIE (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Another Road Detox (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)	Residential Treatment at Recovery Way Home (Lompoc)	Prop 47 Step Down Housing	Prop 47 Sobering Center	CaWorks Counseling	Alcohol Drug Free Housing	
GROSS COST:	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 548,263	\$ 871,143	\$ 20,000	\$ 180,000	\$ 6,698,716
LESS REVENUES COLLECTED BY CONTRACTOR:														
PATIENT FEES	\$ 12,000				\$ 10,000									\$ 22,000
CONTRIBUTIONS														\$ -
OTHER COUNTY FUNDING	\$ 40,000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000							\$ 133,260
OTHER GOVERNMENT FUNDING		\$ 20,920	\$ 32,650			\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150					\$ 146,230
TOTAL CONTRACTOR REVENUES	\$ 52,000	\$ 35,920	\$ 67,650	\$ 5,260	\$ 32,000	\$ 77,550	\$ 23,750	\$ 6,210	\$ 1,150	\$ -	\$ -	\$ -	\$ -	\$ 301,490
MAXIMUM (NET) CONTRACT AMOUNT PA	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 548,263	\$ 871,143	\$ 20,000	\$ 180,000	\$ 6,397,226

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**														
Drug Medi-Cal	\$ 408,013	\$ 430,832	\$ 463,607	\$ 195,273	\$ 255,586	\$ 437,844	\$ 364,749	\$ 620,604	\$ 754,662					\$ 3,931,170
Realignmen/SAPT - Discretionary	\$ 83,200			\$ 21,300	\$ 19,600	\$ 114,700	\$ 107,686							\$ 346,486
Realignmen/SAPT - Perinatal		\$ 22,675	\$ 24,400					\$ 225,262	\$ 167,827					\$ 440,164
Realignmen/SAPT - Adolescent Treatment														\$ -
Realignmen/SAPT - Primary Prevention														\$ -
CaWORKS ²						\$ 5,000	\$ 5,000	\$ 40,000	\$ 10,000			\$ 20,000	\$ 180,000	\$ 260,000
Other County Funds										\$ 548,263	\$ 871,143			\$ 1,419,406
FY22-23 TOTAL (SOURCES OF BEHAVIOR	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 548,263	\$ 871,143	\$ 20,000	\$ 180,000	\$ 6,397,226

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 CONTRACTOR SIGNATURE: Sylvia Barnard
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 FISCAL SERVICES SIGNATURE: Christie Boyer
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***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.
 *Rate schedule specific to FY 21-22 only. Rates for subsequent years will be based on the State approved schedule.
 †Rate based on approved costs.
 ‡Rate based on most recently filed cost report.

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

CONTRACTOR NAME: Good Samaritan

FISCAL
YEAR: 23-24

Drug Medi-Cal/Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service	Projected Number of Clients**	
Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment	15 Minute Unit	91	91	20,418	547	
		15	ODS Case Management	15 Minute Unit	93	93	6,100	154	
		15	ODS Physician Consultation	15 Minute Unit	94	94	325	8	
		15	ODS Recovery Services	15 Minute Unit	95	95	4,361	110	
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	4,531	97	
	Residential	5	Level 3.2 Withdrawal Management	Bed Day	109	109	1,150	230	
		5	Level 3.1 Residential Treatment	Bed Day	112	112	2,300	26	
	Drug Medi-Cal/Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate	
	Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment (OT)	15 Minute Unit	91	91	\$70.76	
			15	ODS Individual Counseling	15 Minute Unit	92	92	\$70.76	
15			ODS Case Management	15 Minute Unit	93	93	\$70.76		
15			ODS Physician Consultation	15 Minute Unit	94	94	\$148.98		
15			ODS Recovery Services Individual	15 Minute Unit	95	95	\$70.76		
15			ODS Recovery Services Group	15 Minute Unit	96	96	\$70.76		
15			ODS Recovery Services Case Management	15 Minute Unit	97	97	\$70.76		
15			ODS Recovery Services Monitoring	15 Minute Unit	98	98	\$70.76		
Residential		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	\$70.76		
		5	Level 3.2 Withdrawal Management - Treatment Only	Bed Day	109	109	\$159.64		
	5	Level 3.1 Residential Treatment - Treatment Only	Bed Day	112	112	\$159.64			
Non - Drug Medi-Cal Billable Services	Residential	N/A	Level 3.5 Residential Treatment - Treatment Only	Bed Day	114	114	\$159.64		
		N/A	Level 3.2 Withdrawal Management - Room & Board	Bed Day	N/A	58	Actual Cost ¹		
		N/A	Level 3.1 Residential Treatment - -- Room & Board	Bed Day	N/A	58	Actual Cost ¹		
		N/A	Level 3.5 Residential Treatment - -- Room & Board	Bed Day	N/A	58	Actual Cost ¹		
		N/A	Level 3.2 Withdrawal Management - Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost ¹		
		N/A	Level 3.1 Residential Treatment - -- Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost ¹		
		N/A	Level 3.5 Residential Treatment - -- Room & Board (Perinatal)	Bed Day	N/A	58-1	Actual Cost ¹		
		N/A	Free-Standing Residential Detoxification	Bed Day	N/A	50	Actual Cost ¹		
		N/A	Residential Recovery Long Term (over 30 days)	Bed Day	N/A	51	Actual Cost ¹		
		N/A	Alcohol/Drug Free Housing (Perinatal/Parolee Only)	Bed Day	N/A	56	Actual Cost ²		
CalWORKS	N/A	Interim Treatment Services (CalWORKS Only)	Hours	N/A	35	Actual Cost ²			

	PROGRAM													TOTAL
	Recovery Point (Santa Maria)	Project PREME (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Another Road Delox (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)	Residential Treatment at Recovery Way Home (Lompoc)	Prop 47 Step Down Housing	Prop 47 Sobering Center	CalWORKS Counseling	Alcohol Drug Free Housing	
GROSS COST:	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 365,330	\$ 715,382	\$ 20,000	\$ 180,000	\$ 6,360,022
LESS REVENUES COLLECTED BY CONTRACTOR:														
PATIENT FEES	\$ 12,000				\$ 10,000									\$ 22,000
CONTRIBUTIONS														\$ -
OTHER COUNTY FUNDING	\$ 40,000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000							\$ 133,260
OTHER GOVERNMENT FUNDING		\$ 20,920	\$ 32,650			\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150					\$ 146,230
TOTAL CONTRACTOR REVENUES	\$ 52,000	\$ 35,920	\$ 67,650	\$ 5,260	\$ 32,000	\$ 77,550	\$ 23,750	\$ 6,210	\$ 1,150	\$ -	\$ -	\$ -	\$ -	\$ 301,490
MAXIMUM (NET) CONTRACT AMOUNT PA	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 365,330	\$ 715,382	\$ 20,000	\$ 180,000	\$ 6,058,532

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**														
Drug Medi-Cal	\$ 408,013	\$ 430,832	\$ 463,607	\$ 195,273	\$ 255,586	\$ 437,844	\$ 364,749	\$ 620,604	\$ 754,662					\$ 3,931,170
Realignment/SAPT - Discretionary	\$ 83,200			\$ 21,300	\$ 19,600	\$ 114,700	\$ 107,686							\$ 346,486
Realignment/SAPT - Perinatal		\$ 22,675	\$ 24,400					\$ 225,262	\$ 167,827					\$ 440,164
Realignment/SAPT - Adolescent Treatment														\$ -
Realignment/SAPT - Primary Prevention														\$ -
CalWORKS ³					\$ 5,000	\$ 5,000	\$ 40,000	\$ 10,000			\$ 20,000	\$ 180,000		\$ 260,000
Other County Funds										\$ 365,330	\$ 715,382			\$ 1,080,712
FY23-24 TOTAL (SOURCES OF BEHAVIOR)	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 365,330	\$ 715,382	\$ 20,000	\$ 180,000	\$ 6,058,532

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CONTRACTOR SIGNATURE:

Sylvia Barnard
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DocuSigned by:

Christie Boyer
-96D40AB0C0AD408...

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 schedule specific to FY 21-22 only. Rates for subsequent years will be based on the State approved schedule.
²Rate based on approved costs.
³Rate based on most recently filed cost report.

XVIII. Delete Exhibit B-1- MHS Schedule of Rates and Contract Maximum in its entirety and replace it with the following:

**EXHIBIT B-1- MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibit A9-A13)**

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

CONTRACTOR NAME: Good Samaritan Shelter Services, Inc. **FISCAL YEAR:** 2021-2022

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	\$2.64
			Collateral	Minutes	10	\$3.41
			MHS- Assessment	Minutes	30	\$3.41
			MHS - Plan Development	Minutes	31	\$3.41
			MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.41
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.41
			Crisis Intervention	Minutes	70	\$5.06
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	\$28.08
	Outreach & Case Management			N/A	N/A	Cost Reimbursed

	PROGRAM(S)						TOTAL
	Homeless Clinician	Shelter Beds	Safe and Stable Housing Santa Maria	Homekey	Coronavirus Emergency Supplemental Funding (CESF)	West Cox	
GROSS COST:	\$ 165,000	\$ 82,000	\$ 232,636	\$ 54,000	\$ 154,882	\$ 37,500	\$ 726,018
LESS REVENUES COLLECTED BY CONTRACTOR:							
PATIENT FEES							\$ -
CONTRIBUTIONS							\$ -
OTHER (LIST):							\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000	\$ 232,636	\$ 54,000	\$ 154,882	\$ 37,500	\$ 726,018

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)							
MEDI-CAL (3)	\$ 107,250						\$ 107,250
NON-MEDI-CAL		\$ 82,000				\$ 37,500	\$ 119,500
SUBSIDY	\$ 57,750						\$ 57,750
OTHER (LIST): NFLH							\$ -
OTHER (LIST): CESF Grant					\$ 154,882		\$ 154,882
OTHER (LIST): PLHA Grant				\$ 54,000			\$ 54,000
OTHER (LIST): AB1810 Grant			\$ 232,636				\$ 232,636
MAXIMUM 21-22 CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000	\$ 232,636	\$ 54,000	\$ 154,882	\$ 37,500	\$ 726,018

CONTRACTOR SIGNATURE: Sylvia Barnard DocuSigned by: Christie Boyer
 FISCAL SERVICES SIGNATURE: FB90BAA97CA34C1... 96D40AB0C0AD408...

- (1) Additional services may be provided if authorized by Director of the Department of Behavioral Wellness or designee in writing. The authorization of additional services does not alter the Maximum Contract Amount and does not require an amendment to this Agreement.
- (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.
- (4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

* 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. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number are eligible to provide assessment and therapy services if a Livescan is provided by the Contractor for the Intern/Trainee.

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

CONTRACTOR NAME: Good Samaritan Shelter Services, Inc. **FISCAL YEAR:** 2022-2023

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	\$2.69
			Collateral	Minutes	10	\$3.47
			*MHS- Assessment	Minutes	30	\$3.47
			MHS - Plan Development	Minutes	31	\$3.47
			*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.47
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.47
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	\$28.08
	Outreach & Case Management		Outreach & Case Management	N/A	N/A	Cost Reimbursed

	PROGRAM							TOTAL
	Homeless Clinician	Shelter Beds	Safe and Stable Housing Santa Maria	Homekey	Emergency Supplemental Funding (CESF)	Depot Street	West Cox	
GROSS COST:	\$ 206,000	\$ 82,000	\$ 191,636	\$ 54,000	\$ 157,584	\$ 82,000	\$ 37,500	\$ 810,720
LESS REVENUES COLLECTED BY CONTRACTOR:								
PATIENT FEES								\$ -
CONTRIBUTIONS								\$ -
OTHER (LIST): Community Services Department PLHA				\$ 54,000				\$ 54,000
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ 54,000				\$54,000
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 206,000	\$ 82,000	\$ 191,636	\$ -	\$ 157,584	\$ 82,000	\$ 37,500	\$ 756,720

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)								
MEDI-CAL (3)	\$ 133,900							\$ 133,900
NON-MEDI-CAL		\$ 82,000				\$ 82,000	\$ 37,500	\$ 201,500
SUBSIDY	\$ 31,100							\$ 31,100
OTHER (LIST): CESF Grant					\$ 157,584			\$ 157,584
OTHER (LIST): AB1810 Grant	\$ 41,000		\$ 191,636					\$ 232,636
MAXIMUM 22-23 CONTRACT AMOUNT PAYABLE:	\$ 206,000	\$ 82,000	\$ 191,636	\$ -	\$ 157,584	\$ 82,000	\$ 37,500	\$ 756,720

CONTRACTOR SIGNATURE: Sylvia Barnard DocuSigned by: FB90BAA97CA34C1...

FISCAL SERVICES SIGNATURE: Christie Boyer DocuSigned by: 96D40AB0C0AD408...

- (1) Additional services may be provided if authorized by Director of the Department of Behavioral Wellness or designee in writing. The authorization of additional services does not alter the Maximum Contract Amount and does not require an amendment to this Agreement.
 - (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.
 - (4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.
- * 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. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number are eligible to provide assessment and therapy services if a Livescan is provided by the Contractor for the Intern/Trainee.

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

CONTRACTOR NAME: Good Samaritan Shelter Services, Inc. **FISCAL YEAR:** 2023-2024

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	\$2.75
			Collateral	Minutes	10	\$3.54
			*MHS- Assessment	Minutes	30	\$3.54
			MHS - Plan Development	Minutes	31	\$3.54
			*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.54
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.54
			Crisis Intervention	Minutes	70	\$5.27
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	\$28.08
	Outreach & Case Management		Outreach & Case Management	N/A	N/A	Cost Reimbursed

	PROGRAM						TOTAL
	Homeless Clinician	Shelter Beds	Safe and Stable Housing Santa Maria	Homekey	Depot Street	West Cox	
GROSS COST:	\$ 206,000	\$ 82,000	\$ 191,636	\$ 54,000	\$ 82,000	\$ 37,500	\$ 653,136
LESS REVENUES COLLECTED BY CONTRACTOR:							
PATIENT FEES							\$ -
CONTRIBUTIONS							\$ -
OTHER (LIST): Community Services Department PLHA				\$ 54,000			\$ 54,000
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ 54,000			\$ 54,000
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 206,000	\$ 82,000	\$ 191,636	\$ -	\$ 82,000	\$ 37,500	\$ 599,136

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)							
MEDI-CAL (3)	\$ 133,900						\$ 133,900
NON-MEDI-CAL		\$ 82,000			\$ 82,000	\$ 37,500	\$ 201,500
SUBSIDY	\$ 31,100						\$ 31,100
OTHER (LIST): AB1810 Grant	\$ 41,000		\$ 191,636				\$ 232,636
MAXIMUM 23-24 CONTRACT AMOUNT PAYABLE:	\$ 206,000	\$ 82,000	\$ 191,636	\$ -	\$ 82,000	\$ 37,500	\$ 599,136

DocuSigned by:
CONTRACTOR SIGNATURE: Sylvia Barnard
 FB90BAA97CA34C1...
FISCAL SERVICES SIGNATURE: Christie Boyer
 96D40AB0C0AD408...

- (1) Additional services may be provided if authorized by Director of the Department of Behavioral Wellness or designee in writing. The authorization of additional services does not alter the Maximum Contract Amount and does not require an amendment to this Agreement.
 - (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.
 - (4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.
- * 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. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number are eligible to provide assessment and therapy services if a Livescan is provided by the Contractor for the Intern/Trainee.

XIX. 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**

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

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: FY 21-22

LINE #	COLUMN #	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	Recovery Point (Santa Maria)	Project Prairie (Santa Maria)	Tuning Park PI Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria - WIRES Treatment at Recovery Point	Lompoc - WIRES Treatment at Another Road Detox	Santa Maria - WIRES Treatment - Transitional Center House (TCH)	Lompoc - WIRES Treatment Recovery Way Home (LTC)	Prop 47 Step Down Facility	Prop 47 Sober Center	Safe and Stable Housing	CALWORKS Counseling	Alcohol Drug Free Housing Emergency Shelter	Coronavirus Emergency Supplemental Funding	West Cox	Homeless Clinicians	Homeless Clinicians	Shelter Beds
1		Contributions \$ 19,000 \$ -																			
2		Foundations/Trusts \$ 180,627 \$ -																			
3		Miscellaneous Revenue \$ 2,000 \$ -																			
4		SB Co Behavioral Wellness \$ 6,828,773 \$ 6,828,773	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 442,116	\$ 682,819	\$ 232,636	\$ 20,000	\$ 180,000	\$ 154,882	\$ 37,500	\$ 54,000	\$ 165,000	\$ 82,000
5		SB Co CWS \$ 291,557 \$ 133,280	\$ 40,000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000												
6		Other Government Funding \$ 6,812,928 \$ 146,230		\$ 20,920	\$ 32,650			\$ 89,550	\$ 15,750	\$ 6,210	\$ 1,150										
7		Private Insurance \$ - \$ -																			
8		Federal Probation \$ - \$ -																			
9		Other Grant CESF \$ 235,014 \$ -																			
10		Rental Income \$ 553,085 \$ -																			
11		Total Other Revenue \$ 14,835,934 \$ 7,108,263	\$ 531,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 297,186	\$ 635,094	\$ 501,185	\$ 882,076	\$ 933,639	\$ 442,116	\$ 682,819	\$ 232,636	\$ 20,000	\$ 180,000	\$ 154,882	\$ 37,500	\$ 54,000	\$ 165,000	\$ 82,000
If Client and Third Party																					
Revenues:																					
12		Client Fees \$ 22,000 \$ 22,000	\$ 12,000				\$ 10,000	\$ -	\$ -												
13		SSI \$ - \$ -																			
14		Other (Specify) \$ - \$ -																			
15		Total Client and Third Party Revenues \$ 22,000 \$ 22,000	\$ 12,000	\$ -	\$ -	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16		GROSS PROGRAM REVENUE BUDGET \$ 14,857,934 \$ 7,130,263	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 882,076	\$ 933,639	\$ 442,116	\$ 682,819	\$ 232,636	\$ 20,000	\$ 180,000	\$ 154,882	\$ 37,500	\$ 54,000	\$ 165,000	\$ 82,000

III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION/BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS	TOTAL AGENCY/ ORGANIZATION/BUDGET	Recovery Point (Santa Maria)	Project Premise (Santa Maria)	Turning Point Pilot Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria - VMRES Treatment at Recovery Point	Lompoc - VMRES Treatment at Another Road Debar	Santa Maria - VMRES Treatment - Transitional Center House (TCH)	Lompoc - VMRES Treatment Recovery Way Home (LCH)	Prop of Step Down Facility	Prop of 47 Sober Center	Safe and Stable Housing	CALWORKS Counseling	Alcohol/Drug Free Housing - Emergency Shelter	Coronavirus Emergency Supplemental Funding	West Cox	HomeKey	Homeless Clinicians	Shelter Beds	
17	\$ 5,807,960	\$ 3,476,714	\$ 282,822	\$ 4,200	\$ 4,200	\$ 3,500	\$ 500	\$ 1,000	\$ 10,000	\$ 5,000	\$ 10,000	\$ 10,000	\$ 12,193	\$ 9,095	\$ 9,200	\$ 12,882	\$ 43,720	\$ 84,927	\$ 23,296	\$ 31,200	\$ 87,165	\$	
18	\$ 1,451,990	\$ 850,043	\$ 70,705	\$ 61,427	\$ 69,259	\$ 29,466	\$ 29,466	\$ 39,420	\$ 79,862	\$ 66,791	\$ 113,043	\$ 119,070	\$ 27,863	\$ 96,205	\$ 24,201	\$ 3,221	\$ 10,930		\$ 6,999	\$ 7,800	\$ 21,791	\$	
19	\$ 560,796	\$ 350,773	\$ 28,282	\$ 24,571	\$ 27,704	\$ 11,786	\$ 11,786	\$ 15,768	\$ 31,945	\$ 27,516	\$ 45,217	\$ 47,628	\$ 11,145	\$ 38,482	\$ 9,308	\$ 1,288	\$ 4,372	\$ 13,924		\$ 3,120	\$ 8,716	\$	
20	\$ 7,940,747	\$ 4,677,529	\$ 381,809	\$ 331,706	\$ 373,997	\$ 199,116	\$ 199,116	\$ 212,868	\$ 431,256	\$ 371,471	\$ 610,034	\$ 642,976	\$ 150,458	\$ 519,508	\$ 126,569	\$ 17,391	\$ 59,022	\$ 96,851	\$ 30,285	\$ 42,120	\$ 117,672	\$	
III.B. Services and Supplies																							
Object Level																							
21	\$ 180,182	\$ 84,352	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 1,000	\$ 10,000	\$ 5,000	\$ 10,000	\$ 10,000	\$ 12,193	\$ 9,095	\$ 9,200	\$ 12,882	\$ 43,720	\$ 84,927	\$ 23,296	\$ 31,200	\$ 87,165	\$	
22	\$ 613,828	\$ 257,241	\$ 30,100	\$ 34,083	\$ 34,283	\$ 6,933	\$ 6,933	\$ 14,000	\$ 24,000	\$ 20,242	\$ 40,384	\$ 39,384	\$ 622	\$ 7,111	\$ 1,300		\$ 45,000	\$ 6,864		\$ 500	\$ 1,300	\$ 4,600	
23	\$ 392,298	\$ 218,700	\$ 3,000	\$ 10,800	\$ 31,000	\$ 5,000	\$ 5,000	\$ 7,500	\$ 4,000	\$ 1,500	\$ 32,400	\$ 31,000					\$ 1,500	\$ 250				\$ 41,500	
24	\$ 80,870	\$ 68,441	\$ 25,000	\$ 7,000	\$ 7,000	\$ 2,500	\$ 2,500	\$ 2,000	\$ 4,000	\$ 2,000	\$ 5,000	\$ 5,000	\$ 293	\$ 1,398			\$ 1,500						
25	\$ 42,100	\$ 21,500	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000	\$ 1,000	\$ 1,500	\$ 3,000	\$ 3,000	\$ 5,000	\$ 5,000					\$ 2,000						
26	\$ 37,150	\$ 29,600	\$ 3,000	\$ 3,000	\$ 3,000	\$ 2,000	\$ 2,000	\$ 1,500	\$ 3,000	\$ 3,000	\$ 6,000	\$ 6,000					\$ 2,000						
27	\$ 120,882	\$ 35,600	\$ 2,500	\$ 3,300	\$ 6,000	\$ 1,000	\$ 1,000	\$ 2,000	\$ 2,500	\$ 2,000	\$ 6,000	\$ 6,000					\$ 2,000						
28	\$ 5,790	\$ 15,620						\$ 1,000	\$ 750	\$ 1,500	\$ 1,500	\$ 1,500	\$ 7,995	\$ 2,936									
29	\$ 2,850																						
30	\$ 10,303	\$ 6,006	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 1,000	\$ 500	\$ 500	\$ 1,000	\$ 1,000											
31	\$ 62,249	\$ 28,925	\$ 2,000	\$ 1,500	\$ 2,000	\$ 1,500	\$ 1,500	\$ 1,500	\$ 2,000	\$ 1,000	\$ 4,000	\$ 4,000					\$ 2,000		\$ 1,250	\$ 1,875	\$ 3,100		
32	\$ 322,076	\$ 53,200						\$ 15,000	\$ 8,000	\$ 10,000	\$ 10,000	\$ 10,000					\$ 3,000						
33	\$ 558,935	\$ 114,188	\$ 6,000	\$ 9,900	\$ 3,000	\$ 4,000	\$ 5,000	\$ 8,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 11,295	\$ 3,309	\$ 3,960			\$ 12,000	\$ 23,823			\$ 3,300	\$ 6,000	
34	\$ 283,500	\$ 50,598						\$ 12,000					\$ 20,848	\$ 6,608				\$ 5,142					
35	\$ 109,250	\$ 218,870	\$ 1,500	\$ 1,000	\$ 1,000	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 168,000	\$ 38,120			\$ 10,000					\$ 20,000	
36	\$ 227,881	\$ 105,000	\$ 7,500	\$ 7,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 500	\$ 15,000	\$ 5,000	\$ 15,000	\$ 15,000							\$ 250	\$ 600	\$ 3,000		
37	\$ 96,049	\$ 38,271	\$ 2,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 4,000	\$ 5,000	\$ 1,500	\$ 5,000	\$ 5,000	\$ 4,041				\$ 2,880				\$ 1,500		
38	\$ 30,234	\$ 25,934	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 2,000	\$ 1,000	\$ 1,000	\$ 2,500	\$ 2,500	\$ 8,764	\$ 4,670			\$ 8,000				\$ 500	\$ 5,000	
39	\$ 112,533	\$ 43,750	\$ 2,200	\$ 3,000	\$ 3,600	\$ 500	\$ 500	\$ 750	\$ 4,000	\$ 1,200	\$ 4,000	\$ 8,000					\$ 8,000				\$ 500	\$ 5,000	
40	\$ 48,168	\$ 17,900	\$ 2,000	\$ 2,000	\$ 800	\$ 350	\$ 750	\$ 750	\$ 1,000	\$ 1,200	\$ 2,000	\$ 2,000					\$ 8,000						
41	\$ 133,368	\$ 50,104	\$ 750	\$ 2,500	\$ 5,000	\$ 1,000	\$ 1,000	\$ 750	\$ 4,000	\$ 1,700	\$ 8,000	\$ 10,000					\$ 8,000					\$ 4,804	
42	\$ 38,568	\$ 36,568																					
43	\$ 776	\$ 1,862																		\$ 1,862			
44	\$ 1,366,654	\$																					
45	\$ 45,000	\$																					
46	\$ 4,920,612	\$ 1,529,230	\$ 90,550	\$ 93,883	\$ 108,183	\$ 33,783	\$ 33,783	\$ 54,250	\$ 121,000	\$ 64,342	\$ 165,294	\$ 168,894	\$ 233,991	\$ 74,248	\$ 82,808		\$ 97,500	\$ 35,829	\$ 1,750	\$ 4,837	\$ 25,898	\$ 71,304	
III.C. Client Expense Object																							
47	\$ 574	\$ 574																		\$ 574			
48	\$	\$																					
49	\$ 12,761,533	\$ 6,207,334	\$ 472,359	\$ 425,639	\$ 463,180	\$ 192,898	\$ 192,898	\$ 267,118	\$ 552,256	\$ 435,813	\$ 775,718	\$ 811,860	\$ 384,449	\$ 593,756	\$ 209,397	\$ 17,391	\$ 156,522	\$ 134,690	\$ 32,609	\$ 46,957	\$ 143,476	\$ 71,304	
50																							
IV. INDIRECT COSTS																							
Administrative Indirect Costs																							
(Reimbursement limited to 15%)																							
51	\$ 1,914,290	\$ 922,929	\$ 70,854	\$ 63,838	\$ 72,477	\$ 28,935	\$ 40,968	\$ 82,838	\$ 65,372	\$ 116,358	\$ 121,779	\$ 57,667	\$ 89,063	\$ 23,239	\$ 2,609	\$ 23,478	\$ 20,202	\$ 4,891	\$ 7,043	\$ 21,522	\$ 10,656	\$	
52	\$ 14,678,222	\$ 7,130,263	\$ 543,213	\$ 469,427	\$ 555,657	\$ 221,633	\$ 307,196	\$ 635,094	\$ 501,165	\$ 892,076	\$ 933,639	\$ 442,116	\$ 862,819	\$ 232,638	\$ 20,000	\$ 180,000	\$ 154,882	\$ 37,500	\$ 54,000	\$ 165,000	\$ 82,000	\$	

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

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: 22-23

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	I REVENUE SOURCES:		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Point (Santa Maria)	Turnng Point PH Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria- WMFRES Treatment at Recovery Point ACR	Lompoc- WMFRES Treatment at Another Road Detox	Santa Maria- WMFRES Treatment Transitional Center House (TCH)	Lompoc- WMFRES Treatment Recovery Way Home (LTC)	Prop 47 Step Down Facility	Prop 47 Sober Center	CALWORKS Counseling	Alcohol/Drug Free Housing Emergency Shelter	Safe and Stable Housing	Coronavirus Emergency Supplemental Funding	West Cox	Deport Street	Homeless Clinicians	Shelter Beds
1	Contributions	\$	-																			
2	Foundations/Trusts	\$	-																			
3	Miscellaneous Revenue	\$	-																			
4	SB Co Behavioral Wellness Funding	\$	7,163,946	491,213	453,507	488,007	216,573	275,186	557,544	477,435	885,866	932,499	548,263	871,143	20,000	180,000	191,636	157,594	37,500	82,000	206,000	82,000
5	SB Co CWS	\$	133,260	40,000	15,000	35,000	5,260	22,000	8,000	8,000												
6	Other Government Funding	\$	146,230		20,920	32,650			89,550	15,750	6,210	1,150										
7	Private Insurance	\$	-																			
8	Federal Probation	\$	-																			
9	Other-Grant/CESF	\$	-																			
10	Rental Income	\$	-																			
11	Total Other Revenue	\$	7,433,436	531,213	489,427	555,657	221,833	297,186	635,094	501,185	892,076	933,639	548,263	871,143	20,000	180,000	191,636	157,594	37,500	82,000	206,000	82,000
III. Client and Third Party Revenues:																						
12	Client Fees		22,000	12,000				10,000														
13	SSI		-																			
14	Other (specify)		-																			
15	Total Client and Third Party Revenues	\$	22,000	12,000	-	-	-	10,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16	GROSS PROGRAM REVENUE BUDGET	\$	7,455,436	543,213	489,427	555,657	221,833	307,186	635,094	501,185	892,076	933,639	548,263	871,143	20,000	180,000	191,636	157,594	37,500	82,000	206,000	82,000

III. DIRECT COSTS	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Premise (Santa Maria)	Turning Point PNO/Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria - Treatment at Recovery Point/ACR	Lompoc - Treatment at Another Road Detox	Santa Maria - Treatment at Transitional Center House (TCH)	Lompoc - Treatment at Recovery Way Home (LTC)	Prop 47 Step Down Facility	Prop 47 Sober Center	CALWORKS Counseling	Alcohol Drug Free Housing Emergency Shelter	Safe and Stable Housing	Coronavirus Emergency Supplemental Funding	West Cox	Depot Street	Homeless Clinicians	Shelter Beds	
III.A. Salaries and Benefits Object Level																					
17 Salaries (Complete Staffing Schedule)	\$ 3,619,325	282,822	245,708	277,035	117,863	157,680	319,449	275,164	452,174	476,279	170,352	517,920	12,882	43,720	79,560	2,264	24,960	49,920	113,574	-	
18 Employee Benefits	\$ 868,615	70,705	61,427	69,259	29,466	39,420	79,862	68,791	113,043	119,070	34,070	103,584	3,221	10,930	20,686	589	3,120	12,979	28,993	-	
19 Payroll Taxes	\$ 361,932	28,282	24,571	27,704	11,786	15,768	31,945	27,916	45,217	47,628	17,035	51,792	1,288	4,372	7,956	226	2,496	4,992	11,357	-	
20 Salaries and Benefits Subtotal	\$ 4,849,872	\$ 381,809	\$ 331,706	\$ 373,997	\$ 159,116	\$ 212,868	\$ 431,256	\$ 371,471	\$ 610,434	\$ 642,976	\$ 221,458	\$ 673,296	\$ 17,391	\$ 59,022	\$ 108,202	\$ 3,079	\$ 30,576	\$ 67,891	\$ 153,924	\$ -	
III.B Services and Supplies Object Level																					
21 Auto Expenses	\$ 80,200	1,000	4,200	3,500	500	1,000	10,000	5,000	10,000	10,000	14,000	9,000			9,200		500	1,000	1,300		
22 Contracted/Professional Services	\$ 258,808	30,100	34,083	34,283	6,933	14,000	24,000	20,242	40,384	39,384	1,500	7,800			1,300				4,800		
23 Depreciation/Occupancy	\$ 218,700	3,000	10,800	31,000	5,000	17,500	17,500	1,500	32,400	31,000				45,000						41,500	
24 Drug Testing	\$ 69,000	25,000	7,000	7,000	2,500	7,500	4,000	2,000	5,000	5,000	500	2,000		1,500							
25 Education & Training	\$ 21,500	2,000	2,000	2,000	1,000	2,000	2,000	1,000	5,000	5,000					500				1,000		
26 Gov't Fees & Charges	\$ 30,600	3,000	3,000	3,000	2,000	1,500	3,000	3,000	5,000	5,000	1,000				1,100						
27 Insurance	\$ 47,100	2,500	3,300	6,000	1,000	2,000	2,000	2,000	6,000	6,000	9,000	4,000							800		
28 Laundry	\$ 4,750						1,000	750	1,500	1,500											
29 Legal and Accounting	\$ -																				
30 Meetings and Seminars	\$ 6,006	500	500	500	500	500	500	500	1,000	1,000										506	
31 Office Expense/Supplies	\$ 32,316	2,000	1,500	2,000	1,500	1,500	2,000	1,000	4,000	4,000	2,000	2,000		2,000	500		1,283	1,933	3,100		
32 Program Supplies Food	\$ 71,461						15,000	8,000	10,000	10,000	15,000	5,000		3,000	5,461						
33 Program Supplies	\$ 109,046	6,000	9,500	3,000	4,000	5,000	8,000	7,000	7,000	7,000	12,493	9,800		12,000	3,960				3,300		
34 Rental of Buildings	\$ 274,878										184,800	39,120							6,000		
35 Rental of Equipment	\$ 17,750	1,500	1,000	1,000	1,500	1,500	1,500	750	1,500	1,500	6,000										
36 Repairs & Maintenance	\$ 117,500	7,500	7,000	4,000	4,000	500	15,000	5,000	15,000	15,000	9,000	5,500		10,000						20,000	
37 Telephone/Internet	\$ 34,110	2,500	1,500	1,500	1,500	4,000	5,000	1,500	5,000	5,000					2,880		250	460	3,000		
38 Travel Expense	\$ 12,500	1,000	1,000	1,000	1,000	1,000	1,000	1,000	2,500	2,500									1,500		
39 Util - Electricity	\$ 40,750	2,200	3,000	3,600	500	750	4,000	1,200	4,000	8,000				8,000					500		
40 Util - Heat (Gas)	\$ 16,100		2,000	800	350	750	1,000	1,200	2,000	2,000				6,000					500		
41 Util - Water/Sewer	\$ 46,504	750	2,500	5,000	1,000	750	4,000	1,700	8,000	10,000				8,000						4,804	
42 Master Lease	\$ 38,568														38,568						
43 Miscellaneous	\$ -																				
44 Rapid Rehousing and other payments	\$ -																				
45 Equipment	\$ 90,000															90,000					
46 Services and Supplies Subtotal	\$ 1,638,147	\$ 90,550	\$ 93,883	\$ 109,183	\$ 33,783	\$ 54,250	\$ 121,000	\$ 64,342	\$ 165,284	\$ 168,894	\$ 255,293	\$ 84,220	\$ -	\$ 97,500	\$ 63,469	\$ 133,951	\$ 2,033	\$ 3,413	\$ 25,806	\$ 71,304	
47 III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	\$ 574																				
48	\$ -																				
49 SUBTOTAL DIRECT COSTS	\$ 6,488,019	\$ 472,359	\$ 425,589	\$ 483,180	\$ 192,898	\$ 287,118	\$ 552,256	\$ 435,613	\$ 775,718	\$ 811,880	\$ 478,751	\$ 757,516	\$ 17,391	\$ 156,522	\$ 171,671	\$ 137,000	\$ 32,609	\$ 71,304	\$ 179,130	\$ 71,304	
50 IV. INDIRECT COSTS																					
51 Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 967,416	\$ 70,854	\$ 63,838	\$ 72,477	\$ 28,935	\$ 40,066	\$ 82,838	\$ 65,372	\$ 116,358	\$ 121,779	\$ 71,513	\$ 113,627	\$ 2,609	\$ 23,478	\$ 19,985	\$ 20,554	\$ 4,891	\$ 10,666	\$ 26,870	\$ 10,696	
52 GROSS DIRECT AND INDIRECT COSTS	\$ 7,455,436	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,659	\$ 548,263	\$ 871,143	\$ 20,000	\$ 180,000	\$ 191,656	\$ 157,584	\$ 37,500	\$ 82,000	\$ 206,000	\$ 82,000	

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

AGENCY NAME: Good Samaritan Shelter

COUNTY FISCAL YEAR: 23-24

LINE #	COLUMN#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	19	20	21	22	
				COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Prisma (Santa Maria)	Turning Point PI Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria - WMRES Treatment at Recovery Point ACR	Lompoc - WMRES Treatment at Another Road Detox	Santa Maria - WMRES Treatment - Transitional Center House (TCH)	Lompoc - WMRES Treatment Recovery Way Home (LTC)	Prop 47 Step Down Facility	Prop 47 Sober Center	CALWORKS Counseling	Alcohol Drug Free Housing Emergency Shelter	Safe and Stable Housing	West Cox	Depot Street	Homeless Clinicians	Shelter Beds	
1				\$ -																			
2				\$ -																			
3				\$ -																			
4				\$ 6,557,668	491,213	453,507	488,007	216,573	275,186	557,544	477,435	885,866	932,489	365,330	715,382	20,000	180,000	191,636	37,500	82,000	206,000	82,000	
5				\$ 133,260	40,000	15,000	35,000	5,260	22,000	8,000	8,000												
6				\$ 146,230		20,920	32,650			69,550	15,750	6,210	1,150										
7				\$ -																			
8				\$ -																			
9				\$ -																			
10				\$ -																			
11				\$ 6,937,158	\$ 531,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 297,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 365,330	\$ 715,382	\$ 20,000	\$ 180,000	\$ 191,636	\$ 37,500	\$ 82,000	\$ 206,000	\$ 82,000	
II. Client and Third Party Revenues:																							
12					12,000				10,000														
13																							
14																							
15				\$ 22,000	\$ 12,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
16				\$ 6,959,158	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 365,330	\$ 715,382	\$ 20,000	\$ 180,000	\$ 191,636	\$ 37,500	\$ 82,000	\$ 206,000	\$ 82,000	
GROSS PROGRAM REVENUE BUDGET																							

III. DIRECT COSTS	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Prisma (Santa Maria)	Turning Point (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria - WMPRES Treatment at Recovery Point ACR	Santa Maria - WMPRES Treatment at Another Road	Santa Maria - WMPRES Treatment at Transitional Center House (TCH)	Lompoc - WMPRES Recovery Way Home (LTC)	Prop 47 Step Down Facility	Prop 47 Sober Center	CALWORKS Counseling	Alcohol Drug Free Housing Emergency Shelter	Safe and Stable Housing	West Cox	Depot Street	Homeless Clinicians	Shelter Beds	
III.A. Salaries and Benefits Object Level																				
17. Salaries (Complete Staffing Schedule)	\$ 3,450,349	282,822	245,708	277,035	117,863	157,680	319,449	275,164	452,174	476,279	109,720	411,840	12,882	43,720	79,560	24,960	49,920	113,574	-	
18. Employee Benefits	\$ 834,684	70,705	61,427	69,259	29,466	39,420	79,862	68,791	113,043	119,070	21,944	82,366	3,221	10,930	20,686	3,120	12,979	28,393	-	
19. Payroll Taxes	\$ 345,035	28,282	24,571	27,704	11,786	15,768	31,945	27,516	45,217	47,628	10,972	41,184	1,288	4,372	7,956	2,496	4,992	11,357	-	
20. Salaries and Benefits Subtotal	\$ 4,630,067	\$ 381,809	\$ 331,706	\$ 373,997	\$ 159,116	\$ 212,868	\$ 431,256	\$ 371,471	\$ 610,434	\$ 642,976	\$ 142,636	\$ 535,392	\$ 17,391	\$ 58,022	\$ 108,202	\$ 30,576	\$ 67,891	\$ 153,924	\$ -	
III.B. Services and Supplies Object Level																				
21. Auto Expenses	\$ 76,700	1,000	4,200	3,500	500	1,000	10,000	5,000	10,000	10,000	10,500	9,000			9,200	500	1,000	1,300		
22. Contracted/Professional Services	\$ 259,708	30,100	34,083	34,283	6,933	14,000	24,000	20,242	40,384	39,384	2,400	7,800			1,300			4,800		
23. Depreciation/Occupancy	\$ 218,700	3,000	10,800	31,000	5,000	7,500	17,500	1,500	32,400	31,000	500	2,000	45,000						41,500	
24. Drug Testing	\$ 69,000	25,000	7,000	7,000	2,500	7,500	4,000	2,000	5,000	5,000	500	2,000	1,500		500			1,000		
25. Education & Training	\$ 21,500	2,000	2,000	2,000	1,000	1,500	2,000	1,000	5,000	5,000	937				1,100					
26. Govt Fees & Charges	\$ 30,537	3,000	3,000	3,000	2,000	2,000	3,000	2,000	5,000	5,000	6,375	6,748	2,000		1,100			800		
27. Insurance	\$ 47,223	2,500	3,300	6,000	1,000	2,000	2,500	2,000	6,000	6,000	6,375	6,748	2,000		1,100			800		
28. Laundry	\$ 4,750						1,000	750	1,500	1,500										
29. Legal and Accounting	\$ -																			
30. Meetings and Seminars	\$ 6,006	500	500	500	500	500	500	500	1,000	1,000								506		
31. Office Expense/Supplies	\$ 32,498	2,000	1,500	2,000	1,500	1,500	2,000	1,000	4,000	4,000	2,172	2,172	2,000	2,000	500	1,283	1,933	3,100		
32. Program Supplies/Food	\$ 67,711						15,000	8,000	10,000	10,000	11,250	5,000	3,000	3,000	5,461					
33. Program Supplies	\$ 96,440	6,000	9,500	3,000	4,000	5,000	8,000	7,000	7,000	7,000	10,880	9,800	12,000	12,000	3,960			3,300		
34. Rental of Buildings	\$ 174,720					12,000					117,600	39,120						6,000		
35. Rental of Equipment	\$ 11,750	1,500	1,000	1,000	1,500	1,500	1,500	750	1,500	1,500										
36. Repairs & Maintenance	\$ 108,850	7,500	7,000	4,000	4,000	500	15,000	5,000	15,000	15,000	5,850		10,000	10,000					20,000	
37. Telephone/Internet	\$ 45,900	2,500	1,500	1,500	1,500	4,000	5,000	1,500	5,000	5,000	6,750	5,040			2,880	250	480	3,000		
38. Travel Expense	\$ 12,500	1,000	1,000	1,000	1,000	1,000	1,000	1,000	2,500	2,500										
39. Util - Electricity	\$ 40,750	2,200	3,000	3,600	500	750	4,000	1,200	4,000	4,000				8,000				500	5,000	
40. Util - Heat (Gas)	\$ 16,100		2,000	800	350	750	1,000	1,200	2,000	2,000				6,000						
41. Util - Water/Sewer	\$ 46,504	750	2,500	5,000	1,000	750	4,000	1,700	8,000	10,000				8,000						
42. Master Lease	\$ 38,588													38,588					4,804	
43. Miscellaneous	\$ -																			
44. Rapid Rehousing and other payments	\$ -																			
45. Outreach Van	\$ -																			
46. Services and Supplies Subtotal	\$ 1,426,405	\$ 90,550	\$ 93,883	\$ 109,183	\$ 33,783	\$ 54,250	\$ 121,000	\$ 64,342	\$ 165,284	\$ 168,884	\$ 175,042	\$ 86,679	\$ -	\$ 97,500	\$ 63,469	\$ 2,033	\$ 3,413	\$ 25,806	\$ 71,304	
III.C. Client Expense Object Level Total (Not Med-Cal Reimbursable)																				
47																				
48																				
49. SUBTOTAL DIRECT COSTS	\$ 6,056,472	\$ 472,359	\$ 425,589	\$ 483,180	\$ 192,896	\$ 267,118	\$ 552,256	\$ 435,813	\$ 775,718	\$ 811,860	\$ 317,678	\$ 622,071	\$ 17,391	\$ 156,522	\$ 171,671	\$ 32,609	\$ 71,304	\$ 179,130	\$ 71,304	
IV. INDIRECT COSTS																				
Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 902,685	\$ 70,854	\$ 63,838	\$ 72,177	\$ 28,935	\$ 40,068	\$ 82,838	\$ 65,372	\$ 116,358	\$ 121,779	\$ 47,652	\$ 93,311	\$ 2,609	\$ 23,478	\$ 19,965	\$ 4,891	\$ 10,696	\$ 26,870	\$ 10,696	
GROSS DIRECT AND INDIRECT COSTS	\$ 6,959,158	\$ 543,213	\$ 489,427	\$ 555,357	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 365,330	\$ 715,382	\$ 20,000	\$ 180,000	\$ 191,636	\$ 37,500	\$ 82,000	\$ 206,000	\$ 82,000	

XX. Add the following to Exhibit B-3 ADP Sliding Fee Scale:

**EXHIBIT B-3-ADP
SLIDING FEE SCALE**

**COUNTY OF SANTA BARBARA
ALCOHOL & DRUG PROGRAM
FEE SCHEDULE *
2022-2023**

ANNUAL GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	13,590	18,310	23,030	27,750	32,470	37,190	41,910	46,630
10	17,910	22,630	27,350	32,070	36,790	41,510	46,230	50,950
15	22,230	26,950	31,670	36,390	41,110	45,830	50,550	55,270
20	26,550	31,270	35,990	40,710	45,430	50,150	54,870	59,590
25	30,870	35,590	40,310	45,030	49,750	54,470	59,190	63,910
30	35,190	39,910	44,630	49,350	54,070	58,790	63,510	68,230
35	39,510	44,230	48,950	53,670	58,390	63,110	67,830	72,550
40	43,830	48,550	53,270	57,990	62,710	67,430	72,150	76,870
45	48,150	52,870	57,590	62,310	67,030	71,750	76,470	81,190
50	52,470	57,190	61,910	66,630	71,350	76,070	80,790	85,510
55	56,790	61,510	66,230	70,950	75,670	80,390	85,110	89,830
60	61,110	65,830	70,550	75,270	79,990	84,710	89,430	94,150
65	65,430	70,150	74,870	79,590	84,310	89,030	93,750	98,470
70	69,750	74,470	79,190	83,910	88,630	93,350	98,070	102,790
75	74,070	78,790	83,510	88,230	92,950	97,670	102,390	107,110
80	78,390	83,110	87,830	92,550	97,270	101,990	106,710	111,430
85	82,710	87,430	92,150	96,870	101,590	106,310	111,030	115,750
90	87,030	91,750	96,470	101,190	105,910	110,630	115,350	120,070

MONTHLY GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	1,133	1,526	1,919	2,313	2,706	3,099	3,493	3,886
10	1,493	1,886	2,279	2,673	3,066	3,459	3,853	4,246
15	1,853	2,246	2,639	3,033	3,426	3,819	4,213	4,606
20	2,213	2,606	2,999	3,393	3,786	4,179	4,573	4,966
25	2,573	2,966	3,359	3,753	4,146	4,539	4,933	5,326
30	2,933	3,326	3,719	4,113	4,506	4,899	5,293	5,686
35	3,293	3,686	4,079	4,473	4,866	5,259	5,653	6,046
40	3,653	4,046	4,439	4,833	5,226	5,619	6,013	6,406
45	4,013	4,406	4,799	5,193	5,586	5,979	6,373	6,766
50	4,373	4,766	5,159	5,553	5,946	6,339	6,733	7,126
55	4,733	5,126	5,519	5,913	6,306	6,699	7,093	7,486
60	5,093	5,486	5,879	6,273	6,666	7,059	7,453	7,846
65	5,453	5,846	6,239	6,633	7,026	7,419	7,813	8,206
70	5,813	6,206	6,599	6,993	7,386	7,779	8,173	8,566
75	6,173	6,566	6,959	7,353	7,746	8,139	8,533	8,926
80	6,533	6,926	7,319	7,713	8,106	8,499	8,893	9,286
85	6,893	7,286	7,679	8,073	8,466	8,859	9,253	9,646
90	7,253	7,646	8,039	8,433	8,826	9,219	9,613	10,006

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

**For families/household with more than 8 persons, add \$4,540 for each additional person.

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

XXI. Delete Exhibit E – ADP & MHS Program Goals, Outcomes, and Measures in its entirety and replace it with the following:

Contractor and the Director of the Department of Behavioral Wellness or designee may agree to make changes to the program goals, outcomes, and/or measures described in this Exhibit E ADP in writing. Such changes do not alter the Maximum Contract Amount and do not require an amendment to this Agreement.

Program Evaluation CREDO47 – Stabilization Center		
Program Goals	Outcomes+ (all outcomes are in %)	Measures
1. Provide Screening and linkage to assist clients with engagement in treatment services.	A. % Clients linked*to SUD or MH treatment services	50%
	B. % Clients linked to physical healthcare services	10%
	C. % Clients without permanent housing linked to housing, shelter or residential services.	75%
	D. % Clients assisted with or linked to Other** Services	75%
<p>*Linked: Assisting client with completing an Access Screening to ensure a connection to treatment screening (e.g. Access line, Crisis Services, SUDWRAP) and/or provider is established; measured by number of completed Access Screenings.</p> <p>**Other: Veteran services, Food distribution, Clothing, Personal/Grooming Needs, Household Goods, Local Transportation, Educational Support Services</p> <p>+Additional program goals and outcomes may be established as part of the Proposition 47 evaluation process.</p>		

Program Evaluation Outpatient Services and Intensive Outpatient Services - Adult/TAY/Perinatal				
Program Goals		Outcomes (all outcomes are in %)	Measures Outpatient L1.0	Measures Intensive Outpatient L2.1
Successful SUD treatment and recovery	1	Adults <u>initiated</u> treatment	80%	80%
	2	Adults immediately <u>dropped out</u> of treatment	<6%	<6%
	3	Adults <u>engaged</u> in treatment	75%	60%
	4	Adults <u>retained</u> in treatment	45%	30%
	5	Adults successfully <u>completed</u> treatment	50%	35%
Behavioral Wellness expects treatment providers to offer clients who have completed treatment Recovery Services (aftercare), when medically necessary. The goal is that 75% of Recovery Services clients will successfully complete their Recovery Services treatment plan.				

Program Evaluation Residential Treatment – Non-perinatal			
Program Goals		Outcomes (all outcomes are in %)	Measures
Successful SUD treatment and recovery	1	Clients <u>initiated</u> treatment	80%
	2	Clients immediately <u>dropped out</u> of treatment	<2%
	3	Clients <u>engaged</u> in treatment	60%
	4	Clients primary drug <u>abstinence</u> at discharge	80%
	5	Clients <u>transferred</u> to treatment/lower level of care within 14 days	15%
Behavioral Wellness expects treatment providers to offer clients who have completed treatment Recovery Services (aftercare), when medically necessary. The goal is that 75% of Recovery Services clients will successfully complete their Recovery Services treatment plan.			

Program Evaluation Residential Treatment – Perinatal			
Program Goals		Outcomes (all outcomes are in %)	Measures
Successful SUD treatment and recovery	1	Clients <u>abstinence</u> at discharge/drug free births	100%
	2	Clients successfully <u>completed</u> treatment	70%
Behavioral Wellness expects treatment providers to offer clients who have completed treatment Recovery Services (aftercare), when medically necessary. The goal is that 75% of Recovery Services clients will successfully complete their Recovery Services treatment plan.			

Program Evaluation Withdrawal Management			
Program Goals		Outcomes (all outcomes are in %)	Measures
Successful SUD treatment and recovery	1	Clients immediately <u>dropped out</u> of treatment	<4%
	2	Clients successfully <u>completed</u> * treatment	50%
	3	Clients primary drug <u>abstinence</u> at discharge	100%
	4	Clients <u>transferred</u> to treatment/lower level of care within 14 days of discharge	30%
	5	Clients <u>re-admission</u> within 14 days	95%
	6	Clients <u>re-admission</u> within 30 days	75%
<p>*Detoxification does not constitute complete treatment. A successful detoxification service is measured in part by the engagement of the client in further treatment. Providers are expected to make every effort to refer and connect clients to another level of treatment once they have completed detoxification. For clients who have gone through detoxification, as planned by the provider, and who are being referred for additional treatment services, providers must use discharge code 3 – Left Before Completion with Satisfactory Progress – Referred. Neither discharge code 1 nor discharge code 2 may be used for detoxification discharges</p>			

Program Evaluation CESF		
Program Goals	Outcomes	All outcomes are in %
1. Mental Health Navigator	A. Unique clients linked to SUD or MH Treatment	50%
	B. Unique clients linked to Healthcare Services	40%
	C. Unique clients linked to Housing Services	40%
	D. Unique clients linked to Other Services	40%
2. Jail Discharge Planner	A. Unique clients linked to Probation Services	50%
	B. Unique clients screened for Appropriate Level of Care	95%

Program Evaluation		Residential Treatment: ADP Step-Down & MHS Safe and Stable Housing	Housing Support Services: Depot, Homekey, & West Cox,
Program Goals	Outcomes	%	%
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	≤5	≤5
	B. Psychiatric Inpatient Admissions	≤5	≤5
	C. Physical Health Hospitalizations	≤10	≤5
	D. Physical Health Emergency Care	≤10	≤5
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	≥95
	i. % clients discharged by program against client choice (attach any information about evictions/terminations)	≤5	≤5
	ii. % clients with property management issues (law enforcement involvement, property incidents; attach any information about issues)	≤5	≤5
	B. Engaged in Purposeful Activity	≥40	≥40
	C. Of those who discharged (#dc = denominator): % who transitioned to a higher level of care	≤15	≤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	≥85
3. 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
	B. % clients who are currently linked to mental health or substance use services	≥95	≥95
	C. % clients who are currently linked to benefits	≥95	≥95
	D. % clients with weekly rehab services focused on housing retention and basic living skills (attach group schedule and attendance)	≥95	≥95
	E. % clients with weekly service coordination with clinical team	≥95	≥95

***Note.** Considered unstable if an unplanned exit from program (jail, AWOL, eviction, etc.). Contractor and the Director of the Department of Behavioral Wellness or designee may agree to make changes to the program goals, outcomes, and/or measures described in this Exhibit E in writing. Such changes do not alter the Maximum Contract Amount and do not require an amendment to this Agreement.

- XIX. 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 original Agreement and First Amended Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by the First Amended Agreement and this Second Amended Agreement, 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.
- XX. 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.

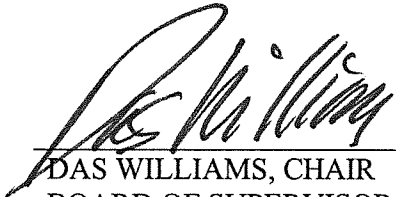
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SIGNATURE PAGE

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

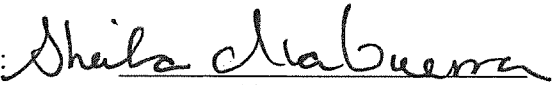
IN WITNESS WHEREOF, the parties have executed this Second Amended Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA:

By: 
DAS WILLIAMS, CHAIR
BOARD OF SUPERVISORS
Date: 1-24-23

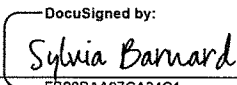
ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: 
Deputy Clerk
Date: 1-24-23

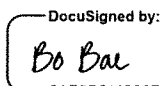
CONTRACTOR:

GOOD SAMARITAN SHELTER

By: 
Authorized Representative
Name: Sylvia Barnard
Title: Executive Director
Date: 1/10/2023

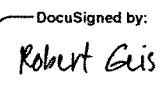
APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By: 
Deputy County Counsel

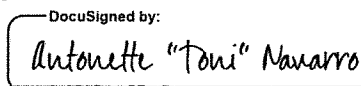
APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: 
Deputy

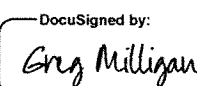
RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT,
DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: 
Director

APPROVED AS TO INSURANCE FORM:

GREG MILLIGAN, ARM
RISK MANAGER
DEPARTMENT OF RISK MANAGEMENT

By: 
Risk Manager