

**SIXTH AMENDMENT
TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR**

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

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

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

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

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

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

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

WHEREAS, the Fifth Amended Agreement, authorized by the County Board of Supervisors on September 15, 2020, updated language for compliance with changes to State and Federal requirements and corresponding Behavioral Wellness policies; added to Exhibit A-2 ADP the Medi-Cal 2.1 Level Outpatient services to the Recovery Point location effective July 1, 2020; decreased the ADP maximum contract amounts for 19-20 by \$179,836 due to unused funds for Proposition 47 Step-Down Housing and Sobering Center services and reallocated those funds by \$33,403 to Step-Down Housing and \$42,966 to the Sobering Center for FY 20-21, which resulted in a new ADP contract maximum of **\$14,128,631** for FYs 18-21, inclusive of \$2,582,003 for FY18-19, \$5,410,976 for FY 19-20, and \$6,135,652 for FY 20-21; removed the County Maximum Allowable (CMA) rate from the MHS Schedule of Rates and Contract Maximum for FY 19-20 and FY 20-21; reallocated \$500 in funds for shelter beds to the Non-Medi-Cal fund and added Homeless Emergency Aid Program (HEAP) rather than HMIOT funding as a source of funds without changing the MHS maximum contract amount of **\$494,000** for FY 19-21; updated the overall total maximum contract amount in Exhibits B of ADP and MHS to **\$14,622,631**, an overall decrease of \$103,467, and updated the B-1 ADP and MHS accordingly; updated the budgets in Exhibits B-2 for ADP and MHS; added Exhibit B-3 ADP Sliding Fee Scale for FY 20-21; provided authority to the County's Designated Representative to amend the staffing requirements of a particular program, amend the program goals, outcomes, and measures in Exhibit E, and reallocate funding and staffing amongst programs; and incorporated the terms and conditions set forth in the Second Amended Agreement approved by the County Board of Supervisors on June 18, 2019, the Third Amended Agreement approved on October 15, 2019, and the Fourth Amended Agreement approved on February 4, 2020, except as modified in the Fifth Amended Agreement;

WHEREAS, this Sixth Amended Agreement updates the Program Summary and specifics regarding each program site in Exhibit A-2 Statement of Work: ADP Outpatient Services (OS) and Intensive Outpatient Services (IOS) as well Exhibit A-3 Statement of Work: ADP Residential Treatment; adds ASAM level 3.5 services to Exhibit A-3 Statement of Work: ADP Residential Treatment, with no change to the ADP Maximum Contract Amount; allows Graduate Student Interns or Trainees to provide services under Exhibit A-9 MHS Statement of Work: Mental Health Homeless Clinicians in accordance with applicable law; and adds Mental Health services, effective November 1, 2020, for select Felony Mental Health Diversion clients and other justice-involved clients dealing with mental illness and/or substance abuse through the addition of Exhibit A-12: AB 1810 Safe and Stable Housing services due to unanticipated AB 1810 grant funding from the Department of State Hospitals received by the County Executive Office and accepted by the Board of Supervisors on January 28, 2020; increases the overall Mental Health Services contact maximum amount by **\$243,636** for FY 20-21 and accordingly updates Exhibit B ADP and MHS Financial Provisions, Exhibit B-1 Schedule of Rates and Contract Maximum, Exhibit B-2 ADP and MHS Program Budget, resulting in a new MHS contract maximum amount not to exceed **\$737,636** inclusive of MHS funds of \$247,000 for FY 19-20 and \$490,636 for FY 20-21 for a new overall maximum contract amount not to exceed **\$14,866,267** for FYs 18-21, inclusive of ADP funds of \$2,582,003 for FY 18-19, \$5,410,976 for FY 19-20, and \$6,135,652 for FY 20-21 and for the period December 1, 2018 through June 30, 2021; replaces Exhibit E Stepdown Housing; and incorporates the terms and conditions set forth in the Second Amended Agreement approved by the County Board of Supervisors on June 18, 2019, the Third Amended Agreement approved on October 15, 2019, the Fourth Amended Agreement approved on February 4, 2020, the Fifth Amended Agreement approved September 15, 2020, except as modified in this Sixth Amended Agreement; and

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

I. Delete Section 1 (Program Summary) of Exhibit A-2 Statement of Work ADP Outpatient Services (OS) and Intensive Outpatient Services (IOS) and replace it with the following:

1. PROGRAM SUMMARY.

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

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

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

II. Delete Section 1 (Program Summary) of Exhibit A-3 Statement of Work: ADP Residential Treatment and replace it with the following:

1. PROGRAM SUMMARY.

The Contractor shall provide residential alcohol and other drug (AOD) treatment (hereafter, “the Program”) to assist adult (age 18 and older) clients with a substance use disorder diagnosis to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling, and drug testing. The Program shall be licensed by the Department of Health Care Services (DHCS) for residential treatment and Drug Medi-Cal (DMC) certified to provide Residential Treatment Services with an ASAM designation of Level 3.1, Withdrawal Management 3.2. and Level 3.5 The Program will be located at:

A. Level 3.1 and 3.2:

1. Another Road (6 beds): 113 S. M Street, Lompoc, California – Non–perinatal beginning December 1, 2018 and Perinatal Adults beginning July 1, 2019;
2. Recovery Point Acute Care (12 beds): 401 “B” West Morrison Avenue, Santa Maria, California – Non–perinatal and Perinatal Adult 3.1 and 3.2 beginning December 1, 2018;

3. Recovery Way (16 beds): 608 West Ocean Avenue, Lompoc, California - Non-perinatal and Perinatal Adults beginning February 1, 2019;
4. TC House (20 beds): 412 E. Tunnel Street, Santa Maria, California Non-perinatal and Perinatal Adult beginning February 1, 2019.

B. Level 3.5:

1. Recovery Point Acute Care (12 beds): 401 “B” West Morrison Avenue, Santa Maria, California – Non–perinatal and Perinatal beginning January 1, 2021.

III. Delete Exhibit A-3 Statement of Work: ADP Residential Treatment, Section 3 (Services) and replace it with the following:

3. SERVICES. Contractor shall provide:

A. Residential Treatment Services - ASAM Level 3.1.

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

B. Withdrawal Management Services - ASAM Level 3.2.

Withdrawal Management services shall be provided at the residential facility and the client shall be monitored during the detoxification process, including 24-hour support. Medically necessary habilitative and rehabilitative services shall be provided in accordance with an individualized treatment plan prescribed by a physician. Contractor shall ensure that ASAM Level 3.2 services are provided including intake, observation, medication services, and discharge services. Services shall be provided in compliance with *Department Policy #7.007 Drug Med-Cal Organized Delivery System (DMC-ODS) Residential Treatment Services*.

1. **Withdrawal Management Services** - Withdrawal Management services shall only be provided in Residential Treatment Service facilities to clients with a substance use disorder diagnosis as determined by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA) when medically necessary and in accordance with the individual treatment plan. The length of Withdrawal Management services shall be individualized, but in most cases lasts between four (4) to seven (7) days. Withdrawal Management Services may include:

- i. **Intake:** The process of determining that a client meets the Medical Necessity criteria and admitting the client into a substance use disorder treatment program. Intake shall include: completion of all intake paperwork; the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may also include a physical examination and laboratory testing necessary for substance use disorder treatment.

- ii. **Observation:** The process of monitoring the client's course of withdrawal. Observation shall be conducted as frequently as deemed appropriate for the client and for ASAM Level 3.2. This may include but is not limited to observation of the client's health status.
- iii. **Medication Services:** The prescription or administration related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within their scope of practice or license. Medication services shall only be provided on site in compliance with Department of Health Care Services (DHCS) licensing requirements for Incidental Medical Services (IMS).
- iv. **Discharge Services:** The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and /or the linkage of the individual to essential community treatment, housing and human services.

C. Residential Treatment Services, ASAM Level 3.5.

Clinically Managed High-Intensity Residential Services that are designed to serve individuals whose addiction is currently so out of control that they need a 24-hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. Their multidimensional needs are of such severity that they cannot be treated in less intensive levels of care. Clients within this level of care can require up to 15 – 25 hours of treatment services per week.

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

1. **Minimum Requirements.** Residential services must include a minimum of fourteen (14) hours of treatment services per week; services may include group, individual counseling sessions, and family counseling. Contractor shall ensure that lengths of stay do not exceed 90 days with the average length of stay being 45 days. Residential services shall focus on interpersonal and independent living skills and access to community support systems. Contractor shall work with clients collaboratively to define barriers, set priorities, establish individualized goals, create treatment plans, and solve problems. Services shall be provided daily on the premises as scheduled.
2. **Residential Services.** Residential Services may include:
 - i. **Intake and Assessment:** The process of determining that a client meets the Medical Necessity criteria and admitting the client into a SUD treatment program. Intake must include completion of all intake paperwork, evaluation or analysis of substance use disorders, diagnosis of substance use disorders, and assessment of treatment needs to provide medically necessary services. Intake may also include a physical examination and laboratory testing necessary for SUD and treatment planning.
 - ii. **Group Counseling:** Group counseling services means face-to-face contact with one or more therapists or counselors who treat two (2) or more clients at the same time with a maximum of twelve (12) in the group, focusing on the needs of the individuals served.
 - iii. **Individual Counseling:** Face-to face contacts between a client and a LPHA or counselor which will focus on psychosocial issues related to substance use and goals outlined in the client's individualized treatment plan.

- iv. **Patient Education:** Provide research-based education on addiction, treatment, recovery, and associated health risks.
- v. **Family Therapy or Family Counseling/Education:** Includes a beneficiary's family members and loved ones in the treatment process, and education about factors that are important to the beneficiary's recovery, as well as their own recovery can be conveyed. Family therapy may only be provided by an LPHA while Family Counseling/Education may be provided by an AOD Counselor.
- vi. **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.
- vii. **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. "Significant persons" are individuals that have a personal, unofficial, or professional relationship with the client.
- viii. **Crisis Intervention Services:** Contact between a therapist or counselor and a client in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the client an imminent threat of relapse. Crisis Intervention Services shall be limited to the stabilization of the client's emergency situation.
- ix. **Treatment Planning:** The Contractor shall prepare an individualized written treatment plan based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake and then updated every subsequent 90 days unless there is a change in treatment modality or significant event that would then require a new treatment plan. The treatment plan will be consistent with the qualifying diagnosis and will be signed by the client and the Medical Director or LPHA.
- x. **Transportation Services:** Provision of or arrangement for transportation to and from medically necessary treatment.
- xi. **Discharge Services:** The process to prepare the client for referral into another level of care, post-treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing, and human services.

E. Case Management Services.

Case Management Services are medically necessary services provided by a LPHA or registered/certified AOD counselor to assist clients in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care (especially for clients with a chronic SUD), and interaction with the criminal justice system, if needed. All Case Management services should be provided in the context of an individualized client treatment plan that includes specific Case Management goals and identifies Case Management services. Contractor shall provide Case Management to clients who meet medical necessity as outlined in the *Department Policy #7.008 Drug Medi-Cal Organized Delivery System (DMC-ODS) Case Management*. Case Management may include:

- 1. **Transition to A Higher or Lower Level of SUD Care.** Transfers to the next service provider will be completed through "warm hand-offs".

2. **Communication, Coordination, Referral and Related Activities.** These activities help link the client with medical, social, or educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the client treatment plan.
3. **Monitoring Service Delivery to Ensure Client Access to Service and the Service Delivery System.** Monitoring and associated follow-up activities are necessary to adequately address the client's needs, and may be done with the client, family members, service providers, or other entities or individuals and may be conducted as frequently as necessary.
4. **Monitoring the Client's Progress.** This includes making any necessary modifications to the client's treatment plan and updating service arrangements with providers. Monitoring does not include evaluation or "check-ins" with a client when all client treatment plan goals have been met.
5. **Patient Advocacy, Linkages to Physical and Mental Health Care, Transportation and Retention in Primary Care Services.** All services, including transportation for the purposes of continuous engagement, support and linkage to treatment services, must link back to the stated goals and interventions in the client's treatment plan.

F. Recovery Services.

Recovery Services are medically necessary services to assist clients in the recovery and wellness process following a completed course of treatment. Recovery Services are designed to emphasize the client's central role in managing their health, promote the use of effective self-management support strategies, and provide internal and community resources to support ongoing self-management. All Recovery Services should be provided in the context of an individualized client treatment plan that includes specific goals and identifies Substance Use Disorder Assistance services including peer-to-peer services and relapse prevention as needed. Contractor shall provide Recovery Services to clients who have completed their course of treatment and meet medical necessity as outlined in the *Department Policy #7.010 Drug Medical Organized Delivery System (DMC-ODS) Recovery Services*. Recovery Services may include:

1. **Outpatient Counseling Services in the Form of Individual or Group Counseling.** Outpatient counseling services are intended to stabilize the client and then reassess if the client needs further care.
2. **Recovery Monitoring.** Recovery monitoring includes recovery coaching and monitoring via telephone, telehealth, and the internet.
3. **Substance Use Disorder Assistance.** This includes peer-to-peer services and relapse prevention provided by SUD Peer Support Staff. The amount, duration, and scope of peer-to-peer services must be specified in the client's treatment plan. Services must be provided by qualified peer support staff who assists clients with recovery from their SUDs in accordance with the Peer Support Training Plan.
4. **Support for Education and Job Skills.** This includes linkages to life skills, employment services, job training, and education services.
5. **Family Support.** This includes linkages to childcare, parent education, child development support service, family/marriage education.
6. **Support Groups.** This includes linkages to self-help and faith-based support groups.

7. **Ancillary Services.** This includes linkages to housing assistance, transportation, case management, and individual services coordination.

G. Drug Testing. Contractor shall provide random drug testing at laboratories in accordance with Clinical Laboratory Improvement Amendments of 1988 (CLIA) and section 353 of the Public Health Act as indicated for clients enrolled in Residential Treatment services.

H. For Clients Needing Medication Assisted Treatment (MAT).

1. **Contractor Will Accept Clients On Medication Assisted Treatment.** Contractor shall not deny services to any client who meets medical necessity and who is authorized for Residential Treatment Services while also receiving Medication Assisted Treatment.
2. **Assessments.** Contractor will assess all clients for opioid use disorders and alcohol use disorders that may benefit from Medicated Assisted Treatment and these clients will be referred to a psychiatrist/physician (MD), physician's assistant (PA) or nurse practitioner (NP) for further evaluation. Clients deemed eligible and willing to participate in MAT will be linked with an Opioid Treatment Program/Narcotic Treatment Program (OTP/NTP) or considered for MAT treatment within a contracted SUD provider.
3. **Coordination of Care.** Contractor will pursue coordination of care for clients on Medication Assisted Treatment to the extent allowed by the Welfare and Institutions Code (WIC), the Health Insurance Portability and Accountability Act (HIPAA), and the Code of Federal Regulations (CFR) Title 42, Part 2 by making reasonable efforts to obtain client releases of information (ROI) for any health care or health service providers also serving the client.

I. Physician Consultation.

Contractor may bill and be reimbursed for their Medical Director and/or licensed physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists for complex cases to address medication selection, dosing, side effect management, adherence, drug-to-drug interactions or level of care considerations.

J. Incidental Medical Services.

Contractor may provide Incidental Medical Services (IMS) in compliance with DHCS licensing requirements for IMS. IMS are services provided at a licensed residential facility by a health care practitioner that address medical issues associated with either detoxification or the provision of alcoholism or drug abuse recovery or treatment services to assist in the enhancement of treatment services. IMS does not include the provision of general primary medical care and can only be done pursuant to IMS licensing approval.

K. Perinatal Services.

Contractor shall provide perinatal substance use disorder treatment services to pregnant and postpartum women and their children. Contractor will provide perinatal services in a "perinatal certified substance use disorder program", meaning a Medi-Cal certified program which provides substance use disorder services to pregnant and postpartum women with substance use disorder diagnoses. Medical documentation that substantiates the client's pregnancy and the last day of pregnancy shall be maintained in the client record. Perinatal clients are eligible for longer stays based on medical necessity. Perinatal clients may receive lengths of stay up to the length of the pregnancy and postpartum period (i.e. up to the last day of the month in which the 60th day after the end of pregnancy occurs). Perinatal Services will include:

1. Individual, group counseling and drug testing that is in alignment with the current State of California Perinatal Practice Guidelines, and any updates thereto: http://www.dhcs.ca.gov/individuals/Documents/Perinatal_Practice_Guidelines_FY1819.pdf
2. Services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills;
3. Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
4. Access to services, such as arrangement for transportation;
5. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
6. Coordination of ancillary services, such as medical/dental, education, social services, and community services.

L. Transitions to Other Levels of Care (LOC).

Contractor shall ensure all clients are reassessed using the ASAM LOC Screening, at a minimum of every 30 days, unless medical necessity warrants more frequent reassessments, to ensure clients are receiving treatment in the appropriate LOC. Contractor shall ensure that clients length of stay not exceed 90 days. Contractor shall ensure that clients are transitioned to the appropriate LOC prior to expiration of Residential Services authorization or no later than 10 business days from the time of the assessment/reassessment or screening, with no interruption in treatment services.

M. Additional Contractor-Specific Services. Contractor shall provide the additional services indicated below:

1. Contractor shall provide SUD peer support staff in all treatment levels of care. SUD peer support staff must complete required training and receive county designation as peer support staff according to the DHCS-approved County SUD Peer Support Training Plan. Peer support staff shall obtain and implement a basic set of competencies in order to support client recovery and provide peer support services as outline in the *Department Peer Support Training Plan and Policy #7.010 Drug Medi-Cal Organized Deliver System (DMC-ODS) Recovery Services*.
2. Contractor shall provide transitional Residence Recovery services on a short term basis (no more than 30 days), with prior ADP staff approval, only to clients enrolled in the Recovery Residences program prior to February 1, 2019, who do not meet medical necessity.

IV. Delete Section 4 (Clients) of Exhibit A-3 Statement of Work: ADP Residential Treatment and replace it with the following:

4. CLIENTS.

- A. Contractor shall provide services as described in Section 3 (Services) to Residential Treatment Services ASAM Level 3.1 and Level 3.5 or Withdrawal Management Services ASAM Level 3.2 adult and adolescent clients referred by sources described in Section 5 (Referrals), up to the funding levels projected in Exhibit B-1 ADP for this Program.
- B. Contractor shall admit clients with co-occurring disorders where appropriate.

V. Delete Section 3 (Staff) of Exhibit A-9 MHS 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, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.
- A.** 1.2 FTE to consist of 1.0 FTE Lead Homeless Services Clinician and 0.2 FTE Homeless Services Clinician who shall be licensed mental health or waived/registered professionals as described in Title 9 CCR Sections 1810.223 and 1810.254.
1. Licensed mental health professionals under Title 9 CCR 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;
 - vii. Licensed Vocational Nurses.
 2. 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.
 3. Interns/Trainees. Contractor may utilize interns or 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:
 - i. Graduate Student Interns/Trainees under the direct supervision of Contractor's licensed, registered or waived Mental Health clinicians; and
 - ii. 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.
- B.** .05 FTE Clerical/accounting support.
- C.** 2.0 FTE unpaid interns under the supervision of the Homeless Clinician as described in Section 3.A.3.i. and ii.

VI. Add the following Exhibit A-12 Statement of Work MHS, AB 1810 Safe and Stable Housing:

**EXHIBIT A-12
STATEMENT OF WORK: MHS
AB 1810 Safe and Stable Housing**

(Services to begin November 1, 2020 and access to housing to begin December 1, 2020.)

- I. PROGRAM SUMMARY.** Contractor shall operate, and provide administrative oversight of, the AB 1810 Safe and Stable Housing program (hereafter the “AB 1810 Safe and Stable Housing Program” or the “Program”), consisting of emergency short-term housing for six (6) individuals who are homeless, low income, have qualifying serious mental illness (SMI), who face certain felony charges and have been determined, or could be determined, Incompetent to Stand Trial (IST) under the AB 1810 Pre-Trial Felony Mental Health Diversion Program (hereafter “AB 1810 Diversion Program”). Other justice-involved individuals may also be referred by Behavioral Wellness for residence at the Program. Contractor shall provide residents (hereafter “clients”) with direct services and referrals to community resources, assistance with personal needs and health/hygiene, coordination with other community services, and referral to long-term stable housing or shelter.

The Program is located at:

- A. 1443 Swallow Court, Santa Maria, California; and
- B. 1933 Elmwood, Santa Maria, California.

II. PROGRAM GOALS.

- A. Connect clients to long-term community care to divert clients from justice involvement and institutionalization;
- B. Reduce client incarceration, emergency room use, and hospitalizations;
- C. Provide a harm reduction model to clients;
- D. Connect clients to stable, permanent, and affordable housing as quickly as possible;
- E. Coordinate services with Behavioral Wellness clinic staff for the purpose of accessing wraparound services for clients to manage their mental health symptoms and successfully live in the community;
- F. Increase client access to Severe Mental Illness (SMI)/Substance Use Disorder (SUD) treatment;
- G. Increase client engagement in services;
- H. Increase client access to stable, long-term housing resources;
- I. Introduce clients to an ongoing process of recovery;
- J. Increase client self-sufficiency and empowerment; and
- K. Achieve and maintain stable/permanent housing for clients.

- III. SERVICES.** Contractor shall provide housing, consisting of six (6) single beds for six (6) clients, and services to clients referred to the Program by Behavioral Wellness. The services provided at each Program location shall include, but are not limited to:

- A. A safe environment for all clients, some of whom may not be clean and sober;
- B. An environment that is focused on harm reduction;

- C. Food for meal preparation by clients, in addition to use of shower, laundry, medication storage, and mailing services by clients, included in each night's stay for as long as the client is a resident at the Program;
- D. An appropriate combination of staff that shall be responsible for providing direct services, and oversight and administration of the coordination of indirect services provided by outside providers designed to empower clients to retain permanent residence, as described below in Section XII (Staffing) and as follows:
 - 1. Case Manager/House Navigator shall provide the following services to clients including, but not limited to:
 - i. Delivery of seamless services to avoid gaps in service;
 - ii. Integrated services with Behavioral Wellness clinics and other Community-Based Organizations and/or Agencies (CBO/CBA) to:
 - a. Facilitate recovery;
 - b. Empower clients by providing skill-building assistance;
 - c. Build independent living skills; and
 - d. Achieve and maintain stable/permanent housing for clients.
 - iii. Housing retention services;
 - iv. Case management services including, but not limited to:
 - a. Outreach/engagement;
 - b. Case management assessment;
 - c. Personalized plan for self-sufficiency and timeline;
 - d. Assistance connecting with community resources to access medical, educational, social, prevocational, rehabilitative, or other community services (e.g. local Recovery Learning Communities, housing options, Department of Social Services, Public Health, food banks, Goodwill, Department of Rehabilitation Vocational services, services to meet unique multi-cultural needs, AA/NA meetings); and
 - e. Connection to employment services.
 - v. Monitor clients for physical health issues;
 - vi. Assist clients with personal hygiene;
 - vii. Coordinate a variety of activities for clients;
 - viii. Provide daily oversight to ensure client safety and well-being;
 - ix. Provide medication assistance to include, but not limited to, the following:
 - a. Assist clients with obtaining needed medication;
 - b. Provide clients with transportation to a pharmacy; and
 - c. Provide daily reminders to clients.
 - x. Notify Behavioral Wellness if the client is experiencing a crisis and link the client to crisis services in collaboration with Behavioral Wellness;

- xi. Participate in weekly (or more frequently, if needed) meetings with Behavioral Wellness to coordinate services;
 - xii. Transportation of clients to locations or for purposes to include, but not limited to, the following:
 - a. Doctor appointments;
 - b. Court;
 - c. Probation appointments;
 - d. Self-help meetings; and
 - e. Outside establishments for shopping or appointments and escort clients, as needed.
2. Provide a live-in Property House Manager to provide services for twenty (20) hours a week (Saturday through Sunday or unless otherwise approved in coordination with Behavioral Wellness staff) to ensure a safe environment, whose services shall include but not be limited to the following:
- i. Provide daily oversight to ensure the safety and well-being of clients. If the Property House Manager is not available, the Case Manager/House Navigator, or the Director of Treatment shall provide oversight;
 - ii. Monitor chores;
 - iii. Facilitate house meetings;
 - iv. Pick-up food from the foodbank;
 - v. Provide back-up transportation of clients as needed for purposes including, but not limited to, the following:
 - a. Doctor appointments;
 - b. Court;
 - c. Probation appointments;
 - d. Self-help meetings; and
 - e. Outside establishments for shopping or appointments and escort clients, as needed.
 - vi. Other duties as assigned.
3. Program Supervisor to:
- i. Oversee staffing;
 - ii. Referrals; and
 - iii. Reporting to include annual staff training reports.

IV. CLIENTS. Contractor shall provide services as described above in Section III (Services) to:

A. Six (6) clients at any given time.

B. Each client must:

- 1. Be at least 18 years of age;
- 2. Be referred by Behavioral Wellness as described in Section VI (Referrals);

3. Meet the AB 1810 Diversion Program criteria as determined by Behavioral Wellness (hereafter “AB 1810 client”) or be a justice-involved individual;
4. Participate in the AB 1810 Diversion Program and abide by the terms and conditions set forth in the client’s diversion plan in order to retain residency in the Program (applies to AB 1810 clients only);
5. Be willing to accept treatment;
6. Continue work toward the goal of maintaining participation in the AB 1810 Diversion Program for a minimum of 30 days (applies to AB 1810 clients only);
7. Be willing to sign a housing agreement and enter the house voluntarily;
8. Accept and abide by the House Rules of Conduct; and
9. Be mutually agreed upon for admittance into the Program by Contractor and Behavioral Wellness, except as set forth in Section VIII (Exclusion Criteria).

V. LENGTH OF STAY. Clients may stay at the Program an average of six (6) to nine (9) months. If Behavioral Wellness determines that a client’s length of stay needs to exceed nine (9) months, it shall inform the Contractor and provide authorization in writing.

VI. REFERRALS. Contractor shall receive referrals of clients for the Program from Behavioral Wellness via telephone or written referral, and referrals shall be accompanied by written documentation for entry into the Program.

A. Contractor shall provide weekly status updates unless otherwise requested, to Behavioral Wellness on Program bed availability in order to facilitate the efficient use of resources and the effective assignment of beds for clients.

VII. ADMISSION PROCESS.

A. Behavioral Wellness will determine both the admission criteria of clients for the Program and the eligibility of clients for admission into the Program

B. Contractor shall admit mutually agreed upon eligible clients to the Program referred by Behavioral Wellness unless space is not available in the Program.

C. Contractor shall accept and process referrals for the admission of clients to the Program Monday through Friday from 8:00 a.m. to 5:00 p.m.

D. Contractor shall collect personal and demographic information of client in coordination with Behavioral Wellness and based on grant and programmatic requirements.

G. Upon acceptance of the clients into the program, Contractor shall complete and send a Verification of Enrollment form to Behavioral Wellness no later than 72 hours after admission of the client into the Program.

H. Admission Packet. Contractor shall conduct an intake meeting with each client of the Program and shall complete an admission packet for each client with the following information:

1. Consent to Program and Housing rules and guidelines, signed by client;
2. Release of information form, signed by client;
3. Financial assessment;
4. Personal and demographic information of client, which may include, but is not limited to:

- i. Social, economic, educational, and family background;
 - ii. Vocational achievements;
 - iii. Criminal history/legal status;
 - iv. Medical history;
 - v. Drug history;
 - vi. Previous treatment history; and
 - vii. Emergency contact information for client.
5. Contractor shall collect personal and demographic information of client in coordination with Behavioral Wellness and based on grant and programmatic requirements.

VIII. EXCLUSION CRITERIA.

- A.** On a case-by case basis, the following may be cause for client exclusion from the AB 1810 Safe and Stable Housing Program:
 - 1. Client threat of or actual violence toward staff or other clients;
 - 2. Rude or disruptive behavior that cannot be redirected, including but not limited to a continuous failure to abide by Program Rules and Guidelines; or
 - 3. Court determination that the AB 1810 client is unsuitable for diversion pursuant to Cal. Penal Code section 1001.36, subdivision (d).
- B.** County retains the right to exclude specific individual clients from the AB 1810 Diversion Program or AB 1810 Safe and Stable Housing Program based on the terms and conditions set forth in the AB 1810 client’s diversion plan or based on the criteria agreed upon by collaborative partner agencies at any point during participation in the AB 1810 Diversion Program or AB 1810 Safe and Stable Housing Program.
- C.** Contractor shall coordinate with the County regarding a client’s proposed exclusion from the Program.

IX. INVOLUNTARY DISCHARGE CRITERIA: Contractor may, on a case-by-case basis, terminate or discharge a client immediately during the initial (or any extension) term in collaboration with Behavioral Wellness in accordance with applicable law.

X. TRANSITION PROCESS. Contractor will provide a process for transitioning clients from the Program to the next level of care in collaboration with Behavioral Wellness staff. The next level of care may or may not include SMI/SUD treatment, as indicated by medical necessity. Contractor will review this transition process with the client on an ongoing basis.

XI. DOCUMENTATION REQUIREMENTS.

- A.** Contractor shall collect data for and provide quarterly reports to Behavioral Wellness no later than seven (7) calendar days following the end of the quarter or as otherwise directed by Behavioral Wellness and by electronic means, such as the Smartsheet or Vertical Change software systems. The reports shall include, but shall not be limited to, the following information:
 - 1. Demographics;
 - 2. Daily census;

3. Number of clients referred to the Program;
 4. Number of clients referred to SMI/SUD Treatment;
 5. Number of clients engaged in SMI/SUD Treatment;
 6. The types of services and supports provided to each client;
 7. Number of clients arrested/incarcerated and/or hospitalized while in the Program;
 8. Number of clients placed in stable/permanent housing;
 9. Number of times clients were transported; and
 10. Number of clients discharged from the Program.
- B.** Contractor shall report within 24 hours via email to the Behavioral Wellness Manager or designee if a current AB 1810 client or justice involved client is absent without leave (AWOL) from the Program or is involved in a Special Incident as defined below.
1. Contractor shall report the following data points regarding Special Incidents:
 - i. That a Special Incident occurred;
 - ii. What client was involved in the Special incident;
 - iii. Type of Special Incident;
 - iii. How many people were involved in the Special Incident; and
 - iv. How Contractor responded to the Special Incident.
 2. The following occurrences qualify as Special Incidents:
 - i. Suicide or attempt;
 - ii. Death or serious injury of, or by, a client;
 - iii. Criminal behavior (including arrests, with or without conviction); and
 - v. Any incident that may result in public or media attention to AB 1810 Diversion Program or AB 1810 Safe and Stable Housing Program.
- C.** Contractor shall establish policies and procedures implementing the AB 1810 Safe and Stable Housing Program and AB 1810 Diversion Program and provide Behavioral Wellness with a copy of such policies and procedures.
- D.** Contractor shall provide data and reports related to the Program to Behavioral Wellness as deemed necessary and as directed by Behavioral Wellness, and shall submit the data and reports via electronic means, such as through the Smartsheet or Vertical Change software systems. Reports include at minimum:
1. Monthly Staffing report;
 2. Quarterly Exhibit E MHS Program Goals, Outcomes and Measures report;
 3. Annual Staff Training report; and
 4. Monthly bed status reports.

XII. STAFFING. Contractor will provide the following Full-Time Equivalent (FTE) staffing levels, based on a 40-hour work week:

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

XIII. ADDITIONAL REQUIREMENTS.

- A. Health Requirements.** Contractor, its personnel, subcontractors, and other service providers through this Agreement may be required to:
 - 1. Show written proof that they have received an influenza vaccine;
 - 2. Complete an Influenza Declination Form, which will be provided upon request; or
 - 3. Wear a mask (applies to all non-vaccinated providers); and
- B. Permits/Licenses.** Contractor shall procure and keep in full force and effect during the term of this Agreement all permits, registrations, and licenses necessary to accomplish the work specified in this Agreement and shall give all notices necessary and incident to the lawful prosecution of the work. Contractor shall provide proof of any such license(s), permits(s), and certificate(s) upon request of the County. Contractor agrees that failure by itself to provide evidence of licensing, permits, or certifications shall constitute a material breach for which the County may terminate this Agreement for cause.

The terms and conditions of Department State Hospital (DSH) Agreement Number 19-79011-000 and all attachments thereto, are incorporated herein by this reference with the same force and effect as if the terms and conditions were specifically set forth herein, and Contractor agrees to comply with said terms and conditions.

For the agreement with DSH, see:

<https://santabarbara.legistar.com/LegislationDetail.aspx?ID=4313665&GUID=97D08645-7FAF-4571-BCBB-54DCE220DD85&Options=&Search=>

XIV. COUNTY RESPONSIBILITIES.

- A.** County shall collaborate with community stakeholders and other partner agencies in the planning and implementation of the AB 1810 Diversion Program as outlined in the required program plan document. Collaborative partners include but are not limited to the following county-specific groups: behavioral health, community-based treatment providers, housing providers, courts, Public Defender, District Attorney, probation, and Sheriff/jail administrator.
- B.** County shall thoroughly assess and identify, which AB1810 clients are clinically appropriate for admission into the AB 1810 Diversion Program based upon statutory criteria (Welfare & Institutions Code, § 4361).
- C.** County will determine both the admission criteria of clients for the Program and the eligibility of clients for admission into the Program.
- D.** County will provide AB 1810 Felony Mental Health Diversion Program services while AB 1810 clients are incarcerated and awaiting release
- E.** County will provide service referrals on behalf of AB 1810 clients upon successful completion of the AB 1810 Felony Mental Health Diversion Program.
- F.** County shall oversee the Program referral process.
- G.** County shall provide referral forms and the client fact sheet intake form to Contractor.
- H.** County shall provide staff who will support the Program, and staffing will be coordinated between Contractor and Behavioral Wellness based on staff availability and client need.
- I.** County will notify the DSH Contract Manager if a current AB 1810 client is Absent Without Leave (AWOL) or is involved in a Special Incident as described in Section XII.B.

THIS SECTION LEFT BLANK INTENTIONALLY

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

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$14,866,267** inclusive of **\$14,128,631** in Alcohol and Drug Program funding of \$2,582,003 for FY 18-19, \$5,410,976 for FY 19-20, and \$6,135,652 for FY 20-21, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1 ADP. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

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

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$14,866,267** inclusive of **\$737,636** in Mental Health Services funding of \$247,000 for FY 19-20 and \$490,636 for FY 20-21, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MHS and subject to the provisions in Section I (Payment for Services). Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

IX. Delete Exhibit B-1 ADP Schedule of Rates and Contract Maximum for FY 19-20 and replace it with the following:

THIS SECTION LEFT BLANK INTENTIONALLY

EXHIBIT B-1- ADP
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibits A-2 through A-6, A-10, and A-11 for FY 19-20)

Exhibit B-1
Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Good Samaritan

FISCAL YEAR: 2019-20

Drug Medi-Cal / Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service	Projected Number of Clients
Drug Medi-Cal Billable Services	Outpatient	15	ODS Outpatient Treatment	15 Minute Unit	91	91	35,003	547
		15	ODS Case Management	15 Minute Unit	93	93	16,421	229
		15	ODS Physician Consultation	15 Minute Unit	94	94	876	12
		15	ODS Recovery Services	15 Minute Unit	95	95	12,329	172
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	8,467	97
	Residential	5	Level 3.2 Withdrawal Management	Bed Day	109	109	1,971	187
		5	Level 3.1 Residential Treatment	Bed Day	112	112	15,768	187
Drug Medi-Cal / Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maximum Allowable Rate	
Drug Medi-Cal Billable Services	Outpatient	15	ODS Group Counseling	15 Minute Unit	91	91	\$33.81	
		15	ODS Individual Counseling	15 Minute Unit	92	92	\$33.81	
		15	ODS Case Management	15 Minute Unit	93	93	\$33.81	
		15	ODS Physician Consultation	15 Minute Unit	94	94	\$141.59	
		15	ODS Recovery Services Individual	15 Minute Unit	95	95	\$33.81	
		15	ODS Recovery Services Group	15 Minute Unit	96	96	\$33.81	
		15	ODS Recovery Services Case Management	15 Minute Unit	97	97	\$33.81	
		15	ODS Recovery Services Monitoring	15 Minute Unit	98	98	\$33.81	
	Residential	10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	\$31.02	
		5	Level 3.2 Withdrawal Management - Treatment Only	Bed Day	109	109	\$184.84	
Non - Drug Medi-Cal Billable Services	Residential	5	Level 3.1 Residential Treatment - Treatment Only	Bed Day	112	112	\$143.29	
		N/A	Free-Standing Residential Detoxification	Bed Day	N/A	50	Actual Cost ²	
		N/A	Residential Recovery Long Term (over 30 days)	Bed Day	N/A	51	Actual Cost ²	
		N/A	Residential Treatment Services, Room & Board Only	Bed Day	N/A	58	Actual Cost ²	
		N/A	Residential Treatment Services Perinatal, Room & Board Only	Bed Day	N/A	58-1	Actual Cost ²	
		N/A	Alcohol/Drug Free Housing (Perinatal/Parolee Only)	Bed Day	N/A	57a	Actual Cost ¹	
	CalWORKS	N/A	Interim Treatment Services (CalWORKS Only)	Hours	N/A	35	Actual Cost ²	

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

SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**																
Drug Medi-Cal	\$ 458,213	\$ 430,832	\$ 463,607	\$ 205,744	\$ 259,186	\$ 450,443	\$ 372,606	\$ 730,604	\$ 789,662							\$ 4,160,897
Realignment/SAPT - Discretionary	\$ 33,000	\$ 22,675	\$ 24,400	\$ 10,829	\$ 16,000	\$ 102,101	\$ 99,829									\$ 308,834
Realignment/SAPT - Perinatal								\$ 115,262	\$ 132,827							\$ 248,089
Realignment/SAPT - Adolescent Treatment																\$ -
Realignment/SAPT - Primary Prevention																\$ -
CalWORKS ³						\$ 5,000	\$ 5,000	\$ 40,000	\$ 10,000					\$ 20,000	\$ 180,000	\$ 260,000
Other County Funds										\$ 145,720	\$ 287,436					\$ 433,156
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 145,720	\$ 287,436	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 5,410,976
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	\$ 982,426	\$ 907,014	\$ 976,014	\$ 433,146	\$ 550,372	\$ 1,115,088	\$ 954,870	\$ 1,771,732	\$ 1,864,978	\$ 570,976	\$ 1,020,012	\$ -	\$ -	\$ 40,000	\$ 360,000	\$ 11,546,628

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

**Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.

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

¹Rate based on most recently filed cost report.

²Rate based on approved costs.

X. Delete Exhibit B-1 MHS Schedule of Rates and Contract Maximum for FY 19-20 and FY 20-21 and replace it with the following:

**EXHIBIT B-1 MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**
(Applicable to programs described in Exhibits A-8 and A-9 for FY 19-20)

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

CONTRACTOR NAME: Good Samaritan Shelter Services, Inc.

FISCAL YEAR: 2019-2020

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

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

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$ 138,339					\$ 138,339
NON-MEDI-CAL		\$ 61,500				\$ 61,500
SUBSIDY	\$ 26,661					\$ 26,661
OTHER (LIST): HMIOT Grant		\$ 20,500				\$ 20,500
TOTAL (SOURCES OF FUNDING)	\$ 165,000	\$ 82,000				\$ 247,000

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

- (1) Additional services may be provided if authorized by Director or designee in writing.
- (2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.
- * MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.
- (4) CMA doesn't apply to FY 19-20.

EXHIBIT B-1 MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to programs described in Exhibits A-8, A-9, and A-12 for FY 20-21)

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

FISCAL YEAR: 2020-2021

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate(4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.58
			Collateral	Minutes	10	\$3.33
			*MHS- Assessment	Minutes	30	\$3.33
			MHS - Plan Development	Minutes	31	\$3.33
			*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.33
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.33
			Crisis Intervention	Minutes	70	\$4.95
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	\$28.08
	Residential		Residential	Per Bed per Day	N/A	\$50.00

	PROGRAM					TOTAL
	Homeless Clinician	Shelter Beds	Safe and Stable Housing Santa Maria			
GROSS COST:	\$ 165,000	\$ 82,000	\$ 243,636			\$ 490,636
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
OTHER (LIST):						\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -		\$ -
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000	\$ 243,636	\$ -	\$ -	\$ 490,636

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$ 107,250					\$ 107,250
NON-MEDI-CAL		\$ 62,000				\$ 62,000
SUBSIDY	\$ 57,750					\$ 57,750
OTHER (LIST): HEAP Grant		\$ 20,000				\$ 20,000
OTHER (LIST): AB1810 Grant			\$ 243,636			\$ 243,636
TOTAL (SOURCES OF FUNDING)	\$ 165,000	\$ 82,000	\$ 243,636	\$ -	\$ -	\$ 490,636

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

(1) Additional services may be provided if authorized by Director or designee in writing.

(2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.

* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.

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

XI. Delete Exhibit B-2 ADP and MHS Contract Budget for 20-21 and replace it with the following:

**EXHIBIT B-2 ADP & MHS
ENTITY BUDGET BY PROGRAM FY 20-21**

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet

AGENCY NAME: Good Samaritan Shelter																				
COUNTY FISCAL YEAR: 20/21																				
Gray Shaded cells contain formulas, do not overwrite																				
LINE #	COLUMN #	2	3	4	5	6	7	8	9	10	11	12	13	14	15	13	14	15	16	
	I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Premier(Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Sant Maria - WM/RES Treatment at Recovery Point	Lompoc - WM/RES Treatment at Another Road Detox	Santa Maria - WM/RES Treatment Transitional Center House (TCH)	Lompoc -WM/RES Treatment Recovery Way Home (LTCH)	Prop 47 Step Down Facility (starting Nov.1, 2019)	Prop 47 Sober Center (starting Nov.1, 2019)	Safe and Stable Housing	CALWORKS Counseling	Alcohol Drug Free Housing - Emergency Shelter	Homeless Clinicians	Mental Health Beds	
1	Contributions	\$ 41,051	\$ -																	
2	Foundations/Trusts	\$ 279,590	\$ -																	
3	Miscellaneous Revenue	\$ 58,000	\$ -																	
4	SB Co Behavioral Wellness Funding	\$ 6,626,288	\$ 6,626,288	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ 243,636	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000	
5	SB Co CWS	\$ 287,655	\$ 133,260	\$ 40,000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000										
6	Other Government Funding	\$ 3,081,293	\$ 146,230		\$ 20,920	\$ 32,650			\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150								
7	Rental Income	\$ 504,997	\$ -																	
8	Other (specify)		\$ -																	
9	Other (specify)		\$ -																	
10	Total Other Revenue	\$ 10,878,874	\$ 6,905,778	\$ 531,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 297,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 425,256	\$ 732,576	\$ 243,636	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000	
I.B Client and Third Party Revenues:																				
11	Client Fees	\$ 40,000	\$ 40,000	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000	\$ -	\$ -										
12	SSI		\$ -																	
13	Other (specify)		\$ -																	
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)	\$ 40,000	\$ 40,000	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	GROSS PROGRAM REVENUE BUDGET	\$ 10,918,874	\$ 6,945,778	\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 425,256	\$ 732,576	\$ 243,636	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000	

III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Premier(Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Sant Maria - WM/RES Treatment at Recovery Point	Lompoc - WM/RES Treatment at Another Road Detox	Santa Maria - WM/RES Treatment - Transitional Center House (TCH)	Lompoc - WM/RES Treatment - Recovery Way Home (LTH)	Prop 47 Step Down Facility (starting Nov.1, 2019)	Prop 47 Sober Center (starting Nov.1, 2019)	Safe and Stable Housing	CALWORKS Counseling	Alcohol Drug Free Housing - Emergency Shelter	Homeless Clinicians	Mental Health Beds
III.A. Salaries and Benefits Object Level																		
16 Salaries (Complete Staffing Schedule)	4,652,992	\$ 3,304,650	\$ 282,822	\$ 245,708	\$ 277,035	\$ 117,863	\$ 157,680	\$ 319,449	\$ 273,084	\$ 448,014	\$ 472,119	\$ 89,960	\$ 392,663	\$ 93,080	\$ 12,882	\$ 43,720	\$ 78,572	\$ -
17 Employee Benefits	\$ 1,163,248	\$ 827,093	\$ 70,705	\$ 61,427	\$ 69,259	\$ 29,466	\$ 39,420	\$ 79,862	\$ 68,271	\$ 112,003	\$ 118,030	\$ 22,490	\$ 98,166	\$ 24,201	\$ 3,221	\$ 10,930	\$ 19,643	\$ -
18 Consultants	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19 Payroll Taxes	\$ 465,299	\$ 330,465	\$ 28,282	\$ 24,571	\$ 27,704	\$ 11,786	\$ 15,768	\$ 31,945	\$ 27,308	\$ 44,801	\$ 47,212	\$ 8,996	\$ 39,266	\$ 9,308	\$ 1,288	\$ 4,372	\$ 7,857	\$ -
20 Salaries and Benefits Subtotal	\$ 6,281,539	\$ 4,462,209	\$ 381,809	\$ 331,706	\$ 373,997	\$ 159,116	\$ 212,868	\$ 431,256	\$ 368,663	\$ 604,818	\$ 637,360	\$ 121,446	\$ 530,095	\$ 126,589	\$ 17,391	\$ 59,022	\$ 106,072	\$ -
III.B Services and Supplies Object Level																		
21 Auto Expenses	108,877	\$ 75,500	\$ 1,000	\$ 4,200	\$ 3,500	\$ 500	\$ 1,000	\$ 10,000	\$ 5,000	\$ 10,000	\$ 10,000	\$ 14,000	\$ 7,000	\$ 8,000			\$ 1,300	
22 Contracted/Professional Services	531,700	\$ 327,700	\$ 37,400	\$ 37,400	\$ 37,400	\$ 20,400	\$ 19,400	\$ 27,400	\$ 27,400	\$ 52,400	\$ 52,400	\$ 2,400	\$ 2,400	\$ 1,300			\$ 10,000	
23 Depreciation/Occupancy	414,200	\$ 218,700	\$ 3,000	\$ 10,800	\$ 31,000	\$ 5,000		\$ 17,500	\$ 1,500	\$ 32,400	\$ 31,000					\$ 45,000	\$ -	\$ 41,500
24 Drug Testing	83,400	\$ 68,500	\$ 25,000	\$ 7,000	\$ 7,000	\$ 2,500	\$ 7,500	\$ 4,000	\$ 2,000	\$ 5,000	\$ 5,000	\$ 500	\$ 1,500			\$ 1,500		
25 Education & Training	26,800	\$ 24,500	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000		\$ 2,000	\$ 1,000	\$ 5,000	\$ 5,000			\$ 1,500			\$ 3,000	
26 Gov'tl Fees & Charges	41,400	\$ 34,100	\$ 3,000	\$ 3,000	\$ 3,000	\$ 2,000	\$ 1,500	\$ 3,000	\$ 3,000	\$ 5,000	\$ 5,000	\$ 4,500		\$ 1,100				
27 Insurance	96,846	\$ 39,300	\$ 2,500	\$ 3,300	\$ 6,000	\$ 1,000	\$ 2,000	\$ 2,500	\$ 2,000	\$ 6,000	\$ 6,000	\$ 1,000	\$ 1,500	\$ 2,700		\$ 2,000	\$ 800	
28 Laundry	4,750	\$ 4,750	\$ -					\$ 1,000	\$ 750	\$ 1,500	\$ 1,500							
29 Legal and Accounting	2,400	\$ -																
30 Meetings and Seminars	6,106	\$ 6,006	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 1,000	\$ 1,000						\$ 506	
31 Office Expense/Supplies	36,434	\$ 27,800	\$ 2,000	\$ 2,500	\$ 2,000	\$ 1,500	\$ 1,500	\$ 2,000	\$ 1,000	\$ 2,000	\$ 2,000	\$ 5,000		\$ 1,200		\$ 2,000	\$ 3,100	
32 Program Supplies Food	107,361	\$ 74,200						\$ 15,000	\$ 8,000	\$ 10,000	\$ 10,000	\$ 15,000	\$ 6,000	\$ 7,200		\$ 3,000		
33 Program Supplies	163,280	\$ 110,760	\$ 4,000	\$ 9,500	\$ 4,500	\$ 1,500	\$ 3,000	\$ 8,000	\$ 4,000	\$ 7,000	\$ 7,000	\$ 25,000	\$ 18,000	\$ 3,960		\$ 12,000	\$ 3,300	
34 Rental of Buildings	270,040	\$ 231,200					\$ 12,000			\$ -	\$ -	\$ 168,000	\$ 39,200				\$ 12,000	
35 Rental of Equipment	13,000	\$ 9,600	\$ 1,300	\$ 1,300	\$ 1,500	\$ 500	\$ 500	\$ 1,000	\$ 500	\$ 1,500	\$ 1,500							
36 Repairs & Maintenance	154,573	\$ 93,000	\$ 2,500	\$ 7,000	\$ 4,000	\$ 500	\$ 500	\$ 6,000	\$ 2,500	\$ 10,000	\$ 15,000	\$ 9,000		\$ 6,000		\$ 10,000		\$ 20,000
37 Telephone/Internet	66,663	\$ 31,921	\$ 2,400	\$ 2,100	\$ 1,600	\$ 1,000	\$ 1,600	\$ 2,600	\$ 2,900	\$ 3,600	\$ 3,600	\$ 3,941	\$ 2,300	\$ 2,880			\$ 1,400	
38 Travel Expense	16,800	\$ 12,500	\$ 1,000	\$ 1,000	\$ 1,000		\$ 1,000	\$ 1,000	\$ 1,000	\$ 2,500	\$ 2,500						\$ 1,500	
39 Util - Electricity	108,668	\$ 47,750	\$ 2,200	\$ 3,000	\$ 3,600	\$ 500	\$ 750	\$ 8,000	\$ 1,200	\$ 6,000	\$ 6,000			\$ 3,000		\$ 8,000	\$ 500	\$ 5,000
40 Util - Heat (Gas)	35,212	\$ 17,900		\$ 2,000	\$ 800	\$ 350	\$ 750	\$ 1,000	\$ 1,200	\$ 2,000	\$ 2,000			\$ 1,800		\$ 6,000		
41 Util - Water/Sewer	144,848	\$ 51,854	\$ 750	\$ 2,500	\$ 5,000	\$ 250	\$ 750	\$ 8,500	\$ 1,700	\$ 8,000	\$ 8,000			\$ 3,600		\$ 8,000		\$ 4,804
42 Master Lease	38,568	\$ 38,568												\$ 38,568				
43 Rapid Rehousing and other payments	346,917	\$ -								\$ -	\$ -							
Implementation Costs	11,000	\$ 11,000												\$ 11,000				
44 Facil.Site Prep/Furn, Fixtures	383,291	\$ 33,382								\$ -	\$ -	\$ 33,382						
45 Services and Supplies Subtotal	\$ 3,213,134	\$ 1,590,492	\$ 90,550	\$ 99,100	\$ 114,400	\$ 39,000	\$ 54,250	\$ 121,000	\$ 67,150	\$ 170,900	\$ 174,500	\$ 248,341	\$ 111,282	\$ 93,808	\$ -	\$ 97,500	\$ 37,406	\$ 71,304
46 III.C. Client Expense Object Level Total (Not		\$ -																
47																		
48																		
49																		
50 SUBTOTAL DIRECT COSTS	\$ 9,494,673	\$ 6,052,700	\$ 472,359	\$ 430,806	\$ 488,397	\$ 198,116	\$ 267,118	\$ 552,256	\$ 435,813	\$ 775,718	\$ 811,860	\$ 369,787	\$ 641,377	\$ 220,397	\$ 17,391	\$ 156,522	\$ 143,478	\$ 71,304
IV. INDIRECT COSTS																		
52 Administrative Indirect Costs (Reimbursement limited to 15%)	1,424,201	\$ 893,077	\$ 70,854	\$ 64,621	\$ 73,260	\$ 29,717	\$ 40,068	\$ 82,838	\$ 65,372	\$ 116,358	\$ 121,779	\$ 55,468	\$ 91,199	\$ 23,239	\$ 2,609	\$ 23,478	\$ 21,522	\$ 10,696
53 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47-48)	\$ 10,918,874	\$ 6,945,778	\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 425,255	\$ 732,576	\$ 243,636	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000

XII. Delete Exhibit E Program Goals, Outcomes, and Measures Step-Down Supported Housing and replace with the following:

EXHIBIT E - MHS

PROGRAM GOALS, OUTCOMES, AND MEASURES

Program Evaluation		
Step-Down Housing & Safe and Stable Housing		
Program Goals	Outcomes	All outcomes are in %
1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems.	A. Incarcerations/Juvenile Hall	≤5
	B. Psychiatric Inpatient Admissions	≤5
	C. Physical Health Hospitalizations	≤10
	D. Physical Health Emergency Care	≤10
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy, and productive lives in the community.	A. Stable/Permanent Housing	≥95
	B. Engaged in Purposeful Activity	≥40
	C. Of those who discharged (#dc = denominator): % who transitioned to a higher level of care	≤15
	D. Of those who discharged (#dc = denominator): % who transitioned to a lower level of care (or graduated/discharged from care no longer needed or medical necessity not met)	≥85
3. Provide Case Management Services to assist clients with engagement in self-sufficiency and treatment services.	A. % clients referred to SUD or MH treatment services	50%
	B. % initiated Treatment	60%
	C. % clients <u>referred</u> to healthcare services	50%
	D. % clients <u>referred</u> to Other* Services	50%
	E. % clients <u>obtained</u> permanent housing	75%
4. Provide staffing to provide on-site recovery assistance and support services.	A. Maintain a six (6) client caseload at any one time	100%
+Additional program goals and outcomes may be established as part of the AB 1810 evaluation process.		
*Other = Vet Services, Food Distribution, Clothing, Personal/Grooming Needs, Household Goods, Local Transportation, Educational Support Services.		

XIII. All other terms and conditions remain in full force and effect.

SIGNATURE PAGE

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

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

COUNTY OF SANTA BARBARA:

By: _____
GREGG HART, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

GOOD SAMARITAN SHELTER

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D.
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO, RISK MANAGER
DEPARTMENT OF RISK MANAGEMENT

By: _____
Risk Manager