FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS FIRST AMENDMENT to the Agreement for Services of Independent Contractor, <u>BC #21-031</u>, (hereafter First 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 a Board Contract 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 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 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 MHS funding, consisting of \$743,599 for FY 21-22; \$571,136 for FY 22-23; and \$338,500 for FY 23-24;

WHEREAS, this First Amended Agreement adds \$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 FY 21-22 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 along with updates to 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, the ADP Exhibit B1 Schedule of Rates and Contract Maximum, the MHS Exhibit B1 Schedule of Rates and Contract Maximum, and the Exhibit B2 ADP & MHS Entity Budget by Program, and incorporates the terms and conditions set forth in the original Agreement approved by the County Board of Supervisors in June 22, 2021, except as modified in this First Amended Agreement.

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

I. Delete <u>Section 28 Compliance with Law of the Standard Terms and Conditions</u> and replace it 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; and letters including, but not limited to, those issued by 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, and/or letter shall be conclusive of that fact as between Contractor and County.

II. Add <u>Section 42 Prohibition on Certain Telecommunication and Video Surveillance Services or</u> Equipment to the Standard Terms and Conditions as follows:

42. PROHIBITION ON CERTAIN TELECOMMUNICATION AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT.

- **A.** Contractors are prohibited from obligating or expending loan or grant funds to:
 - 1. Procure or obtain;
 - 2. Extend or renew a contract to procure or obtain; or
 - 3. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.
- **B.** In implementing the prohibition under <u>Public Law 115-232</u>, section 889, subsection (f), paragraph (1), heads of executive agencies administering loan, grant, or subsidy programs shall prioritize available funding and technical support to assist affected businesses, institutions and organizations as is reasonably necessary for those affected entities to transition from covered communications equipment and services, to procure replacement equipment and services, and to ensure that communications service to users and customers is sustained.
- C. See Public Law 115-232, section 889 for additional information.
- **D.** See also § 200.471.

III. Add <u>Subsection L.</u> to <u>Section 2 Staff</u> of <u>Exhibit A-1 Statement of Work: ADP General Provisions</u> as follows:

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

- 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 employees; or
 - ii. Exemption status and testing results for its employees.

- 2. This requirement applies to all of Contractor's employees 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.

IV. Add <u>Subsection I.</u> to <u>Section 2. Staff of Exhibit A-8 Statement of Work MHS General Provisions</u> as follows:

I. <u>California Department of Public Health, Public Health Officer Order, Health Care Worker COVID-19 Vaccine Requirement.</u>

- 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 employees; or
 - ii. Exemption status and testing results for its employees.
- 2. This requirement applies to all of Contractor's employees 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.

V. Add <u>Subsection E. COVID Testing</u> to <u>Section 3 Services</u> of <u>Exhibit A-10 Statement of Work:</u> <u>MHS Coronavirus Emergency Supplemental Funding (CESF) Program</u> as follows:

- **E. COVID Testing.** Provide staff to conduct Coronavirus testing, including but not limited to:
 - 1. Complete clinical and administrative duties needed for Coronavirus testing;
 - 2. Schedule and coordinate appointments for Coronavirus testing;
 - 3. Conduct Coronavirus nasal swab testing on staff and clients;
 - 4. In addition to testing at the South Jail site identified above, travel to various locations to administer Coronavirus testing;
 - 5. Maintain supplies necessary for Coronavirus testing;
 - 6. Ensure adequate labelling of the specimens;
 - 7. Monitor and record the client's self-administered COVID-19 test;
 - 8. Enter the demographic information and program enrollment data to the required reporting system, to include but is not limited to HMIS, ETO, and VerticalChange.

VI. Delete <u>Subsection 9 Staffing of Exhibit A-10 Statement of Work: MHS Coronavirus Emergency Supplemental Funding (CESF) Program</u> and replace with the following:

9. 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 shall provide the following 4.50 full-time equivalent (FTE) staffing levels based on a 40-hour work week consisting of the following:

- A. 1.0 FTE Discharge Planner to provide clients with transportation between South Jail site and CREDO47 and/or Probation; coordinate COVID-19 assessment for services, testing, and/or vaccination; connect clients to mental health, substance abuse, and healthcare services as needed; and provide clients with case management, housing navigation, and housing retention services as described in this section and above in Section 3 (Services).
- **B.** 1.0 FTE Mental Health Navigator to provide case management to approximately twenty (20) clients; confirm and/or enter clients into housing database; and link clients to housing through coordination with Discharge Planner. 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 and housing location, address all service needs to stabilize clients in housing, promote recovery and community integration, and oversee staffing, referrals, quarterly reporting, semi-annual progress reporting, and time and effort reports, as described above in Section 3 (Services), Section 5 (Referrals), and Section 8 (Reporting).
- **C.** 2.0 FTE Transporters to provide on-call transportation services, with one (1) for South Jail site and one (1) for North Jail site.
- **D.** 0.50 FTE Coronavirus Testing Technician to conduct Coronavirus testing, including but not limited to the following duties: complete clinical and administrative duties needed for Coronavirus testing, schedule and coordinate appointments for Coronavirus testing, conduct Coronavirus nasal swab testing on staff and clients, travel to various locations to administer the test, including the South Main Jail and North Jail site, maintain supplies, ensure adequate labeling of the specimens, and enter data into the reporting system, as described above in Section 3 (Services).

VII. Add <u>Subsection G.</u> to <u>Section 10. Additional Requirements of Exhibit A-10 Statement of Work: MHS Coronavirus Emergency Supplemental Funding (CESF) Program the following:</u>

G. Capital Asset. Contractor acknowledges that the purchase of an outreach vehicle specially equipped to provide services for this Program is considered a capital asset and as such shall be used in the fulfillment of program services. Upon completion of the program, funded by CESF Grant BSCC 1122-20 A1 and scheduled to terminate on January 31, 2023, the County will provide the Contractor with a written plan regarding the necessary steps involved in the transfer of the capital asset or the continued use of the asset, in accordance with the grant requirements, as well as federal, state and county requirements.

VIII. Delete <u>Section II. Maximum Contract Amount</u> of <u>Exhibit B Financial Provisions – ADP</u> and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed \$18,430,039, inclusive of \$16,720,300 in Alcohol and Drug Program 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 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.

IX. Delete <u>Section II. Maximum Contract Amount</u> of <u>Exhibit B Financial Provisions – MHS</u> and replace with the following:

The Maximum Contract Amount of this Agreement shall not exceed \$18,430,039, inclusive of \$1,709,739 in Mental Health Services funding, consisting of \$800,103 for FY 21-22; \$571,136 for FY 22-23; and \$338,500 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.

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

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

(Applicable to programs described in Exhibit A2 - A7)

Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Good Samaritan FISCAL YEAR: 2021-24

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service		AoD Cost Report Service Code	Projected Units of Service	Projected Number
Drug medi-cai/Non Drug medi-cai	Service Type		ODS Outpatient Treatment	15 Minute Unit		91	20.418	547
		15	ODS Capalient Treatment ODS Case Management	15 Minute Unit 15 Minute Unit	91		6,100	154
	Outpatient	15 15	ODS Case warragement ODS Physician Consultation	15 Minute Unit 15 Minute Unit	93 94	93 94	325	154
Drug Medi-Cal Billable Services	Outpatient	15	ODS Projection Consultation ODS Recovery Services	15 Minute Unit	95	95	4.361	110
Drug Medi-Cai Billable Services		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	4,501	97
		5	Level 3.2 Withdrawal Management	Bed Day	109	109	1.150	230
	Residential	<u></u>	Level 3.1 Residential Treatment	Bed Day	112	112	2,300	250
		J	Level 5.1 residendal fleatifiera	Deu Day	112	AoD Cost	2,300	20
					DMC Camilas	Report Service		
Described Onlines Described Onli	Service Type	W. J.	Andre Brendeller	Unit of Service			A 11	All
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description					num Allowable Rate
		15	ODS Outpatient Treatment (OT)	15 Minute Unit	91	91		70.76
		15	ODS Individual Courseling	15 Minute Unit	92	92		370.76
		15	ODS Case Management	15 Minute Unit	93	93		70.76
		15	ODS Physician Consultation	15 Minute Unit	94	94		148.98
	Outpatient	15	ODS Recovery Services Individual ODS Recovery Services Group	15 Minute Unit 15 Minute Unit	95	95		370.76 370.76
Drug Medi-Cal Billable Services		15	ODS Recovery Services Group ODS Recovery Services Case Management		96	96		570.76 570.76
•		15	ODS Recovery Services Case Management ODS Recovery Services Monitoring	15 Minute Unit 15 Minute Unit	97	97		570.76 570.76
		15			98	98	<u>'</u>	
	-	10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105		570.76 159.64
	Banklandal	5	Level 3.2 Withdrawal Management - Treatment Only	Bed Day	109	109		
	Residential	<u>5</u>	Level 3.1 Residential Treatment - Treatment Only	Bed Day	112	112		159.64 159.64
		•	Level 3.5 Residential Treatment - Treatment Only	Bed Day	114	114		
		N/A	Level 3.2 Withdrawal Management - Room & Board	Bed Day	N/A	58		tual Cost ¹
		N/A	Level 3.1 Residential Treatment Room & Board	Bed Day	N/A	58		tual Cost ¹
		N/A	Level 3.5 Residential Treatment Room & Board	Bed Day	N/A	58		tual Cost ¹
		NA	Level 3.2 Withdrawal Management - Room & Board (Perinatal)	Bed Day	N/A	58-1		tual Cost ¹
Non -	Residential	N/A	Level 3.1 Residential Treatment Room & Board (Perinatal)	Bed Day	N/A	58-1		tual Cost ¹
Drug Medi-Cal Billable Services		N/A	Level 3.5 Residential Treatment Room & Board (Perinatal)	Bed Day	N/A	58-1		tual Cost ¹
		NA	Free-Standing Residential Detoxification	Bed Day	N/A	50		tual Cost ¹
		N/A	Residential Recovery Long Term (over 30 days)	Bed Day	N/A	51		tual Cost ¹
		NA	Alcohol/Drug Free Housing (Perinatal/Parolee Only)	Bed Day	N/A	56	Act	tual Cost ²
	CalWorks	NA	Interim Treatment Services (CalWORKS Only)	Hours	N/A	35	Act	tual Cost²

							PROGRAM							i
								Residential						
						Residential	Residential	Treatment at	Residential					
			Turning Point PN	Casa De Familia	Lompoc	Treatment at	Treatment at	Transitional	Treatment at		Prop 47			
	Recovery Point	Project PREMIE	Outpatient	Treatment Center	Recovery Center	Recovery Point	Another Road	Center House	Recovery Way	Prop 47 Step	Sobering	CalWorks	Alcohol Drug	
	(Santa Maria)	(Santa Maria)	(Lompoc)	(Santa Maria)	(Lompoc)	(Santa Maria)	Detox (Lompoc)	(Santa Maria)	Home (Lompoc)	Down Housing	Center	Counseling	Free Housing	TOTAL
GROSS COST:	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 484,462	\$ 757,951	\$ 20,000	\$ 180,000	\$ 6,521,723
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	ş -	s -	ş -	s -	\$ 301,490
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 484,462	\$ 757,951	\$ 20,000	\$ 180,000	\$ 6,220,233

																			_	
SOURCES OF BEHAVIORAL WELLINESS FUNDING FOR MAXIMUM CONTRACT AMOUNT*																				
Drug Medi-Cal	\$ 466,6	2 \$	430,832	\$ 4	463,607	\$ 205,744	\$ 261,4	27 \$	\$ 451,915	\$ 364,74	9 \$	720,604	\$ 754,662						\$	4,120,192
Realignment/SAPT - Discretionary	\$ 24,5	11				\$ 10,829	\$ 13,7	59 \$	\$ 100,629	\$ 107,68	6								\$	257,464
Realignment/SAPT - Perinatal		\$	22,675	\$	24,400						\$	125,262	\$ 167,827						\$	340,164
Realignment/SAPT - Adolescent Treatment																			\$	
Realignment/SAPT - Primary Prevention																			\$	
CalWORKS ²								40	\$ 5,000	\$ 5,00	0 \$	40,000	\$ 10,000			\$ 20,	000	\$ 180,00) \$	260,000
Other County Funds														\$ 484,462	\$ 757,951				\$	1,242,413
FY21-22 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDIN	\$ 491,2	3 \$	453,507	\$ 4	488,007	\$ 216,573	\$ 275,1	86 \$	\$ 557,544	\$ 477,43	5 \$	885,866	\$ 932,489	\$ 484,462	\$ 757,951	\$ 20,	000	\$ 180,00) \$	6,220,233
FY22-23 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDIN	\$ 491,2	3 \$	453,507	\$ 4	488,007	\$ 216,573	\$ 275,1	86 \$	\$ 557,544	\$ 477,43	5 \$	885,866	\$ 932,489	\$ 201,477	\$ 342,950	\$ 20,	000	\$ 180,000	\$	5,522,247
FY23-24 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDIN	\$ 491,2	3 \$	453,507	\$ 4	488,007	\$ 216,573	\$ 275,1	86 \$	\$ 557,544	\$ 477,43	5 \$	885,866	\$ 932,489	\$ -	\$	\$ 20,	000	\$ 180,00) \$	4,977,820
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDIN	\$ 1,473,6	9 \$	1,360,521	\$ 1,4	464,021	\$ 649,719	\$ 825,5	58 \$	\$ 1,672,632	\$ 1,432,30	5 \$	2,657,598	\$ 2,797,467	\$ 685,939	\$ 1,100,901	\$ 60,	000	\$ 540,00	\$	16,720,300

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.

[&]quot;Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Adual services provided and clients served may vary. Rate schedule specific to FY21-22 only, Rates for subsequent years will be based on the State approved schedule.

Rate based on approved costs.

²Rate based on most recently filed cost report.

XI. Delete Exhibit B-1- MHS in its entirety and replace 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: 2021-2024

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
			Targeted Case Management	Minutes	01	\$2.64
			Collateral	Minutes	10	\$3.41
			*MHS- Assessment	Minutes	30	\$3.41
Medi-Cal Billable Services	Outpatient	15	MHS - Plan Development	Minutes	31	\$3.41
Wedi-Gai Billable Gel Vices	Services	10	*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
	Shelter Beds		Shelter Beds	Per Bed per Day	N/A	\$28.08
Non-Medi-Cal Billable Services	Outreach & Case Management	N/A	Outreach & Case Management	N/A	N/A	Cost Reimbursed
	Residential		Residential	Per Bed per Day	N/A	\$50.00

	Homeless Clinician	Shelter Beds	Safe and Stable Housing Santa Maria	Homekey	Coronavirus Emergency Supplemental Funding (CESF)	West Cox	TOTAL
SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)							
MEDI-CAL (3)	\$ 107,250						\$ 107,250
NON-MEDI-CAL		\$ 61,500					\$ 61,500
SUBSIDY	\$ 57,750						\$ 57,750
OTHER (LIST): NPLH		\$ 20,500				\$ 37,500	\$ 58,000
OTHER (LIST): CESF Grant					\$ 228,967		\$ 228,967
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	\$ 228,967	\$ 37,500	\$ 800,103
MAXIMUM 22-23 CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000	\$ 232,636	\$ 54,000		\$ 37,500	\$ 571,136
MAXIMUM 23-24 CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$ 82,000	\$ -	\$ 54,000		\$ 37,500	\$ 338,500
TOTAL CONTRACT AMOUNT PAYABLE:	\$ 495,000	\$ 246,000	\$ 465,272	\$ 162,000	\$ 228,967	\$ 112,500	\$ 1,709,739

CONTRACTOR SIGNATURE:		
FISCAL SERVICES SIGNATURE:		

⁽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 waivered Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waivered 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.

XII. Delete Exhibit B-2 ADP & MHS Entity Budget By Program A in its entirety and replace 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: 2021-24

* HINE	COLUMN#	1		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
	L REVENUE SOURCES:		BEH WE PRO	OUNTY AVIORAL LLNESS OGRAMS OTALS	Recovery Point (Santa Maria)	,	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria - WWRES Treatment at Recovery Point	Lompoc - WM/RES Treatment at Another Road Detox	Santa Maria - WMRES Treatment - Transitional Center House (TCH)	Lompoc - WM/RES Treatment Recovery Way Home (LTCH)	Prop 47 Step Down Facility	Prop 47 Sober Center	Safe and Stable Housing (FY21-22 and FY22-23 only)	CALWORKS Counseling	Alcohol Drug Free Housing - Emergency Shelter	Coronavirus Emergency Supplemental Funding (CESF FY21-22 only)	West Cox	Homekey	Homeless Clinicians	Shelter Beds
1	Contributions		\$	-																			
_	Foundations/Trusts		\$	-																		ļ	
3	Miscellaneous Reve	nue	\$	-																		ļ	
4	SB Co Behavioral W	/ellness Funding	\$	6,791,369	\$ 491,213	\$ 453,507	\$ 488,007				\$ 477,435	\$ 885,866	\$ 932,489	\$ 484,462	\$ 757,951	\$ 232,636	\$ 20,000	\$ 180,000		\$ 37,500	\$ 54,000	\$ 165,000	\$ 82,000
5	SB Co CWS		\$	133,260	\$ 40,000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000											ļ	
_	Other Government F	unding	\$	146,230		\$ 20,920	\$ 32,650			\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150										
_	Private Insurance		\$	-																		ļ	
8	Federal Probation		\$	-																		ļ	
9	Other-Grant CESF		\$	228,967															\$ 228,967			ļ	
10	Rental Income		\$	-																		l	
11	Total Other Revenue)	\$	7,299,826	\$ 531,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 297,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 484,462	\$ 757,951	\$ 232,636	\$ 20,000	\$ 180,000	\$ 228,967	\$ 37,500	\$ 54,000	\$ 165,000	\$ 82,000
	II. Client and Third F	Party Revenues:																					
12	Client Fees			22,000	\$ 12,000				\$ 10,000	\$ -	\$ -												
	SSI																						
	Other (specify)			-																			
15	Total Client and Thir	d Party Revenues	\$	22,000	\$ 12,000	\$ -	\$ -	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16	GROSS PROGRAM	I REVENUE BUDGET	\$	7,321,826	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 484,462	\$ 757,951	\$ 232,636	\$ 20,000	\$ 180,000	\$ 228,967	\$ 37,500	\$ 54,000	\$ 165,000	\$ 82,000

III. DIRECT COSTS	BEH WE PRO	DUNTY AVIORAL LLNESS DGRAMS DTALS	Recovery Point (Santa Maria)		Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Santa Maria - WWRES Treatment at Recovery Point	Lompoc - WWRES Treatment at Another Road Detox	Santa Maria - WM/RES Treatment - Transitional Center House (TCH)	Lompoc - WWRES Treatment Recovery Way Home (LTCH)	Prop 47 Step Down Facility	Prop 47 Sober Center	Safe and Stable Housing (FY21-22 and FY22-23 only)	CALWORKS Counseling	Alcohol Drug Free Housing - Emergency Shelter	Coronavirus Emergency Supplemental Funding (CESF FY21-22 only)	West Cox	Homekey	Homeless Clinicians	Shelter Beds
III.A. Salaries and Benefits Object Level																					
17 Salaries (Complete Staffing Schedule)	\$	3,528,950	\$ 282,822	\$ 245,708	\$ 277,035	\$ 117,863	\$ 157,680	\$ 319,449	\$ 275,164	\$ 452,174	\$ 476,279	\$ 121,238	\$ 429,197	\$ 93,080	\$ 12,882	\$ 43,720	\$ 82,999	\$ 23,296	\$ 31,200	\$ 87,165	\$ -
18 Employee Benefits	\$	863,584	\$ 70,705	\$ 61,427	\$ 69,259	\$ 29,466	\$ 39,420	\$ 79,862	\$ 68,791	\$ 113,043	\$ 119,070	\$ 30,310	\$ 107,299	\$ 24,201	\$ 3,221	\$ 10,930)	\$ 6,989	\$ 7,800	\$ 21,791	
19 Payroll Taxes	\$	352,653	\$ 28,282	\$ 24,571	\$ 27,704	\$ 11,786	\$ 15,768	\$ 31,945	\$ 27,516	\$ 45,217	\$ 47,628	\$ 12,124	\$ 42,920	\$ 9,308	\$ 1,288	\$ 4,372	\$ 10,388		\$ 3,120	\$ 8,716	\$ -
20 Salaries and Benefits Subtotal	\$	4,745,187	\$ 381,809	\$ 331,706	\$ 373,997	\$ 159,116	\$ 212,868	\$ 431,256	\$ 371,471	\$ 610,434	\$ 642,976	\$ 163,671	\$ 579,416	\$ 126,589	\$ 17,391	\$ 59,022	\$ 93,387	\$ 30,285	\$ 42,120	\$ 117,672	\$ -
III.B Services and Supplies Object Level																					
21 Auto Expenses	\$	83,200	\$ 1,000	\$ 4.200	\$ 3.500	\$ 500	\$ 1.000	\$ 10,000	\$ 5,000	\$ 10,000	\$ 10,000	\$ 13,000	\$ 9,000	\$ 9,200			\$ 5.000		\$ 500	\$ 1,300	
22 Contracted/Professional Services	\$	257,608	\$ 30,100	\$ 34,083	\$ 34,283	\$ 6,933	\$ 14,000	\$ 24,000	\$ 20,242		,		,	\$ 1,300			,		,	\$ 4,800	
23 Depreciation/Occupancy	\$	218,700	\$ 3,000	\$ 10,800	\$ 31,000	\$ 5,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 17,500	\$ 1,500					. ,		\$ 45,000)			\$ -	\$ 41,500
24 Drug Testing	\$	68,750	\$ 25,000	\$ 7,000	\$ 7,000	\$ 2,500	\$ 7,500	, , , , , , ,	\$ 2,000			\$ 500	\$ 1,500			\$ 1,500		\$ 250			. ,
25 Education & Training	\$	22,500	\$ 2,000	, ,	,,,,,	\$ 1,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 2,000	\$ 1,000	,	,		, ,,,,,,	\$ 1,500		, ,,,,,,,				\$ 1,000	
26 Govtl Fees & Charges	\$	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	\$	42,200	\$ 2.500	\$ 3,300	\$ 6.000	\$ 1.000	\$ 2.000	\$ 2.500	\$ 2,000	\$ 6,000	\$ 6,000	\$ 4.500	\$ 2.100	\$ 1.500		\$ 2.000				\$ 800	
28 Laundry	\$	4,750	\$ -		,	, , , , , , ,	, , , , , ,	\$ 1.000					, , , , ,	, ,,,,,,		, , , , , ,					
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	\$	41,097	\$ 2,000			\$ 1,500			\$ 1,000	. ,	, , , , , ,	\$ 10,000	\$ 2,172	\$ 1,200		\$ 2,000		\$ 1,250	\$ 1,875		
32 Program Supplies Food	\$	74,200	V 2,000	Ų 1,000	, v 2,000	ų 1,000	ų 1,000	\$ 15,000	\$ 8,000					\$ 7,200		\$ 3,000		Ψ 1,200	ψ 1,010	\$ 0,100	
33 Program Supplies	\$	123,977	\$ 6,000	\$ 9,500	\$ 3,000	\$ 4.000	\$ 5,000	\$ 8,000	\$ 7.000	,	,		\$ 9,800	\$ 3,960		\$ 12,000	\$ 17,614			\$ 3,300	
34 Rental of Buildings	\$	263,300	V 0,000	V 0,000	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ų 1,000	\$ 12.000	y 0,000	4 1,000	\$ -	\$.,,,,,	\$ 168,000		\$ 0,000		V 12,000	\$ 38,100			\$ 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	V 100,000	\$ 00,200				V 00,100			\$ 0,000	
36 Repairs & Maintenance	\$	120,697	\$ 7,500		\$ 4,000	\$ 4.000	\$ 500	\$ 15,000	\$ 5.000			\$ 11,697		\$ 6,000		\$ 10.000					\$ 20,000
37 Telephone/Internet	\$	45,630	\$ 2,500			\$ 1,500	_	\$ 5,000	\$ 1,500	, ,,,,,,			\$ 4,200			V 10,000		\$ 250	\$ 600	\$ 3,000	V 20,000
38 Travel Expense	\$	12,500	\$ 1,000			ψ 1,000	\$ 1,000		\$ 1,000				Ψ 1,200	Ψ 2,000				Ų 200	Ψ 000	\$ 1,500	
39 Util - Electricity	Ŝ	43,750	\$ 2,200	, , , , , ,	, , , , , , ,	\$ 500	,	,	\$ 1,200	, , , , , , ,				\$ 3,000		\$ 8,000	1			\$ 500	\$ 5,000
40 Util - Heat (Gas)	¢	17,900	ψ 2,200	\$ 2,000		\$ 350			\$ 1,200					\$ 1,800		\$ 6,000				ψ 000	ψ 0,000
41 Util - Water/Sewer	¢	50.104	\$ 750			\$ 1.000			\$ 1,700					\$ 3,600		\$ 8,000					\$ 4.804
42 Master Lease	¢	38,568	ψ 100	Ψ 2,000	ψ 5,000	ψ 1,000	ψ 100	Ψ +,000	ψ 1,700	Ψ 0,000	ψ 10,000			\$ 38,568		ψ 0,000					Ψ 4,004
43 Miscellaneous	\$	1,862												ψ 50,500					\$ 1.862		
44 Rapid Rehousing and other payments	¢	1,002																	ψ 1,002		
45 Outreach Van	\$	45.000															\$ 45.000				
46 Services and Supplies Subtotal	Ť	1,628,149	\$ 90,550	\$ 93,883	\$ 109,183	\$ 33,783	\$ 54,250	\$ 121,000	\$ 64,342	\$ 165,284	\$ 168,884	\$ 257,600	\$ 79,672	\$ 82,808	\$ -	\$ 97,500	\$ 105,714	\$ 1,750	\$ 4,837	\$ 25,806	\$ 71,304
47 III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	\$	574																\$ 574			
48	\$	-																			
49 SUBTOTAL DIRECT COSTS	\$	6,373,910	\$ 472,359	\$ 425,589	\$ 483,180	\$ 192,898	\$ 267,118	\$ 552,256	\$ 435,813	\$ 775,718	\$ 811,860	\$ 421,271	\$ 659,088	\$ 209,397	\$ 17,391	\$ 156,522	\$ 199,101	\$ 32,609	\$ 46,957	\$ 143,478	\$ 71,304
50 IV. INDIRECT COSTS																		_			
4 Administrative Indirect Costs (Reimbursement limited to 15%)	\$	947,916	\$ 70,854	\$ 63,838	\$ 72,477	\$ 28,935	\$ 40,068	\$ 82,838	\$ 65,372	\$ 116,358	\$ 121,779	\$ 63,191	\$ 98,863	\$ 23,239	\$ 2,609	\$ 23,478	\$ 29,865	\$ 4,891	\$ 7,043	\$ 21,522	\$ 10,696
GROSS DIRECT AND INDIRECT COSTS	\$	7,321,826	\$ 543,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 484,462	\$ 757,951	\$ 232,636	\$ 20,000	\$ 180,000	\$ 228,967	\$ 37,500	\$ 54,000	\$ 165,000	\$ 82,000

- XIII. Effectiveness. The terms and provisions set forth in this First Amended Agreement shall modify and supersede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by this First 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.
- **XIV.** Execution of Counterparts. This First 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

First 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 First Amended Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA:

	By: JOAN HARTMANN, CHAIR BOARD OF SUPERVISORS Date:
ATTEST: MONA MIYASATO COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	CONTRACTOR: GOOD SAMARITAN SHELTER
By: Deputy Clerk Date:	By: Authorized Representative Name: Title: Date:
APPROVED AS TO FORM: RACHEL VAN MULLEM COUNTY COUNSEL	APPROVED AS TO ACCOUNTING FORM: BETSY M. SCHAFFER, CPA AUDITOR-CONTROLLER
By: Deputy County Counsel	By: Deputy
RECOMMENDED FOR APPROVAL: ANTONETTE NAVARRO, LMFT, DIRECTOR DEPARTMENT OF BEHAVIORAL WELLNESS	APPROVED AS TO INSURANCE FORM: GREG MILLIGAN, ARM RISK MANAGER DEPARTMENT OF RISK MANAGEMENT
By:	By: Risk Manager