

FIRST AMENDMENT 2018 - 2019

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 18-243**, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter Services, Inc.** (Contractor), wherein Contractor agrees to provide and County agrees to accept the services specified herein.

Whereas, Contractor(s) 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, this First Amended Contract adds new language to the Alcohol Drug Program (ADP) Perinatal Programs statement of work for the provision of Perinatal Residential Treatment Services, effective October 1, 2018 through December 31, 2018;

Whereas, this First Amended Contract provides increased funding of \$50,000 for a new FY 18-19 contract maximum not to exceed \$1,080,397 through June 30, 2019; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the original Agreement approved by the County Board of Supervisors in June 2018, except as modified in this First Amended Contract.

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

I. Delete Exhibit A-3- ADP Statement of Work Perinatal Programs and replace with the following:

1. **PROGRAM SUMMARY:** Contractor provides outpatient and perinatal residential alcohol and other drug (AOD) treatment to perinatal clients (hereafter, "the Program") to assist them to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling, and drug testing. The Programs also provides Intensive Outpatient Treatment services to perinatal clients. The Programs will be certified to provide Outpatient Alcohol and/or Other Drug Services. The Programs will be located at:

- A. Project PREMIE: 412 "B" East Tunnel Street, Santa Maria, California.
- B. Turning Point: 604 Ocean Avenue, Lompoc, California.
- C. Perinatal Residential: 401 "B" West Morrison, Santa Barbara, California (Recovery Point Acute Care).

2. PROGRAM GOALS.

- A. Introduce clients to an ongoing process of recovery designed to achieve total abstinence from abuse of AOD;
- B. Promote client self-sufficiency and empower substance abusers to become productive and responsible members of the community;
- C. Reduce recidivism and increase community safety;
- D. For Perinatal clients, 100% of babies born to women in the Program shall be drug free.

FIRST AMENDMENT 2018 - 2019

3. **SERVICES.** Contractor shall provide:

- A. **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:
- i. Individual, group counseling and drug testing that is in alignment with the State of California Perinatal Service Network Guidelines:
 - ii. http://www.dhcs.ca.gov/individuals/Documents/Perinatal_Practice_Guidelines_FY1819.pdf
 - iii. 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.
 - iv. Mother/child habilitative and rehabilitative services (i.e. development of parenting skills, training in child development).
 - v. Services access (i.e. provision of or arrangement for transportation to and from medically necessary treatment).
 - vi. Provide research-based education on addiction, treatment, recovery, and associated health risks.
 - vii. Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, education/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
 - viii. Contractor shall provide drug testing as described in the Behavioral Wellness Drug Testing Policy and Procedures, and SATC requirements, as applicable.
 - ix. Perinatal programs empower women to achieve and maintain clean and sober living, deliver healthy infants, strengthen family units, and lead productive lives. Services are designed to be gender- specific and culturally relevant, and are based on individual needs and demographics.
- B. **Outpatient Drug Free (ODF)** is treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services [Federal Definition].
- i. **ODF Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four or more clients, up to a total of ten (10) clients, at the same time, focusing on the needs of the individuals served, in a 30, 60, or 90 minute session.

FIRST AMENDMENT 2018 - 2019

- ii. Contractor shall ensure that each client receives a minimum of two group counseling sessions (minimum 90 minutes per group session) per thirty (30) day period depending on the client's needs and treatment plan or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided as scheduled. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session.
 - iii. **ODF – Individual [Service Code 34]** Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention, subject to the limitations described in Title 22 CCR Section 51341.1.
- C. **Case Management Services.** Contractor may use limited staff time to facilitate access to and coordination with complementary services identified in client treatment plans. Case management is defined as a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, and other community services. Case management services include:
- i. Comprehensive assessment and periodic reassessment of individual client needs to determine the need for the continuation of case management services;
 - ii. Transition to a higher or lower level of substance use disorder (SUD) care;
 - iii. Development and periodic revision of a client plan that includes service activities;
 - iv. Communication, coordination, referral, and related activities;
 - v. Monitoring service delivery to ensure client access to service and the service delivery system;
 - vi. Monitoring the client's progress; and
 - vii. Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.
- D. **Intensive Outpatient Treatment [Service Code 30].** Intensive Outpatient Treatment services are those that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes Intensive Outpatient Treatment programs which provide counseling and rehabilitation services to individuals with substance abuse impairments. Intensive Outpatient Treatment clients, as described in Section 4.A, participate according to a minimum attendance schedule and have regularly assigned treatment activities.
- i. Contractor shall provide perinatal substance abuse/use services to pregnant and postpartum women and their children. Contractor shall provide Intensive Outpatient Treatment model in which women receive treatment a minimum of three hours per day, three days per week. Per 22 CCR Section 51341.1:
 - a. Contractor shall provide services that address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, trauma, sexual and physical abuse, and development of parenting skills;

FIRST AMENDMENT 2018 - 2019

- b. Contractor shall provide mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
 - c. Contractor shall ensure service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment).
 - d. Contractor shall provide education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
 - e. Contractor shall provide coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
- E. Residential Treatment Services** - Residential Treatment services shall consist of non-medical, short-term services (up to 30 days) 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 Licensed Practitioner of the Healing Arts (LPHA) as medically necessary and in accordance with the individual treatment plan. Contractor shall ensure that four (4) residential Treatment service spaces are made available and that services include: assessment, treatment planning, individual and group counseling, family therapy, patient education, safeguarding medications, collateral services, crisis intervention services, and discharge planning and transportation services.
- i. **Residential Services** – Residential services must include a minimum of fourteen (14) hours of treatment services per week; services must include group and individual counseling sessions and at least one (1) family counseling, or family education session per week. 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. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session. Residential Services may include:
 - a. **Intake, Assessment and Treatment Planning:** The process of determining that a client meets the Medical Necessity criteria and admitting the client into a substance use disorder treatment program.
 - b. **Group Counseling:** Group counseling services means face-to-face contacts with one or more therapists or counselors who treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served.
 - c. **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.
 - d. **Family Therapy or Family Counseling/Education:** The effects of addiction are far-reaching and patient's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the patient's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the patient, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.

FIRST AMENDMENT 2018 - 2019

- e. **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.
 - f. **Collateral Services:** Sessions with LPHAs 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, not official or professional, relationship with the client.
 - g. **Crisis Intervention Services:** Contact between a LPHA 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.
 - h. **Treatment Planning:** The provider 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. The treatment plan must include:
 - i. **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.
 - j. **Medication Assisted Treatment (MAT):** Contractor will accept clients on medication assisted treatment (MAT). No client who meets medical necessity and who is authorized for Residential Treatment Services and receiving Medication Assisted Treatment (MAT) will be denied services. Contractor will assess all clients for opioid use disorders and alcohol use disorders that may benefit from Medicated Assisted Treatment (MAT) 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 OTP/NTP or considered for MAT treatment within a contracted SUD provider.
 - k. **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.
4. **CLIENTS.** Contractor shall provide services as described in Section 3 to a minimum of 195 clients, ages 18 and over, referred by sources described in Section 5.A (Referrals). Clients receiving Intensive Outpatient Treatment services may live independently, semi- independently, or in a supervised residential facility which does not provide this service. Contractor shall admit clients with co-occurring disorders where appropriate.

FIRST AMENDMENT 2018 - 2019

A. **DMC Perinatal Intensive Outpatient Treatment and DMC Perinatal Residential Treatment.** DMC reimbursement for Intensive Outpatient Treatment services and Residential Treatment services shall be available only for services provided to pregnant and postpartum beneficiaries or beneficiaries under the age of 21 who are targeted for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. Within the Intensive Outpatient Treatment program and Residential Treatment program, only pregnant and postpartum women are eligible to receive DMC services through the perinatal certified program.

- i. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met, as defined in 22 CCR Section 50260 and 50262.3(a). Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11th. Her eligibility as a pregnant and postpartum woman ends on October 31st.
- ii. Contractor shall ensure that at the end of the sixty day postpartum period, as defined by Title 22 CCR, women will continue in clinically indicated Treatment modalities, such as ODF Group and Individual Treatment.

B. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs.

5. REFERRALS.

A. Contractor shall receive client referrals from Parole, Probation, schools, Courts, CalWORKs staff, other County agencies, other outpatient contractors, and self-referrals.

- i. Contractor shall receive client referrals via phone, written referral, or walk in.
- ii. Referrals (other than self-referrals) shall be accompanied by written documentation.

B. Contractor shall notify the referral source – within 7 days of being informed by the client of his or her being referred for treatment – to confirm that the client has been scheduled for an intake appointment, pending Contractor's determination that substance use disorder services are medically necessary, consistent with Title 22 CCR Sections 51303 and 51341.1.

6. ADMISSION PROCESS.

A. Contractor shall interview client to determine client's appropriateness for the Program.

B. Contractor shall admit clients referred by sources described in Section 5.A (Referrals), unless the client meets one or more conditions specified in Section 7 (Exclusion Criteria), or if space is not available in the Program.

C. Admission criteria will be determined by the referral source and/or eligibility for funding stream.

D. **Admission Packet.** At Contractor's intake meeting with client, no later than twenty-four (24) hours of client's entry into Program, Contractor shall complete an admission packet for each client with the following information:

- i. Consent to Treatment form, Program rules and guidelines, signed by client;
- ii. Release of Information form, signed by client;
- iii. Financial assessment and contract for fees;

FIRST AMENDMENT 2018 - 2019

- iv. Personal/ demographic information of client, as described in the State of California Alcohol and/or Other Drug Program Certification Standards, including:
 - a. Social, economic and family background;
 - b. Education;
 - c. Vocational achievements;
 - d. Criminal history, legal status;
 - e. Medical history;
 - f. Drug history; and
 - g. Previous treatment.
 - v. Emergency contact information for client;
 - E. Contractor shall notify referral source if client is not accepted into the Program, based on Section 7 (Exclusion Criteria), within one business day of receiving the initial referral.
 - F. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.
 - G. State of California Alcohol and/or Other Drug Program Certification Standards Contractor shall notify referral source if client is not accepted into the Program, based on Section 7 (Exclusion Criteria), within one business day of receiving the initial referral.
 - H. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.
7. **EXCLUSION CRITERIA:** On a case-by-case basis, the following may be cause for client exclusion from the program:
- A. Client threat of or actual violence toward staff or other clients;
 - B. Rude or disruptive behavior that cannot be redirected.
 - C. Client does not meet medical necessity criteria, consistent with Title 22 CCR Sections 51303 and 51341.1.
8. **DOCUMENTATION REQUIREMENTS.**
- A. Contractor shall enter all CalOMS treatment data and all other client data required by County Behavioral Wellness into the County Behavioral Wellness's MIS system no later than seven (7) days after client entry into Program. Contractor shall complete an annual update of the CalOMS treatment data on the anniversary of client's admission to the Program (for clients in the same treatment service for one year or more), and when the client is discharged from the treatment service.
 - B. Contractor shall complete all assessments and follow-up as required by SAMHSA.

FIRST AMENDMENT 2018 - 2019

- C. No later than thirty (30) days after client entry into Program, Contractor shall complete:
- i. Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results of the ASI shall be utilized for treatment and discharge planning.
 - ii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV, DSM 5, or ICD 10 as determined by State and Federal regulations), and the assignment of a primary counselor. The Plan shall be consistent with the results of the client's ASI. Treatment planning must conform to DMC Emergency Regulations Title 22, Section 51341.1(h)(2). Contractor shall periodically review and update the Treatment Plan every ninety (90) days or more frequently as determined medically necessary.

9. DISCHARGES.

- A. Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in the State of California Alcohol and/or Other Drug Program Certification Standards. The Discharge Plan shall include:
- i. Recommendations for post-discharge including a comprehensive discharge plan in accordance with Title 22 CCR Section 51341.1(h)(6), which shall include, but are not limited to, all of the following: a description of each of the beneficiary's relapse triggers, a plan to assist the beneficiary to avoid relapse when confronted with each trigger, and a support plan;
 - ii. Linkages to other services, where appropriate;
 - iii. Reason for discharge; and
 - iv. Clinical discharge summary.
- B. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.
- C. Contractor shall document discharge information in CalOMS via the Behavioral Wellness MIS system no later than thirty (30) days following discharge.
- D. Any client that does not receive any service within a 30 day period shall be discharged, as of the date of last services, per CalOMS guidelines. The date of discharge shall be the last face to face contact.
- E. Clients with children shall be discharged to a specified location or service as determined by the Discharge Plan and the Treatment Team.

FIRST AMENDMENT 2018 - 2019

II. Attachment E- Program Goals, Outcomes, and Measures, add the following:

| Perinatal Residential Treatment | | | |
|---------------------------------------|---|--|----------|
| Program Goals | | Outcomes | Measures |
| Successful SUD treatment and recovery | 1 | Clients <u>initiated</u> treatment | 80% |
| | 2 | Clients immediately <u>dropped out</u> of treatment | <2% |
| | 3 | Clients <u>engaged</u> in treatment | 60% |
| | 4 | Clients primary drug <u>abstinence</u> at discharge | 80% |
| | 5 | Clients <u>transferred</u> to treatment/lower level of care within 14 days | 15% |

III. In Exhibit B Financial Provisions – ADP, Delete Section II Maximum Contract Amount and replace it with the following:

The Maximum Contract Amount of this Agreement shall not exceed **\$1,080,397**, inclusive of **\$853,897** in Alcohol and Drug Program funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-ADP. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor’s performance hereunder without a properly executed amendment.

IV. In Exhibit B Financial Provision – MH, Delete Section II. Maximum Contract Amount and replace it with the following:

The Maximum Contract Amount of this Agreement shall not exceed **\$1,080,397** inclusive of **\$226,500** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1–MH and subject to the provisions in Section I. 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.

FIRST AMENDMENT 2018 - 2019

V. Delete Exhibit B-1- ADP and replace with the following:

Exhibit B-1
Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Good Samaritan

FISCAL YEAR: 2018-19

| Drug Medi-Cal / Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | AoD Cost | | |
|---|---|------|---|-----------------|---------------------------|---------------------|-------------------------------|
| | | | | | DMC Service Function Code | Report Service Code | County Maximum Allowable Rate |
| Drug Medi-Cal Billable Services | Day Services | 10 | Intensive Outpatient Treatment (IOT) | Session | 30 | 30 | \$58.53 |
| | | | Intensive Outpatient Treatment (IOT) - Perinatal | Session | 30 | 30 | \$86.11 |
| | Outpatient | 15 | ODF Individual Counseling | Session | 80 | 34 | \$78.44 |
| | | | ODF Group Counseling | Session | 85 | 33 | \$30.89 |
| | | | ODF Individual Counseling - Perinatal | Session | 80 | 34 | \$81.93 |
| | | | ODF Group Counseling - Perinatal | Session | 85 | 33 | \$38.56 |
| | Residential Services | 5 | Perinatal Residential | Daily | 30 | 51 | \$90.14 |
| Non - Drug Medi-Cal Billable Services | Early Intervention / Secondary Prevention | NA | Early Intervention | Hours | N/A | 18 | Actual Cost |
| | | | Outreach / Intervention | Hours | N/A | 19 | Actual Cost |
| | | | Intravenous Drug User (IDU or IVDU) | Hours | N/A | 20 | Actual Cost |
| | | | Referrals/ Screening/ Intake | Hours | N/A | 21 | Actual Cost |
| | CalWORKs | NA | Interim Treatment Services CalWORKs | Hours | N/A | 35 | Actual Cost |
| | Residential | NA | Free-Standing Residential Detoxification | Bed Day | N/A | 50 | Actual Cost |
| | | | Perinatal Residential | Bed Day | N/A | 51 | Actual Cost |
| | | | Transitional Living Center (Perinatal/Parolee Only) | Bed Day | N/A | 56 | Actual Cost |
| | | | Alcohol/Drug Free Housing (Perinatal/Parolee Only) | Bed Day | N/A | 57 | Actual Cost |
| | Ancillary Services | NA | Perinatal Outreach | Hours | N/A | 22 | Actual Cost |
| | | | Case Management (excluding SACPA clients) | Hours | N/A | 68 | \$60.76 |
| Transportation (Perinatal/Parolee Only) | | | Hours | N/A | 71 | Actual Cost | |

* used the same rate as Perinatal Residential Treatment UOS (Daily) \$80.92
56-TLC PN is not DMC Svc - this rate comes from actual costs based on prior cost reports (both locations/beds=costs)

| Good Sam FY1819 | | | | | | | | | | | | | |
|---|------------------------------------|----------------------------|------------------------------|-------------------|------------------------------|--------------------------------------|---|--------------------------------------|---|--|------------------------|----------------------------------|-------------------|
| | Program | | | | | | | | | | | | TOTAL |
| | Residential Detox (Santa Maria)*** | Residential Detox (Lompoc) | Recovery Point (Santa Maria) | ROSC | Project PREMIE (Santa Maria) | Turning Point PN Outpatient (Lompoc) | Transitional Living Centers (Santa Maria) | Transitional Living Centers (Lompoc) | Alcohol and Drug Free Housing (Santa Maria) | Family Treatment Drug Court (Lompoc and Santa Maria) | Lompoc Recovery Center | Casa De Familia Treatment Center | |
| July 1, 2018 to December 31, 2018 | | | | | | | | | | | | | |
| GROSS COST: | \$ 194,400 | \$ 105,879 | \$ 163,694 | \$ 245,279 | \$ 166,648 | \$ 143,861 | \$ 153,390 | \$ 157,730 | \$ 370,382 | \$ 32,000 | \$ 62,642 | \$ 44,673 | \$ 1,840,578 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | | | | | | | | |
| PATIENT FEES | \$ 15,000 | \$ 10,000 | \$ 10,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 10,000 | \$ 5,000 | \$ 50,000 |
| CONTRIBUTIONS | \$ - | \$ 20,869 | \$ - | \$ 33,962 | \$ - | \$ - | \$ 50,000 | \$ 50,000 | \$ 88,134 | \$ - | \$ - | \$ - | \$ 242,965 |
| OTHER (LIST): Miscellaneous Revenue/Rents | \$ - | \$ - | \$ - | \$ 13,750 | \$ - | \$ - | \$ 17,500 | \$ 17,500 | \$ 3,750 | \$ - | \$ - | \$ - | \$ 52,500 |
| OTHER (LIST): Other Government | \$ 50,360 | \$ 20,360 | \$ 30,910 | \$ 190,217 | \$ 12,364 | \$ 12,364 | \$ 35,230 | \$ 35,230 | \$ 247,998 | \$ - | \$ 4,946 | \$ 1,237 | \$ 641,216 |
| TOTAL CONTRACTOR REVENUES | \$ 65,360 | \$ 51,229 | \$ 40,910 | \$ 237,929 | \$ 12,364 | \$ 12,364 | \$ 102,730 | \$ 102,730 | \$ 339,882 | \$ - | \$ 14,946 | \$ 6,237 | \$ 986,681 |
| MAXIMUM CONTRACT AMOUNT: | \$ 129,040 | \$ 54,650 | \$ 122,784 | \$ 7,350 | \$ 154,284 | \$ 131,497 | \$ 50,660 | \$ 55,000 | \$ 30,500 | \$ 32,000 | \$ 47,696 | \$ 38,436 | \$ 853,897 |
| SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | | | | | | | | | |
| Drug Medi-Cal | | | 85,729 | | 144,284 | 129,207 | | | | | 39,446 | 34,186 | 432,852 |
| Drug Medi-Cal - Perinatal Residential | 35,000 | | | | | | | | | | | | 35,000 |
| Realignment/SAPT - Discretionary | 79,040 | 53,650 | 37,055 | 7,350 | | 1,500 | | | | 32,000 | 8,250 | 4,250 | 223,095 |
| Realignment/SAPT - Perinatal | 15,000 | - | | | 10,000 | 790 | 34,660 | 50,000 | | | | | 110,450 |
| CalWORKS | | 1,000 | | | | | 16,000 | 5,000 | 30,500 | | | | 52,500 |
| Other County Funds | | | | | | | | | | | | | - |
| TOTAL (SOURCES OF FUNDING) | \$ 129,040 | \$ 54,650 | \$ 122,784 | \$ 7,350 | \$ 154,284 | \$ 131,497 | \$ 50,660 | \$ 55,000 | \$ 30,500 | \$ 32,000 | \$ 47,696 | \$ 38,436 | \$ 853,897 |

¹ CalWORKS units paid at rate established in most recently filed cost report.

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*The 15% Administrative Fee is deducted from the Drug Medi-Cal Gross Claim Maximum. Maximum (Net) Contract Amount is Less Administrative Fee of 15% (Drug Medi-Cal Only).

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

***Residential Detox Santa Maria - includes \$50k for DMC perinatal residential treatment and funds for board and care starting October 1, 2018.

FIRST AMENDMENT 2018 - 2019

VI. Delete Exhibit B-2 and replace with the following:

| Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet Entity Budget By Program | | | | | | | | | | | | | | | | | |
|--|---|---|-----------------------------------|--|-------------------|-------------------|-------------------|------------------------------|------------------------|-------------------------------------|--------------------------------|-------------------|-------------------|-------------------|------------------|-----------------------------------|------|
| AGENCY NAME: | | Good Samaritan Shelter | | | | | | | | | | | | | | | |
| COUNTY FISCAL YEAR: | | 2018-2019 | | | | | | | | | | | | | | | |
| Gray Shaded cells contain formulas, do not overwrite | | | | | | | | | | | | | | | | | |
| LINE # | COLUMN # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| I. REVENUE SOURCES: | | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY ADMS PROGRAMS TOTALS | CASA DE FAMILIA TREATMENT CENTER | RECOVERY POINT | PROJECT PREMIE | TURNING POINT | LOMPOC RECOVERY CENTER | HOMELESS CLINICIANS | SANTA MARIA EMERGENCY SHELTER | LOMPOC EMERGENCY SHELTER | SANTA MARIA TLC | LOMPOC TLC | SANTA MARIA DX | LOMPOC DX | FAMILY TREATMENT DRUG COURT | |
| 1 | Contributions | \$ 70,500 | \$ 64,800 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 39,800 | \$ 25,000 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 2 | Foundations/Trusts | \$ 181,138 | \$ 178,164 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 48,334 | \$ 8,962 | \$ 50,000 | \$ 50,000 | \$ - | \$ 20,869 | \$ - | |
| 3 | Miscellaneous Revenue | \$ 7,500 | \$ 7,500 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 3,750 | \$ 3,750 | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 4 | Behavioral Wellness | \$ 1,080,397 | \$ 1,080,397 | \$ 38,436 | \$ 122,784 | \$ 154,284 | \$ 131,497 | \$ 47,696 | \$ 165,000 | \$ 81,750 | \$ 17,600 | \$ 50,660 | \$ 55,000 | \$ 129,040 | \$ 54,650 | \$ 32,000 | |
| 5 | Other Government Funding | \$ 951,720 | \$ 579,716 | \$ 1,237 | \$ 30,910 | \$ 12,364 | \$ 12,364 | \$ 4,946 | \$ - | \$ 196,748 | \$ 179,968 | \$ 35,230 | \$ 35,230 | \$ 50,360 | \$ 20,360 | \$ - | |
| 6 | Reserves | | \$ - | | | | | | | | | | | | | \$ - | |
| 7 | Other (specify) | | \$ - | | | | | | | | | | | | | \$ - | |
| 8 | Other (specify) | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 9 | Other (specify) | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 10 | Total Other Revenue | \$ 2,291,255 | \$ 1,910,577 | \$ 39,673 | \$ 153,694 | \$ 166,648 | \$ 143,861 | \$ 52,642 | \$ 165,000 | \$ 370,382 | \$ 235,279 | \$ 135,890 | \$ 140,230 | \$ 179,400 | \$ 95,879 | \$ 32,000 | |
| I.B. Client and Third Party Revenues: | | | | | | | | | | | | | | | | | |
| 11 | Client Fees | \$ 50,000 | 50,000 | \$ 5,000 | \$ 10,000 | \$ - | \$ - | \$ 10,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 15,000 | \$ 10,000 | \$ - |
| 12 | SSI | \$ - | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 13 | Rents | \$ 251,900 | 45,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 10,000 | \$ 17,500 | \$ 17,500 | \$ - | \$ - | \$ - | |
| 14 | Total Client and Third Party Revenues (Sum of lines 19 through 23) | 301,900 | 95,000 | 5,000 | 10,000 | - | - | 10,000 | - | - | 10,000 | 17,500 | 17,500 | 15,000 | 10,000 | - | |
| 15 | GROSS PROGRAM REVENUE BUDGET | 2,593,155 | 2,005,577 | 44,673 | 163,694 | 166,648 | 143,861 | 62,642 | 165,000 | 370,382 | 245,279 | 153,390 | 157,730 | 194,400 | 105,879 | 32,000 | |

FIRST AMENDMENT 2018 - 2019

| III. DIRECT COSTS | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY ADHMS PROGRAMS TOTALS | CASA DE FAMILIA TREATMENT CENTER | RECOVERY POINT | PROJECT PREMIE | TURNING POINT | LOMPOC RECOVERY CENTER | HOMELESS CLINICIANS | SANTA MARIA EMERGENCY SHELTER | LOMPOC EMERGENCY SHELTER | SANTA MARIA TLC | LOMPOC TLC | SANTA MARIA DX | LOMPOC DX | FAMILY TREATMENT DRUG COURT |
|---|---|------------------------------------|--|----------------|----------------|---------------|------------------------------|------------------------|-------------------------------------|--------------------------------|-----------------|------------|----------------|------------|-----------------------------------|
| III.A. Salaries and Benefits Object Level | | | | | | | | | | | | | | | |
| 16 Salaries (Complete Staffing Schedule) | 1,155,240 | \$ 914,630 | \$ 22,585 | \$ 81,960 | \$ 89,691 | \$ 71,597 | \$ 27,331 | \$ 89,408 | \$ 154,752 | \$ 105,987 | \$ 55,406 | \$ 48,306 | \$ 96,408 | \$ 51,033 | \$ 20,164 |
| 17 Employee Benefits | 323,467 | \$ 245,367 | \$ 6,324 | \$ 22,949 | \$ 25,114 | \$ 20,047 | \$ 7,653 | \$ 14,305 | \$ 43,331 | \$ 29,676 | \$ 15,514 | \$ 13,526 | \$ 26,994 | \$ 14,289 | \$ 5,646 |
| 18 Consultants | | \$ - | | | | | | | | | | | | | |
| 19 Payroll Taxes | 115,524 | \$ 91,463 | \$ 2,259 | \$ 8,196 | \$ 8,969 | \$ 7,160 | \$ 2,733 | \$ 8,941 | \$ 15,475 | \$ 10,599 | \$ 5,541 | \$ 4,831 | \$ 9,641 | \$ 5,103 | \$ 2,016 |
| 20 Salaries and Benefits Subtotal | \$ 1,594,231 | \$ 1,251,461 | \$ 31,168 | \$ 113,105 | \$ 123,774 | \$ 98,805 | \$ 37,717 | \$ 112,654 | \$ 213,558 | \$ 146,262 | \$ 76,461 | \$ 66,662 | \$ 133,043 | \$ 70,425 | \$ 27,826 |
| III.B Services and Supplies Object Level | | | | | | | | | | | | | | | |
| 21 Auto Expenses | 21,625 | \$ 14,375 | - | - | 1,432 | 1,530 | - | - | 4,000 | 1,690 | 1,600 | 1,600 | 1,498 | 1,025 | - |
| 23 Contracted Services | 60,796 | \$ 54,453 | 127 | 972 | 271 | 300 | 40 | 10,660 | 8,729 | 6,707 | 5,385 | 7,302 | 6,826 | 7,132 | - |
| 24 Computer Expenses | 994 | \$ 254 | - | - | - | - | - | - | 194 | 59 | - | - | - | - | - |
| 25 Occupancy | 158,272 | \$ 96,333 | - | 1,529 | 4,665 | 7,474 | 5,400 | - | 28,430 | 2,585 | 16,422 | 24,598 | 4,391 | 840 | - |
| 27 Drug Testing | 21,119 | \$ 19,503 | 764 | 11,864 | 857 | 764 | 2,618 | - | 1,939 | 697 | - | - | - | - | - |
| 28 Education & Training | 9,300 | \$ 8,294 | 800 | 1,033 | 1,400 | 1,320 | 600 | 736 | 250 | 80 | 482 | 486 | 550 | 557 | - |
| 29 Gov'l Fees & Charges | 27,770 | \$ 24,744 | 2,000 | 1,689 | 2,597 | 2,137 | 1,800 | - | 184 | 340 | 4,612 | 4,612 | 2,775 | 1,998 | - |
| 30 Insurance | 27,266 | \$ 20,739 | 520 | 831 | 1,062 | 1,713 | 791 | 863 | 3,960 | 2,168 | 3,362 | 3,155 | 1,323 | 993 | - |
| 31 Laundry | - | \$ - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 32 Legal & Accounting | 1,514 | \$ 298 | - | - | - | - | - | - | 298 | - | - | - | - | - | - |
| 33 Meetings and Seminars | 92 | \$ 280 | - | - | - | - | - | 200 | 40 | 40 | - | - | - | - | - |
| 34 Office Expense/Supplies | 12,026 | \$ 11,928 | 1,152 | 1,812 | 1,501 | 1,350 | 895 | 2,348 | 2,208 | 663 | - | - | - | - | - |
| 35 Postage | 80 | \$ 80 | - | - | - | - | - | - | 40 | 40 | - | - | - | - | - |
| 36 Program Supplies Food | 16,826 | \$ 14,226 | - | - | - | - | - | - | 3,782 | 3,726 | 882 | 1,097 | 3,120 | 1,619 | - |
| 37 Program Supplies | 71,056 | \$ 58,249 | 905 | 2,862 | 2,503 | 2,632 | 912 | 1,105 | 12,242 | 6,710 | 9,788 | 11,242 | 4,560 | 2,788 | - |
| 38 Rental of Buildings | 16,128 | \$ 9,072 | - | - | - | - | - | 9,072 | - | - | - | - | - | - | - |
| 39 Rental of Equipment | 3,005 | \$ 2,802 | 40 | 595 | - | - | - | - | 160 | 160 | 480 | 480 | 687 | 200 | - |
| 40 Repairs & Maintenance | 42,797 | \$ 28,974 | - | 848 | 1,338 | 2,377 | 67 | 75 | 7,793 | 6,194 | 3,360 | 4,194 | 1,538 | 1,191 | - |
| 41 Telephone/Internet | 29,761 | \$ 25,157 | 192 | 2,699 | 1,628 | 1,668 | 1,918 | 4,001 | 1,503 | 1,924 | 2,868 | 2,868 | 2,800 | 1,088 | - |
| 42 Travel Expense | 5,746 | \$ 4,957 | 987 | 1,200 | - | - | 1,000 | 1,370 | 200 | 200 | - | - | - | - | - |
| 43 Util - Electricity | 30,640 | \$ 19,027 | - | 1,089 | 565 | 908 | 279 | 61 | 2,363 | 6,357 | 2,304 | 2,658 | 1,780 | 663 | - |
| 44 Util - Heat (Gas) | 13,160 | \$ 9,086 | 191 | 215 | 377 | 606 | - | - | 1,072 | 1,688 | 1,536 | 1,772 | 1,187 | 442 | - |
| 45 Util - Trash Disposal | 425 | \$ 200 | - | - | - | - | - | - | - | 200 | - | - | - | - | - |
| 46 Util - Water/Sewer | 37,619 | \$ 19,894 | - | - | 942 | 1,514 | 434 | 333 | 4,328 | - | 3,840 | 4,430 | 2,967 | 1,106 | - |
| 47 License and Permits | 283 | \$ - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 48 Rapid Rehousing and other payments | 50,655 | \$ 49,594 | - | - | - | - | - | - | 24,797 | 24,797 | - | - | - | - | - |
| 49 Services and Supplies Subtotal | \$ 658,955 | \$ 492,519 | \$ 7,678 | \$ 29,238 | \$ 21,137 | \$ 26,292 | \$ 16,754 | \$ 30,824 | \$ 108,513 | \$ 67,024 | \$ 56,922 | \$ 70,495 | \$ 36,000 | \$ 21,643 | \$ - |
| 50 III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable) | | \$ - | | | | | | | | | | | | | |
| 51 SUBTOTAL DIRECT COSTS | \$ 2,253,186 | \$ 1,743,980 | \$ 38,846 | \$ 142,343 | \$ 144,911 | \$ 125,097 | \$ 54,471 | \$ 143,478 | \$ 322,071 | \$ 213,286 | \$ 133,383 | \$ 137,157 | \$ 169,043 | \$ 92,068 | \$ 27,826 |
| IV. INDIRECT COSTS | | | | | | | | | | | | | | | |
| 53 Administrative Indirect Costs (Reimbursement limited to 15%) | 339,969 | \$ 261,597 | \$ 5,827 | \$ 21,351 | \$ 21,737 | \$ 18,764 | \$ 8,171 | \$ 21,522 | \$ 48,311 | \$ 31,993 | \$ 20,007 | \$ 20,573 | \$ 25,357 | \$ 13,810 | \$ 4,174 |
| 54 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48) | \$ 2,593,155 | \$ 2,005,577 | \$ 44,672 | \$ 163,694 | \$ 166,648 | \$ 143,861 | \$ 62,642 | \$ 165,000 | \$ 370,382 | \$ 245,279 | \$ 153,390 | \$ 157,730 | \$ 194,400 | \$ 105,879 | \$ 32,000 |

FIRST AMENDMENT 2018 - 2019

VII. All other terms remain in full force and effect.

FIRST AMENDMENT 2018 - 2019

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

IN WITNESS WHEREOF, the parties have executed this First Amendment to be effective on October 1, 2018.

COUNTY OF SANTA BARBARA:

By: _____
DAS WILLIAMS, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk
Date: _____

CONTRACTOR:

GOOD SAMARITAN SHELTER SERVICES; INC.

By: _____
Authorized Representative
Name: _____
Title: _____
Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

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

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management