FIRST AMENDMENT 2018 - 2021

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 19-137**, by and between the **County of Santa Barbara** (County) and **Council on Alcoholism and Drug Abuse** (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 updates contract language, including for Recovery Residences services provided from December 1, 2018 through January 31, 2019, and adds a new statement of work for the provision of Residential Treatment and Withdrawal Management services starting February 1, 2019 ;

Whereas, this First Amended Contract increases the contract by $2,075,200 over the three-year term of the agreement, with an overall total maximum amount of the contract not to exceed $5,585,216 for FY 18-21; 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 November 2018, except as modified in this First Amended Contract.

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

I. In Exhibit A-2 Statement of Work: ADP Outpatient Services (OS) and Intensive Outpatient Services (IOS), Section I. Program Summary, delete Subsections A-C, and replace the Program locations with the following:

OS ASAM Level 1 and IOS ASAM Level 2.1 services:

- **A.** 1111 Garden Street, Santa Barbara, California **(IOS services shall commence at this site only when Contractor has received Drug Medi-Cal certification from the State and has provided the certification to the County)**
- **B.** 133 E. Haley St., Santa Barbara, California; and
- **C.** 526 East Chapel, Santa Maria, California.

II. Delete Exhibit A-4 Statement of Work: ADP Residential Detoxification Program, in its entirety and replace with the following:

EXHIBIT A-4
STATEMENT OF WORK: ADP
RECOVERY RESIDENCES PROGRAM

1. **PROGRAM SUMMARY**: Contractor provides supervised Recovery Residences services (hereafter "the Program) to adult clients with alcohol and other drug problems. The Recovery Residences provide housing services to both nonperinatal and perinatal and parenting clients and will be utilized in combination with Outpatient Services (OS) and Intensive Outpatient Services (IOS) services, not provided by the Program, to help clients maintain sobriety by providing a safe, sober living environment. Recovery Residences are not treatment programs and shall not provide treatment services of any kind to its residents. However, mutual/self-help group meetings may be offered on site. The Program will be offered at the following site:

   A. 1020 Placido Avenue, Santa Barbara, California; a 12 bed facility.

2. **PROGRAM GOALS.**

   A. Introduce participants to an ongoing process of recovery;

   B. Promote self-sufficiency and empower substance abusers to become productive and responsible members of the community;

   C. Reduce recidivism and increase community safety; and

   D. Assist persons in transition from Alcohol or other Drug (AOD) detoxification or other ADP-funded treatment services into recovery residential housing.

3. **SERVICES.** Contractor shall provide the following services from December 1, 2018 through January 31, 2019:

   A. Provide Recovery Residences which are designed to help clients maintain an alcohol and drug free lifestyle and transition back into the community. Contractor shall supervise Recovery Residences activities and maintain an alcohol and drug-free environment.

   B. Provide residential recovery housing in support of clients receiving outpatient drug free treatment from County contracted treatment providers.

   C. Require clients to attend recovery and treatment services with an ADP-funded treatment program.

   D. Provide case management to clients while in residence.

   E. Provide drug testing as described in the Behavioral Wellness Drug Testing Policy and Procedures available at: http://countyofsb.org/behavioral-wellness.

4. **BEDS.** Contractor shall provide services as described in Section 4 at its 12-bed room and board facility to at a minimum of 12 Behavioral Wellness clients annually, referred by sources specified in Section 6.A.

5. **LENGTH OF STAY.** Contractor shall provide a maximum of six (6) months of residential services. Any length of stay over this maximum length of stay will be considered on an individual case-by-case basis, must be clinically indicated and pre-approved by Behavioral Wellness in writing.

6. **REFERRALS.**

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

i. Contractor shall receive referrals via phone, written referral, or walk in.

ii. Referrals (other than self-referrals) shall be accompanied by written documentation.

B. If mandated by the court, client will contact Contractor within twenty-four (24) hours of referral (except weekends or holidays). Contractor shall contact the referral source within seventy-two (72) hours with a verification of enrollment.

7. **ADMISSION PROCESS.**

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

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

C. Contractor shall admit clients referred by sources described in Section 6.A unless the client meets one or more conditions specified in Section 9 (Exclusion Criteria), or if space is not available in the Program.

D. During Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:

i. Program rules and guidelines, signed by client;

ii. Release of information form, signed by client;

iii. Financial assessment and contract for fees;

iv. Emergency contact information for client.

E. Contractor shall notify referral source if client is not accepted into the Recovery Residences, based on Section 9 (Exclusion Criteria), within one business day of receiving the initial referral.

F. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.

G. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.

8. **DOCUMENTATION REQUIREMENTS.** Contractor shall maintain documentation and collect data as required by funding sources to include but not limited to demographics, bed days and progress of client.

9. **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.

10. **DISCHARGE.** Clients shall be discharged during normal business hours to a pre-arranged location, based on the recommendations of the program providing outpatient treatment services to client.

III. Add the following new Exhibit A-6 Statement of Work; ADP Residential Treatment Services, to commence February 1, 2019:

EXHIBIT A-6

STATEMENT OF WORK: ADP

RESIDENTIAL TREATMENT SERVICES

1. PROGRAM SUMMARY.

The Contractor shall provide residential alcohol and other drug (AOD) treatment (hereafter, "the Program") to assist non-perinatal 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 and Withdrawal Management 3.2. The Program will be located at:

A. 1020 Placido Avenue, Santa Barbara, California – **Non–perinatal Adults.**

2. PROGRAM GOALS.

A. Introduce participants to an ongoing process of recovery designed to reduce the harmful effects of AOD and achieve abstinence from AOD wherever possible;

B. Promote self-sufficiency and empower clients with substance use disorders (SUD) to achieve their full potential;

C. Provide a positive and client centered residential treatment experience as evidenced by positive scores and comments on the Treatment Perception Survey;

D. Successfully transition clients from residential treatment to other ASAM levels of care whenever medically necessary and indicated;

E. Provide integrated care and linkages to other service areas such as mental health and primary care where indicated;

F. Reduce recidivism and increase community safety;

G. For Withdrawal Management services:

1. The purpose of Withdrawal Management is to provide a safe withdrawal from the drug(s) of dependence and mitigate acute withdrawal symptoms;
2. Withdrawal Management services support a smooth transition for individuals from detoxification to community support services with the development and documentation of a referral plan appropriate for each individual.

3. SERVICES.

Contractor shall provide:

A. 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 are 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 must 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 can only be provided in Residential Treatment Service facilities 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. The length of Withdrawal Management services will 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 must 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 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. To 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 may 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.

    v. **Acupuncture:** Acupuncture is an evidence-based practice used in detoxification. A maximum of four (4) acupuncture sessions can be provided to clients who request such services.

B. <u>Residential Treatment Services - ASAM Level 3.1.</u>

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 Licensed Practitioner of the Healing Arts (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.*

C. Requirements Applicable to All Residential Services (ASAM Level 3.1).

1. **Minimum Requirements.** 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.
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 substance use disorder (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 substance use disorder treatment; and treatment planning.
    ii. **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.
    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:** 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.
    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, not official 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.

D. <u>Case Management Services.</u>

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 substance use disorder (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 Substance Use Disorder (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, 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.

E. 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 Medi-Cal 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.

F. 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.

G. 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.

H. 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.

I. 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.

J. 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, with no interruption in treatment services.

K. 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.

4. CLIENTS.

A. Contractor shall provide services as described in Section 3 (Services) to Residential Treatment Services ASAM Level 3.1, or Withdrawal Management Services ASAM Level 3.2 adult non-perinatal 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.

5. REFERRALS.

A. **ACCESS Line Referrals.** Contractor shall receive referrals from the Department of Behavioral Wellness ACCESS Line after the initial screening tool for the American Society of Addiction Medicine (ASAM) placement criteria is completed by the County and an initial level of care is determined authorizing Residential Treatment Services or Withdrawal Management Services.

B. **Walk-In Clients.** When a client walks into or calls a Contractor directly, the client shall be referred to call by telephone the ACCESS Line (1-888-868-1649) to receive a complete County approved ASAM screening and authorization for Residential Treatment Services.

C. **Submit Authorization Request to QCM.** Alternatively, Contractor may submit a request for initial authorization for Residential Treatment Services or Withdrawal Management Services to the Department's Quality Care Management (QCM) division. Authorization requests will be assigned to QCM staff within 24 hours of receipt. All requests must include documentation addressing the following:

1. Evidence of eligibility determination (i.e. a copy of the client's Medi-Cal eligibility response, evidence of County residence);
2. Evidence of Medical Necessity for Residential Treatment Services or Withdrawal Management Services, including but not limited to diagnosis(es) of a substance-related and addictive disorder found in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V) and corresponding ASAM criteria; and
3. Intake assessment and treatment plan completed by a LPHA. The intake assessment must be signed by a LPHA. The treatment plans must also be signed by the authorizing physician.
4. For perinatal clients, medical documentation that substantiates the client's pregnancy and the last day of pregnancy.

D. **QCM Notice Within 24 Hours.** Contractor will be notified via electronic-fax within 24 hours of receipt of a request regarding authorization for Residential Treatment Services or Withdrawal Management Services. This notification will include the rationale of the decision, types of services authorized, and the number of days authorized. QCM reserves the right to modify the types of services and number of days authorized based on established Medical Necessity and ASAM criteria.

E. **Verifying Non-Continuous Stays.** Prior to authorization of services, Contractor and QCM will ensure that clients have not exceeded two (2) non-continuous stay authorizations in a one-year period for Residential Treatment Services; clients are limited to two (2) non-continuous stays in a one-year period (365 days) per County managed care plan (see exception for Perinatal clients in Section 3.J - Perinatal Services).

F. **Notice of Adverse Benefit Determination.** QCM shall issue a written Notice of Adverse Benefit Determinations (NOABD) to the provider and the client when a decision is made to deny an authorization request or to authorize a service in an amount, duration, or scope that is less than requested by the Contractor.

G. **Assessment Required Within 24 Hours of Authorization.** Contractor shall complete an intake assessment within 24 hours after the authorization for Residential Treatment Services or Withdrawal Management Services is received by QCM and the client shall be scheduled with Contractor for a complete assessment (if not yet completed during the initial authorization request) to determine diagnosis and medical necessity, consistent with Title 22 Section 51303 and 51341.1.

H. **SATC Referrals.** For Substance Abuse Treatment Court (SATC) Referrals:

1. Contractor shall provide SATC Treatment Services within Residential Treatment to Court-referred adults upon receipt of authorization for Residential Treatment Services from QCM.
2. Contractor shall determine whether substance use disorder services are determined to be medically necessary consistent with Title 22 Section 51303 and 51341.1, per SATC guidelines.
3. Contractor shall participate in a quarterly graduate activity in collaboration with the Court and other treatment contractors when available.
4. Contractor shall provide progress reports for court staffing; Contractor shall attend court staffing in person when available.
5. Contractor shall abide by the Therapeutic Justice Policy Council Treatment Court Guidelines and Procedures as set forth by the Policy Council.
6. Contractor shall attend SATC Core Team and Policy Council meetings and work with County to develop recommendations, guidelines, and procedures for (adult) treatment services.

6. ADMISSION PROCESS.

A. **Place Client Within 24 Hours After Authorization.** Contractor shall place client in the facility immediately (whenever possible) but no later than 24 hours following the authorization by QCM or other assigned staff for Residential Treatment Services or Withdrawal Management Services.

B. **Comprehensive ASAM Assessment.** No later than 24 hours after receipt of initial authorization for services, Contractor shall complete a Comprehensive ASAM Multidimensional Assessment. The Medical Director, licensed physician, or LPHA shall evaluate the assessment and intake information through a face-to-face with the client or the counselor who conducted the assessment in order to determine medical necessity in compliance with the DMC-ODS Special Terms and Conditions (STCs) 132 (e) and Title 22 Section 51303 and 51341.1.

C. **Notice of Adverse Benefit Determination.** If Contractor determines that the medical necessity criteria has not been met, then a written Notice of Adverse Benefit Determination (NOABD) shall be issued in accordance with 42 CFR 438.404 in compliance with *Department Policy #4.010 Notice of Adverse Benefit Determination.*

D. **Admit Clients Meeting Medical Necessity.** Contractor shall admit clients referred by the Department, who meet medical necessity, unless the client meets one or more conditions specified in Section 7 (Exclusion Criteria), or if space is not available in the Program.

E. Admission Documentation.

At Contractor's intake meeting with client, Contractor shall complete admission documentation with the following information:

1. Informed Consent to Treatment form, signed by client.
2. Release of Information form, signed by client.
3. Intake form including financial assessment and contract for fees, signed by client.
4. Medication Consent form, signed by client.
5. Health Questionnaire, signed by client.
6. Personal/ demographic information of client, as described in State of California Alcohol and/or Other Drug Program Certification Standards, including:
    i. Social, economic and family background;
    ii. Education;
    iii. Vocational achievements;
    iv. Criminal history, legal status;
    v. Medical history;
    vi. Drug history;
    vii. Previous treatment, and
    viii. Emergency contact information for client.

F. Notify Access Line/ QCM If Client Not Accepted Into Program.

Contractor shall notify ACCESS Line/Quality Care Management (QCM) staff if client is not accepted into the Program, based on Section 7 (Exclusion Criteria), immediately but no later than 24 hours of completing the intake or assessment.

G. Notify Access Line/ QCM If Client Needs Another Level of Care.

Contractor shall notify ACCESS Line/Quality Care Management (QCM) staff if the assessment indicates that the client should be in another level of care, immediately but no later than 24 hours of completing the comprehensive assessment.

H. Notify Access Line/ QCM If Space Not Available in Program.

Should space not be available in the Program, Contractor shall notify ACCESS Line/Quality Care Management (QCM) staff, immediately but no later than 24 hours of receiving the authorization.

7. EXCLUSION CRITERIA.

On a case-by-case basis, clients may be excluded from receiving services. Clients must be informed of exclusion from the program in compliance with *Department Policy #4.010 Notice of Adverse Benefit Determination*. 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; and

C. Client does not meet medical necessity criteria, consistent with Title 22 Section 51303 and 51341.1.

8. DOCUMENTATION REQUIREMENTS.

A. Data Entry Into County's MIS System. Contractor shall enter all CalOMS treatment data and all other client data required by County into the County's MIS system no later than seven (7) days after client entry into Program. Contractor shall complete an update of the CalOMS treatment data when the client is discharged from the treatment service.

B. Comprehensive ASAM Multidimensional Assessment. No later than 24 hours after receipt of initial authorization for services, Contractor shall complete a Comprehensive ASAM Multidimensional Assessment. Contractor shall report to Behavioral Wellness monthly on the rate of timely completion of Comprehensive ASAM Assessments. Contractor shall administer and score assessment tool. Results of the Comprehensive ASAM Assessment shall be utilized for determination of medical necessity, determination of level of care, treatment planning and discharge planning. For SATC clients, Contractor shall report the results of the Comprehensive ASAM Assessment and recommendations to the court.

C. Treatment Plan. No later than 48 hours after client admission into Withdrawal Management and no later than ten (10) days after client admission into Residential Services, Contractor shall complete a Treatment Plan. 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 updated every ninety (90) days or more frequently as determined medically necessary. The treatment plan will be consistent with the qualifying diagnosis and will be signed by the client, the counselor or LPHA, and the Medical Director. The treatment plan and updates must include:

1. A statement of problems identified through the ASAM, other assessment tool(s) or intake documentation;
2. Goals to be reached which address each problem;
3. Action steps that will be taken by the Provider and/or client to accomplish identified goals;
4. Target dates for accomplishment of actions steps and goals;
5. A description of services, including the type of counseling, to be provided and the frequency thereof;
6. Assignment of a primary counselor;
7. The client's DSM-5 diagnosis language as documented by the Medical Director or LPHA;
8. If a client has not had a physical examination within the 12-months prior to the client's admission to treatment date, a goal that the client have a physical examination should be present on the treatment plan;
9. If documentation of a client's physical examination, which was performed during the prior twelve months, indicates a client has a significant medical illness, a goal that the client obtains appropriate treatment for the illness shall be included on the treatment plan;
10. Individualization based on engaging the client in the treatment planning process; and

11. Treatment planning must conform to DMC Regulations as defined in Title 22, CCR Section 51341.1(h) (2).

D. **Regular Reassessments of Medical Necessity.** Contractor shall ensure that all clients shall be regularly reassessed to ensure Medical Necessity. Assessment is an ongoing process and all documentation must reflect that the client meets Medical Necessity at any point in treatment. Reassessment is particularly important any time there is a significant change in the client's status or diagnosis. Reassessment may be requested by the Department's Quality Care Management (QCM) division, the Medical Director, assigned LPHA, and/or the client.

E. **Reauthorization for Ongoing Residential Treatment Services.** Reauthorization by the Department for ongoing Residential Treatment Services is required and shall be completed, if indicated, for clients receiving Withdrawal Management Services in order to be considered for Residential Treatment Services following completion of Withdrawal Management.

F. **Reassess Residential Treatment Medical Necessity Every 30 Days.** Contractor must also reassess the client to demonstrate that Medical Necessity is still present at a minimum of every 30 days, regardless of number of days authorized for Residential Treatment Services in alignment with *Department Policy # 7.007 Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment Services.*

1. For each reauthorization request, the Contractor must submit all documentation as stated previously in Section 5.C (Referrals). As indicated, QCM will consult with the Contractor on continued eligibility, ongoing presence of Medical Necessity, and discharge planning and transition to a lower level of care (if appropriate).
2. Lengths of stay must not exceed 90 days; clients are allowed two (2) non-continuous 90-day placements in a one-year period (365 days).
3. If medically necessary, providers may apply for a one-time extension of up to 30 days- beyond the maximum length of stay of 90 days- for one (1) continuous length of stay in a one-year period (365 days).
4. Perinatal clients may receive lengths of stay up to the length of the pregnancy and postpartum period (60 days after the pregnancy ends), if determined to be medically necessary.

G. **Submit Reassessment to QCM.** Contractor must submit the signed reassessment to QCM five (5) calendar days prior to the end of the previously authorized timeframe. QCM or other assigned staff will notify providers of a decision via email within 72 hours (including weekends and holidays) of receipt of a request for reauthorization.

H. **Additional Documentation Requirements.** Contractor must comply with all additional documentation requirements pursuant to Title 22 Section 51303 and 51341.1 and DMC-ODC Standard Terms and Conditions (STCs).

9. DISCHARGES.

A. **Discharge Planning Required.** Contractor shall provide discharge planning for clients prior to discharge or referral into another level of care. Discharge planning ensures continuum of care, post-treatment return, reentry into the community, and/or other linkages necessary treatment success.

B. **Discharge Plan Defined.** A discharge plan is a planned discharge that takes place while the client is still in treatment and must be completed within thirty (30) days prior to the final face-to-face service in compliance with the State of California Alcohol and/or Other Drug Program Certification Standards and in accordance with Title 22 CCR Section 51341.1(h)(6). The Discharge Plan shall include:

1. Recommendations for post-discharge;
2. A description of each of the client's relapse triggers;
3. A plan to assist the client to avoid relapse when confronted with each trigger;
4. A support plan; and
5. Linkages to other services, where appropriate.

C. **Provide Client With Discharge Plan.** Contractor shall provide the Discharge Plan to the client during the last face-to-face treatment. The counselor or LPHA and the client shall sign and date the Discharge Plan. Contractor shall give client one copy of the Discharge Plan, and the original shall be documented in the client's file.

D. **Discharge Summary.** A Discharge Summary is to be completed for all clients, at the end of their treatment episode, regardless of level of care or successful/unsuccessful completion.

E. **Contents of Discharge Summary.** The Discharge Summary must include:

1. The duration of the client's treatment, as determined by dates of admission to and discharge from treatment;
2. The reason for discharge;
3. A narrative summary of the treatment episode; and
4. The client's prognosis.

F. **Document Discharge Information in Department MIS.** Contractor shall document discharge information in CalOMS via the Department MIS system no later than thirty (30) days following discharge.

G. **Discharge Client if Client is Absent Without Leave for a 24 Hour Period.** Any client that is absent without leave for a 24 hour period shall be discharged, as of the date of last services. The date of discharge shall be the last face to face contact.

H. **Involuntary Discharge Requirements.** Discharge of a client from treatment may occur on a voluntary or involuntary basis. An involuntary discharge is subject to the requirements set forth in *Department Policy # 4.010 Notice of Adverse Benefit Determination*.

IV. Delete Attachment E, Program Goals, Outcomes and Measures, in its entirety and replace with the following:

EXHIBIT A
ATTACHMENT E
PROGRAM GOALS, OUTCOMES AND MEASURES

Adolescent - Outpatient Services and Intensive Outpatient Services

Program Goals		Outcomes	Measures Outpatient L1	Measures Intensive Outpatient L2.1
Successful SUD treatment and recovery	1	Adults initiated treatment	80%	80%
	2	Adults immediately dropped out of treatment	<6%	<6%
	3	Adults engaged in treatment	75%	60%
	4	Adults retained in treatment	45%	30%
	5	Successfully completed treatment Adults	50%	35%

Behavioral Wellness expects treatment providers to offer clients who have completed treatment Recovery Services (aftercare), when medically necessary. The goal is that 75% of Recovery Services clients will successfully complete their Recovery Services treatment plan.

Adolescent - Outpatient Services and Intensive Outpatient Services

Program Goals		Outcomes	Measures Outpatient L1	Measures Intensive Outpatient L2.1
Successful SUD treatment and recovery	1	Youth initiated treatment	80%	80%
	2	Youth immediately dropped out of treatment	<6%	<6%
	3	Youth engaged in treatment	80%	65%
	4	Youth retained in treatment Successful SUD treatment and recovery	50%	35%
	5	Successful SUD treatment and recovery	55%	40%

Behavioral Wellness expects treatment providers to offer clients who have completed treatment Recovery Services (aftercare), when medically necessary. The goal is that 75% of Recovery Services clients will successfully complete their Recovery Services treatment plan.

Perinatal - Outpatient Services and Intensive Outpatient Services

Program Goals		Outcomes	Measures
Successful SUD treatment and recovery	1	Clients abstinence at discharge/drug free births	100%
	2	Clients successfully completed treatment	70%

Behavioral Wellness expects treatment providers to offer clients who have completed treatment Recovery Services (aftercare), when medically necessary. The goal is that 75% of Recovery Services clients will successfully complete their Recovery Services treatment plan.

Recovery Residences Program

Program Goal		Outcome	Measures
Reduce detoxification readmission rates	1	Clients will complete 30 days in Recovery Residences	75% =>30 days in RR
	2	Clients will be enrolled in detoxification and/or ODF treatment services	100% in Detox or Tx
	3	Clients will be engaged in one or more of the following: vocational, literacy or educational services, activities of daily living, on-site 12 Step attendance or another ancillary treatment activity	100% meaningfully engaged

Residential Treatment – Non-perinatal

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

Withdrawal Management

Program Goals		Outcomes	Measures
Successful SUD treatment and recovery	1	Clients immediately dropped out of treatment	<4%
	2	Clients successfully completed* treatment	50%
	3	Clients primary drug abstinence at discharge	100%
	4	Clients transferred to treatment/lower level of care within 14 days of discharge	30%
	5	Clients re-admission within 14 days	95%
	6	Clients re-admission within 30 days	75%

*Detoxification does not constitute complete treatment. A successful detoxification service is measured in part by the engagement of the client in further treatment. Providers are expected to make every effort to refer and connect clients to another level of treatment once they have completed detoxification. For clients who have gone through detoxification, as planned by the provider, and who are being referred for additional treatment services, providers must use discharge code 3 – Left Before Completion with Satisfactory Progress – Referred. Neither discharge code 1 nor discharge code 2 can be used for detoxification discharges.

Behavioral Wellness expects treatment providers to offer clients who have completed treatment Recovery Services (aftercare), when medically necessary. The goal is that 75% of Recovery Services clients will successfully complete their Recovery Services treatment plan.

Friday Night Live and Club Live

Program Goals		Outcomes	Measures
Provide youth- driven Friday Night Live chapters throughout Santa Barbara County	1	Achieve FNL performance expectations	=> 90% of program expectations met
	2	Demonstrate impact on community	=> 5% change in Media Recognition and Recall Survey
	3	Demonstrate impact on alcohol retailers	=>5% change in Retailer Survey

V. In Exhibit B Financial Provisions-ADP, delete Section II. Maximum Contract Amount, and replace with the following:

The Maximum Contract Amount of this Agreement shall not exceed **$5,585,216, inclusive of $1,206,936 for FY 18-19, $2,189,140 for FY 19-20, and $2,189,140 for FY 20-21** 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.

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

Exhibit B-1
Schedule of Rates and Contract Maximum

CONTRACTOR NAME: CADA- Council on Drug and Alcoholism and Drug Abuse — **FISCAL YEAR:** 2018-19

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	13,475	434
		15	ODS Case Management	15 Minute Unit	93	93	3,522	72
		15	ODS Physician Consultation	15 Minute Unit	94	94	188	4
		15	ODS Recovery Services	15 Minute Unit	95	95	2,525	52
		15	ODS Non-NTP Medically Assisted Treatment (MAT)	15 Minute Unit	99	99	188	4
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	1,678	9
	Residential	5	Level 3.2 Withdrawal Management	Bed Day	109	109	548	14
		5	Level 3.1 Residential Treatment	Bed Day	112	112	821	14

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
		15	ODS Non-NTP Medically Assisted Treatment (MAT)	15 Minute Unit	99	99	$141.59[1]
		15	ODS Non-NTP MAT - Buprenorphine-Naloxone Combination Product	Dose	100	100	$20.10
		15	ODS Non-NTP MAT - Disulfiram	Dose	101	101	$7.36
		15	ODS Non-NTP MAT - Acamprosate	Dose	104	104	$0.00[1]
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	$31.02
	Residential	5	Level 3.2 Withdrawal Management - Treatment Only	Bed Day	109	109	$184.84
		5	Level 3.1 Residential Treatment - Treatment Only	Bed Day	112	112	$122.97
Non - Drug Medi-Cal Billable Services	Primary Prevention	N/A	Information Dissemination	Hours	N/A	12	Actual Cost
			Alternatives	Hours	N/A	14	Actual Cost
			Community-Based Process	Hours	N/A	16	Actual Cost
			Environmental	Hours	N/A	17	Actual Cost
	Residential	N/A	Free-Standing Residential Detoxification	Bed Day	N/A	50	Actual Cost[4]
		N/A	Level 3.2 Withdrawal Management - Board and Care	Bed Day	N/A	109	Actual Cost[5]
		N/A	Level 3.1 Residential Treatment - Board and Care	Bed Day	N/A	112	Actual Cost[5]

	PROGRAM									
	Project Recovery	Project Recovery - Perinatal	Daniel Bryant Youth & Family Treatment Center[2]	CADA Santa Maria	ODS Non-NTP Medically Assisted Treatment (MAT)[3]	Residential Treatment (Feb 1st - June 30th) Start Up Costs	Residential Treatment (Feb 1st - June 30th)	Recovery Residence (Dec 1st - Jan 31st)	SAPT & Friday Night Live / Club Live	TOTAL
	December 1, 2018 to June 30, 2019									
GROSS COST:	$ 591,719	$ 89,377	$ 523,202	$ 93,291	$ 26,602	$ 6,349	$ 394,770	$ 87,838	$ 87,897	$ 1,901,045
LESS REVENUES COLLECTED BY CONTRACTOR:										
PATIENT FEES	$ 39,083	$ -	$ 8,925	$ -	$ -	$ -	$ 9,167	$ 3,667	$ 2,917	$ 63,759
CONTRIBUTIONS	$ 86,811	$ 5,466	$ 54,267	$ 47	$ -	$ -	$ 12,916	$ 15,149	$ 57	$ 174,713
OTHER: GOVERNMENT FUNDING	$ 17,792	$ 2,333	$ -	$ -	$ -	$ -	$ 7,297	$ 6,418	$ 20,756	$ 54,596
OTHER: SCHOOL DISCTRICTS	$ 40,833	$ -	$ 70,000	$ 36,458	$ -	$ -	$ -	$ -	$ -	$ 147,291
OTHER: PRIVATE INSURANCE	$ 26,250	$ -	$ 26,250	$ -	$ -	$ -	$ -	$ -	$ -	$ 52,500
OTHER: FUNDRAISING	$ -	$ -	$ 201,250	$ -	$ -	$ -	$ -	$ -	$ -	$ 201,250
TOTAL CONTRACTOR REVENUES	$ 210,769	$ 7,799	$ 360,692	$ 36,505	$ -	$ -	$ 29,380	$ 25,234	$ 23,730	$ 694,109
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE :	**$ 380,950**	**$ 81,578**	**$ 162,510**	**$ 56,786**	**$ 26,602**	**$ 6,349**	**$ 365,390**	**$ 62,604**	**$ 64,167**	**$ 1,206,937**
SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT**										
Drug Medi-Cal	$ 361,902	$ 77,499	$ 154,384	$ 53,946	$ 26,602		$ 268,589			$ 942,923
Realignment/SAPT - Discretionary	$ 19,048	$ 4,079	$ 8,126	$ 2,840		$ 6,349	$ 91,801	$ 57,604		$ 189,847
Realignment/SAPT - Perinatal										$ -
Realignment/SAPT - Adolescent Treatment										$ -
Realignment/SAPT - Primary Prevention									$ 64,167	$ 64,167
CalWORKS[6]							$ 5,000	$ 5,000		$ 10,000
Other County Funds										$ -
FY18-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDI	**$ 380,950**	**$ 81,578**	**$ 162,510**	**$ 56,786**	**$ 26,602**	**$ 6,349**	**$ 365,390**	**$ 62,604**	**$ 64,167**	**$ 1,206,937**
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDI	**$ 653,057**	**$ 139,848**	**$ 278,589**	**$ 97,348**	**$ 45,603**	**$ -**	**$ 864,695**	**$ -**	**$ 110,000**	**$ 2,189,141**
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDI	**$ 653,057**	**$ 139,848**	**$ 278,589**	**$ 97,348**	**$ 45,603**	**$ -**	**$ 864,695**	**$ -**	**$ 110,000**	**$ 2,189,141**
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDIN	**$ 1,687,064**	**$ 361,274**	**$ 719,688**	**$ 251,483**	**$ 117,809**	**$ 6,349**	**$ 2,094,780**	**$ 62,604**	**$ 284,167**	**$ 5,585,219**

CONTRACTOR SIGNATURE:

STAFF ANALYST 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.

[1]Cost of Naltrexone tablets and Acamprosate dose is bundled in the rate for ODS Non-NTP Medically Assisted Treatment (MAT).

[2]**Daniel Bryant Youth & Family Treatment Center** funding includes $18,149 in funds for Intensive Outpatient Services (IOS), conditional upon DMC certification for IOS at Daniel Bryant effective starting 12/1/18.

[3]**ODS Non-NTP Medically Assisted Treatment (MAT)** funding includes $495 for IOS client MAT services , conditional upon DMC certification for IOS at Daniel Bryant effective starting 12/1/18.

[4]Rate based on most recently filed cost report.

[5]Rate based on approved costs.

VII. Delete Exhibit B-2 in its entirety and replace with the following:

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet

Entity Budget By Program

AGENCY NAME: Council on Alcoholism and Drug Abuse

COUNTY FISCAL YEAR: 18/19 starting December 1, 2018

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Project Recovery	Perinatal (Project Recovery)	Daniel Bryant Youth & Family Treatment Center	CADA Santa Maria	ODS Non-NTP Medically Assisted Treatment (MAT)	Residential Treatment Start Up Costs	Residential Treatment (Feb-June)	Recovery Residence (Dec-Jan)	Friday Night Live/Club Live	DUI-PC1000
1		Contributions	$ 218,216	$ 118,187	$ 43,060	$ 5,466	$ 32,392	$ 46			$ 12,917	$ 15,150	$ 58	$ 9,098
2		Foundations/Trusts	$ 152,000	$ 65,625	$ 43,750		$ 21,875							
3		Miscellaneous Revenue & Fundraising	$ 489,800	$ 201,250			$ 201,250							
4		Behavioral Wellness Funding	$ 1,994,203	$ 1,206,937	$ 380,951	$ 81,578	$ 162,510	$ 56,786	$ 26,602	$ 6,349	$ 365,390	$ 62,604	$ 64,167	
5		Other Government Funding	$ 425,426	$ 36,804		$ 2,333					$ 7,297	$ 6,418	$ 20,756	
6		Private Insurance	$ 105,000	$ 52,500	$ 26,250		$ 26,250							
7		Federal Probation	$ 253,500	$ -										
8		School Districts & Mental Health Services	$ 1,683,434	$ 147,292	$ 40,833		$ 70,000	$ 36,458						
9		Investments	$ 236,599	$ -										
10		Total Other Revenue	$ 5,558,178	$ 1,828,593	$ 534,844	$ 89,377	$ 514,277	$ 93,291	$ 26,602	$ 6,349	$ 385,604	$ 84,171	$ 84,981	$ 9,098
		I.B Client and Third Party Revenues:												
11		Client Fees	$ 464,075	235,842	$ 39,083		$ 8,925				$ 9,167	$ 3,667	$ 2,917	$ 172,083
12		SSI		-										
13		Contract Services	$ 189,500	17,792	$ 17,792									
14		Total Client and Third Party Revenues (Sum of lines 19 through 23)	$ 653,575	$ 253,633	$ 56,875	$ -	$ 8,925	$ -	$ -	$ -	$ 9,167	$ 3,667	$ 2,917	$ 172,083
15		GROSS PROGRAM REVENUE BUDGET	$ 6,211,753	$ 2,082,227	$ 591,719	$ 89,377	$ 523,202	$ 93,291	$ 26,602	$ 6,349	$ 394,770	$ 87,838	$ 87,897	$ 181,182

FIRST AMENDMENT 2018 - 2021

	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Project Recovery	Perinatal (Project Recovery)	Daniel Bryant Youth & Family Treatment Center	CADA Santa Maria	ODS Non-NTP Medically Assisted Treatment (MAT)	Residential Treatment Start Up Costs	Residential Treatment (Feb-June)	Recovery Residence (Dec-Jan)	Friday Night Live/Club Live	DUI-PC1000
	III.A. Salaries and Benefits Object Level												
16	Salaries (Complete Staffing Schedule)	3,669,936	$ 1,155,943	$ 353,596	$ 52,570	$ 271,903	$ 61,445	$ -	$ 2,909	$ 220,593	$ 44,915	$ 47,168	$ 100,844
17	Employee Benefits	457,641	$ 210,259	$ 63,647	$ 9,463	$ 48,942	$ 11,060		$ 660	$ 50,075	$ 10,196	$ 6,132	$ 10,084
18	Consultants		$ -										
19	Payroll Taxes	280,750	$ 88,429	$ 27,050	$ 4,022	$ 20,801	$ 4,701		$ 222	$ 16,875	$ 3,436	$ 3,608	$ 7,715
20	Salaries and Benefits Subtotal	$ 4,408,327	$ 1,454,631	$ 444,293	$ 66,054	$ 341,646	$ 77,205	$ -	$ 3,791	$ 287,544	$ 58,546	$ 56,909	$ 118,643
	III.B Services and Supplies Object Level												
21	Professional Fees	179,324	$ 63,452	$ 11,852	$ 594	$ 20,544	$ 146	$ 23,132		$ 2,827	$ -	$ 1,267	$ 3,089
22	Supplies	140,731	$ 48,515	$ 12,513	$ 2,573	$ 14,332	$ 971		$ 2,558	$ 802	$ 8,000	$ 2,713	$ 4,054
23	Telephone	44,085	$ 16,013	$ 5,402	$ 963	$ 3,728	$ 321			$ 1,146	$ 458	$ 438	$ 3,558
24	Utilities	52,695	$ 18,687	$ 3,345	$ 613	$ 5,440	$ 400			$ 2,918	$ 1,020	$ 505	$ 4,448
25	Facility Costs (Rent)	28,120	$ 10,704	$ 598	$ 9	$ 44	$ 9			$ 6,938	$ 2,775	$ -	$ 333
26	Food		$ 18,510							$ 18,510			
27	Repairs and Maintenance	54,585	$ 22,027	$ 5,848	$ 1,021	$ 5,795	$ 758			$ 2,629	$ 200	$ 700	$ 5,075
28	Printing/Publications	31,900	$ 3,975	$ 744	$ 131	$ 729	$ 117			$ 1,671	$ -	$ 583	$ -
29	Transportation and Travel	44,170	$ 16,336	$ 5,244	$ 2,777	$ 1,826	$ 1,196			$ 2,294	$ 200	$ 2,421	$ 379
30	Depreciation	176,197	$ 68,691	$ 10,540	$ 1,405	$ 43,055				$ 4,015	$ 1,606	$ 2,200	$ 5,868
31	Insurance	78,975	$ 23,669	$ 7,000	$ 919	$ 6,883				$ 2,625	$ 1,050	$ 1,458	$ 3,733
32	Computer Equipment &Software	89,000	$ 22,622	$ 4,579	$ 408	$ 6,417				$ 6,313	$ 2,525	$ 706	$ 1,674
33	Training	40,060	$ 10,170	$ 1,458	$ 117	$ 3,471				$ 1,735	$ -	$ 3,383	$ 6
34	Misc	33,355	$ 5,679	$ 1,123	$ 137	$ 1,050				$ 204	$ -	$ 2,981	$ 184
35	Fees		$ 7,782							$ 1,108	$ -	$ 169	$ 6,504
36	Services and Supplies Subtotal	$ 993,197	$ 356,831	$ 70,246	$ 11,666	$ 113,313	$ 3,917	$ 23,132	$ 2,558	$ 55,735	$ 17,835	$ 19,524	$ 38,906
	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)		$ -										
37													
38													
39													
40	SUBTOTAL DIRECT COSTS	$ 5,401,524	$ 1,811,462	$ 514,540	$ 77,720	$ 454,959	$ 81,122	$ 23,132	$ 6,349	$ 343,278	$ 76,381	$ 76,432	$ 157,549
	IV. INDIRECT COSTS												
41	Administrative Indirect Costs (Reimbursement limited to 15%)	810,229	$ 270,765	$ 77,180	$ 11,657	$ 68,243	$ 12,168	$ 3,470	$ -	$ 51,492	$ 11,457	$ 11,465	$ 23,632
42	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	$ 6,211,753	$ 2,082,227	$ 591,719	$ 89,377	$ 523,202	$ 93,291	$ 26,602	$ 6,349	$ 394,770	$ 87,838	$ 87,897	$ 181,182

Contributions are intended to cover any cost in excess of contract maximum or cost not reimbursable under this contract.

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

FIRST AMENDMENT 2018 - 2021

First Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Council on Alcoholism and Drug Abuse.**

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

COUNTY OF SANTA BARBARA:

By: _____
STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:
MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:
COUNCIL ON ALCOHOLISM AND DRUG ABUSE

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., DIRECTOR
DEPARTMENT OF BEHAVIORAL WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management