FIFTH AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This Fifth Amendment to the Agreement for Services of Independent Contractor, <u>BC # 19-152</u>, (hereafter Fifth Amended Agreement) is made by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter, Inc.** (Contractor), for the continued provision of services specified herein.

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

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

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

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

WHEREAS, the Third Amended Agreement authorized by the County Board of Supervisors on October 15, 2019 added additional alcohol and drug services due to changes to Medi-Cal certifications with no change to the Maximum Contract Amount not to exceed **\$12,861,643** for the period December 1, 2018 to June 30, 2021 and incorporated the terms and conditions set forth in the Second Amended Agreement approved by the Board of Supervisors on June 18, 2019, except as modified in the Third Amended Agreement;

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

WHEREAS, this Fifth Amended Agreement updates language for compliance with changes to State and Federal requirements and corresponding Behavioral Wellness policies; and adds to Exhibit A-2 ADP the Medi-Cal 2.1 Level Outpatient services to the Recovery Point location effective July 1, 2020; decreases the ADP maximum contract amounts for 19-20 by \$179,836 due to unused funds for Proposition 47 Step-Down Housing and Sobering Center services and reallocates those funds by \$33,403 to Step-Down Housing and \$42,966 to the Sobering Center for FY 20-21, resulting in a new ADP contract maximum of \$14,128,631 for FYs18-21, inclusive of \$2,582,003 for FY18-19, \$5,410,976 for FY 19-20 and \$6,135,652 for FY 20-21; removes the County Maximum Allowable rate from the MHS Schedule of Rates and Contract Maximum for FY 19-20 and for FY 20-21; reallocates \$500 in funds for shelter beds to the Non-Medi-Cal fund and adds Homeless Emergency Aid Program (HEAP) rather than HMIOT funding as a source of funds with no change to the MHS maximum contract amount of \$494,000 for FY 19-21; updates the total maximum contract amount in Exhibits B ADP and MHS to \$14,622,631, an overall decreases of the maximum contract amount of \$103,467, and updates the B-1 ADP and MHS accordingly; updates the budgets Exhibits B-2 for ADP and MHS; and adds Exhibit B-3 ADP Sliding Fee Scale for FY 20-21; provides authority to the County's Designated Representative to amend the staffing requirements of a particular program and amend the program goals, outcomes, and measures in Exhibit E and to reallocate funding and staffing amongst programs; to increase or remove the CMA rate from the MHS schedule of rates for FY 20-21; and incorporates the terms and conditions set forth in the Second Amended Agreement approved by the County Board of Supervisors on June 18, 2019, the Third Amended Agreement approved on October 15, 2019, and the Fourth Amended Agreement approved on February 4, 2020, except as modified in this Fifth Amended Agreement; and

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

I. Add <u>Section 39 Uniform Administrative Requirements, Cost Principles, and Audit</u> <u>Requirements for Federal Awards</u> to <u>Standard Terms and Conditions</u>:

39. UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.

The Contractor shall comply with the requirements of 2 CFR Part 200 which are hereby incorporated by reference in this Agreement.

- II. Delete <u>Section 2 (Staff)</u> of <u>Exhibit A-1 Statement of Work: ADP (General Provisions)</u> and replace with the following and delete <u>Subsection A (Obtain and Maintain Required Credentials)</u> of <u>Section 3 (Licenses, Permits, Registrations, Accreditations, and Certifications)</u> of <u>Exhibit A-1 Statement of Work: ADP (General Provisions)</u> and replace with the following:
 - 2. STAFF.
 - A. <u>Training Upon Hire and Annually Thereafter</u>. Contractor shall ensure the following training, including through attendance at County-sponsored training sessions as required, of each Program staff member, within thirty (30) days of the date of hire or beginning services, and at least once annually thereafter (unless otherwise indicated):
 - 1. For Treatment Programs:
 - i. HIPAA Privacy and Security Training;
 - ii. 42 CFR, Part 2 Training;
 - iii. Behavioral Wellness Code of Conduct Training;
 - iv. Cultural Competence Training;
 - v. Consumer and Family Culture Training;

- vi. *ASAM Multidimensional Assessment* by the Change Companies (only required once prior to providing DMC-ODS services);
- vii. *From Assessment to Service Planning and Level of Care* by the Change Companies (only required once prior to providing DMC-ODS services);
- viii. ADP Clinician's Gateway Training (only required once upon hire);
- ix. DMC-ODS Documentation Training; and
- x. ADP ShareCare Training/CalOMS Data Entry (for ShareCare users only).
- **B.** <u>Additional Mandatory Trainings:</u> Contractor shall ensure the completion of the following mandatory trainings. In order to meet this requirement, trainings must be provided by the County, or must be certified by the County QCM Manager, or designee, as equivalent to the County-sponsored training. Program staff must complete the following additional trainings at least once annually:

1. For Treatment Programs:

- i. DMC-ODS Continuum of Care Training;
- ii. Motivational Interviewing Training;
- iii. Cognitive Behavioral Treatment/Counseling Training; and
- iv. All applicable evidence-based prevention models and programs as agreed between provider and County in writing.
- C. <u>18 CEU Hours Alcohol and Other Drug Clinical Training</u>. All direct service staff who provide direct SUD treatment services are required to complete a minimum of 18 CEU hours of alcohol and other drug specific clinical training per year.
- **D.** <u>Continuing Medical Education in Addiction Medicine</u>. Contractor physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year; training shall be documented in the personnel records.
- E. <u>Overdose Prevention Training</u>. Contractor shall:
 - 1. Ensure all direct treatment staff become familiar with overdose prevention principles and techniques, including through trainings and materials provided by Behavioral Wellness; and
 - 2. Make available and distribute prevention overdose materials, as provided by Behavioral Wellness, to all staff and clients.
- **F.** <u>Experienced Staff for Direct Client Services</u>. Staff hired to work directly with clients shall have the competence and experience in working with clients with substance use disorders and co-occurring disorders.
- G. <u>Notice of Staffing Changes Required.</u> Contractor shall notify County of any staffing changes as part of the quarterly Staffing Report, in accordance with Section 4.B. (Reports). Contractor shall notify QCM ADP <u>BwellQCMADP@SBCBWELL.org</u> and <u>bwellcontractsstaff@co.santa-barbara.ca.us</u> within one business day for unexpected termination when staff separates from employment or is terminated from working under this Agreement, or within one week of the expected last day of employment or for staff planning a formal leave of absence.

- **H.** <u>Staff Background Investigations</u>. At any time prior to or during the term of this Agreement, the County may require that Contractor staff performing work under this Agreement undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be used. The fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor's staff passes or fails the background clearance investigation.</u>
- I. <u>Staff Removal for Good Cause Shown</u>. County may request that Contractor's staff be immediately removed from working on the County Agreement for good cause during the term of the Agreement.
- J. <u>Denial or Termination of Facility Access</u>. County may immediately deny or terminate County facility access, including all rights to County property, computer access, and access to County software, to Contractor's staff that do not pass such investigation(s) to the satisfaction of the County whose background or conduct is incompatible with County facility access.
- **K.** <u>Staff Disqualification</u>. Disqualification, if any, of Contractor staff, pursuant to this Section, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

3. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATIONS.

A. <u>Obtain and Maintain Required Credentials</u>. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates (including, but not limited to, certification as a Drug Medi-Cal provider if Title 22 California Code of Regulations (CCR) Drug Medi-Cal services are provided hereunder), as required by all Federal, State, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives, which are applicable to Contractor's facility(s) and services under this Agreement. Contractor shall further ensure that all of its officers, employees, and agents, who perform services hereunder, shall obtain and maintain in effect during the term of this Agreement all licenses, permits, registrations, accreditations, and certificates which are applicable to their performance hereunder. A copy of such documentation shall be provided to the Department of Behavioral Wellness Quality Care Management in alignment with *Department Policy #4.015 Staff Credentialing and Licensing*.

III. Delete <u>Subsection A (Treatment Programs)</u> of <u>Section 4 (Reports)</u> of <u>Exhibit A-1 Statement of</u> <u>Work: ADP (General Provisions)</u> and replace with the following, and add <u>Subsection F</u> <u>(Network Adequacy Certification Tool (NACT))</u> of <u>Section 4 (Reports)</u> of <u>Exhibit A-1 Statement</u> <u>of Work: ADP (General Provisions)</u> as follows:

4. REPORTS.

- A. <u>Treatment Programs</u>. In accepting funds for treatment services, Contractor agrees to submit the following:
 - 1. Electronic Drug & Alcohol Treatment Access Report (DATAR) for each treatment site, per 45 Code of Federal Regulations (CFR) Section 96.126. These reports shall be submitted using the DHCS DATAR system on a monthly basis and must be completed not later than 10 calendar days from the last day of the month;

- 2. Complete CalOMS County Admission Assessments and CalOMS County Discharge Assessments in the County MIS system for each client within 30 days from admission/discharge. CalOMS County Annual Update Assessments must be completed for clients in treatment for 12 continuous months or more and must be completed no later than 12 months from the admission date; and
- 3. Contractor shall report to Behavioral Wellness monthly on the rate of timely completion of Comprehensive ASAM Assessments.
- **F.** <u>Network Adequacy Certification Tool (NACT)</u>. Contractor shall submit all required information to the County in order to comply with the *Department's Policy and Procedure* #2.001 Network Adequacy Standards and Monitoring. Network data reporting shall be submitted to QCM ADP <u>BwellQCMADP@SBCBWELL.org</u> as required by the State Department of Health Care Services.

IV. Delete <u>Subsection B</u> and <u>Subsection C (Maintain Grievance Policy/Procedure)</u> of <u>Section 8</u> (Client and Family Member Empowerment) of <u>Exhibit A-1 Statement of Work: ADP (General Provisions)</u> and replace with the following:

8. CLIENT AND FAMILY MEMBER EMPOWERMENT.

- **B.** <u>Beneficiary Rights.</u> Contractor shall comply with any applicable federal and state laws that pertain to beneficiary rights and comply with *Department of Behavioral Wellness' Policy and Procedure #3.000 Beneficiary Rights*, available at <u>www.countyofsb.org/behavioral-wellness/policies</u>, and ensure that its employees and/or subcontracted providers observe and protect those rights.
- C. <u>Maintain Grievance Policy/Procedure</u>. Contractor shall adopt *Department Policy #4.020 Client Problem Resolution Process* available at <u>www.countyofsb.org/behavioral-wellness/policies</u>, to address client/family complaints in compliance with beneficiary grievance, appeal, and fair hearing procedures and timeframes as specified in 42 CFR 438.400 through 42 CFR 438.424.

V. Delete <u>Subsection A (Notice to QCM)</u> of <u>Section 10 (Notification Requirements)</u> of <u>Exhibit A-1</u> <u>Statement of Work: ADP (General Provisions)</u> and replace with the following:

10. NOTIFICATION REQUIREMENTS.

- A. <u>Notice to QCM</u>. Contractor shall immediately notify Behavioral Wellness' Quality Care Management (QCM) at 805-681-5113 in the event of:
 - 1. Known serious complaints against licensed/certified staff;
 - 2. Restrictions in practice or license/certification as stipulated by a State agency;
 - 3. Staff privileges restricted at a hospital;
 - 4. Other action instituted which affects staff license/certification or practice (for example, sexual harassment accusations); or
 - 5. Any event triggering Incident Reporting, as defined in *Behavioral Wellness' Policy and Procedure* #4.004, Unusual Occurrence Reporting, available at www.countyofsb.org/behavioral-wellness/policies.

VI. Delete <u>Subsection A (County to Provide Signature Pads)</u> of <u>Section 13 (Signature Pads)</u> of <u>Exhibit A-1 Statement of Work: ADP (General Provisions)</u> and replace with the following:

13. SIGNATURE PADS.

A. <u>County to Provide Signature Pads</u>. County shall purchase one signature pad for each physical address identified for Contractor's Alcohol and Drug Programs in this Agreement. The signature pad will be compatible with the County's Electronic Health Record (EHR), Clinician's Gateway. Contractor shall use the electronic versions of the Intake Form, Treatment Consent Form, Client Treatment Plan, Discharge Plan, and Medication Consent Form to ensure a complete client medical record exists within Clinician's Gateway. Contractor shall obtain client signatures on these electronic documents using the signature pads. Upon initial purchase, County shall install the signature pads on Contractor's hardware and provide a tutorial for Contractor's staff. Contractor shall be responsible for ongoing training of new staff.

VII. Delete <u>Subsections C (Provide DMC-ODS Beneficiary Handbook to Clients), E (Maintain</u> <u>Provider Directory), H (Tuberculosis (TB) Screening)</u> and <u>L (Attendance at Department ADP</u> <u>Provider Meetings)</u> of <u>Section 14 (Additional Program Requirements)</u> of <u>Exhibit A-1</u> <u>Statement of Work: ADP (General Provisions)</u> and replace with the following:

14. ADDITIONAL PROGRAM REQUIREMENTS.

- C. <u>Provide DMC-ODS Beneficiary Handbook to Clients</u>. Contractor shall provide the County of Santa Barbara DMC-ODS Beneficiary Handbooks to all clients in an approved method listed in the *Department of Behavioral Wellness' Policy and Procedures #4.008 Beneficiary Informing Materials*, upon beneficiary enrollment into DMC-ODS treatment program or upon request within five business days, and shall inform all clients of where the information is placed on the County website in electronic form. The Handbook shall contain all information specified in 42 CFR Section 438.10(g)(2)(xi) about the grievance and appeal system.
- E. <u>Maintain Provider Directory</u>. Contractor shall collaborate with the County to maintain a current provider directory, as required by the Intergovernmental Agreement, Contract Number 18-95148, by providing monthly updates as applicable. Contractor shall ensure that all licensed individuals employed by the Contractor to deliver DMC-ODS services are included on the County provider directory with the following information:
 - 1. Provider's name;
 - 2. Provider's business address(es);
 - 3. Telephone number(s);
 - 4. Email address;
 - 5. Website, as appropriate;
 - 6. Specialty in terms of training, experience and specialization, including board certification (if any);
 - 7. Services/modalities provided;
 - 8. Whether the provider accepts new beneficiaries;
 - 9. The provider's cultural capabilities;
 - 10. The provider's linguistic capabilities;
 - 11. Whether the provider's office has accommodations for people with physical disabilities;

- 12. Type of practitioner;
- 13. National Provider Identifier Number;
- 14. California License number and type of license; and
- 15. An indication of whether the provider has completed cultural competence training.
- H. <u>Tuberculosis (TB) Screening</u>. Contractor shall require each client to be screened for Tuberculosis (TB) prior to admission using the Alcohol and Drug Program (ADP) TB Screening Questions and Follow-Up Protocol available at <u>https://www.countyofsb.org/behavioral-wellness/formsforstaff-providers.sbc</u>.
- L. <u>Attendance at Department ADP User Group and CBO Collaborative Meetings</u>. Contractor shall attend Behavioral Wellness ADP User Group and CBO Collaborative meetings to receive information and support in addressing treatment or prevention concerns.

VIII. Delete <u>Section 1 (Program Summary)</u>, and <u>Subsection A. 2. i. (OS ASAM Level 1.0 Services)</u> and <u>Subsection B. 1. and 2. i. (Intensive Outpatient Services (IOS) ASAM Level 2.1)</u> of <u>Section 3</u> (Services) of <u>Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive</u> <u>Outpatient Services (IOS)</u>) and replace with the following:

1. PROGRAM SUMMARY.

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

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

3. SERVICES.

A. Outpatient Services (OS) ASAM Level 1.0.

2. OS ASAM Level 1.0 Services.

Contractor shall ensure that ASAM Level 1.0 services are provided, including group counseling, intake and assessment, treatment planning, collateral services, crisis services, discharge services, individual counseling, and medication services as follows:

i. **Outpatient Services (OS)** – **Group Counseling.** Group counseling services means face-to-face contact 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. Contractor shall ensure that each client receives counseling sessions 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. Clients must be DMC eligible to claim DMC reimbursement for the group session.

B. Intensive Outpatient Services (IOS) ASAM Level 2.1.

- 1. **Intensive Outpatient Services (IOS) Frequency and Setting.** Intensive Outpatient Services are structured programming services provided to beneficiaries when determined to be medically necessary and in accordance with an individualized treatment plan, and made available:
 - i. To adults, a minimum of nine (9) hours with a maximum of 19 hours a week and
 - ii. To adolescents, a minimum of six (6) hours with a maximum of 19 hours a week.

Services may be provided in-person, by telephone, or by telehealth and in appropriate settings in the community in compliance with *Department Policy #7.009 Drug Medi-Cal Organized Delivery System (DMC-ODS) Outpatient Treatment Services.*

- 2. **IOS ASAM Level 2.1 Services.** Contractor shall ensure that ASAM Level 2.1 services are provided including: assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination, as defined in Section 3.A.2 (Outpatient Services (OS) Individual) above, and following:
 - i. Intensive Outpatient Services (IOS) Group Counseling. Group counseling services means face-to-face contact 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. Contractor shall ensure that each client receives counseling sessions 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. Clients must be DMC eligible to claim DMC reimbursement for the group session.

IX. Delete <u>Subsections A (ASAM Screening Form Review), B (Comprehensive ASAM Assessment)</u> and <u>G (Notify Access Line/ QCM If Client Needs Another Level of Care)</u> of <u>Section 6 (Admission</u> <u>Process)</u> of <u>Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive</u> <u>Outpatient Services (IOS))</u> and replace with the following:

6. ADMISSION PROCESS.

- A. <u>ASAM Screening Form Review</u>. Contractor shall review County approved ASAM screening form and referral information upon receiving it via electronic-fax.
- **B.** <u>**Comprehensive ASAM Assessment.</u>** Contractor shall complete a Comprehensive ASAM Assessment within ten (10) business days of request for services. The Medical Director, licensed physician, or LPHA shall evaluate the assessment and intake information through a face-to-face or telehealth meeting 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.</u>

G. <u>QCM Documentation If Client Needs Another Level of Care</u>.

Contractor shall document in the assessment the actual level of care placement. Any variance in placement shall be documented in the comprehensive assessment, and will include the reasons for the difference in level of care.

- X. Delete <u>Subsection B (Comprehensive ASAM Multidimensional Assessment)</u> and <u>Subsection C</u> (<u>Treatment Plan</u>) of <u>Section 8 (Documentation Requirements)</u> of <u>Exhibit A-2 Statement of</u> <u>Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services (IOS))</u> and replace with the following:
 - 8. DOCUMENTATION REQUIREMENTS.
 - **B.** <u>Comprehensive ASAM Multidimensional Assessment</u>. No later than ten (10) days after receipt of initial client referral, Contractor shall complete a Comprehensive ASAM Assessment. 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. <u>Treatment Plan</u>. No later than thirty (30) days after client admission into Program, 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, and/ or LPHA, or 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).

XI. Delete <u>Subsection A.1.v. (Acupuncture)</u> of <u>Section 3 (Services)</u> of <u>Exhibit A-3 Statement of</u> <u>Work: ADP (Residential Treatment Services)</u>, and delete <u>Subsection B (Residential Treatment</u> <u>Services - ASAM Level 3.1)</u> and <u>Subsection C (Requirements Applicable to All Residential</u> <u>Services (ASAM Level 3.1)</u>) of <u>Section 3 (Services)</u> of <u>Exhibit A-3 Statement of Work: ADP</u> <u>(Residential Treatment Services)</u> and replace with the following:

3. 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 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. <u>Requirements Applicable to All Residential Services (ASAM Level 3.1, ASAM Level 3.3 and ASAM Level 3.5</u>).

1. **Minimum Requirements.** Residential services must include a minimum of fourteen (14) hours of treatment services per week; services may include group, individual counseling sessions, and family counseling. Contractor shall ensure that lengths of stay do not exceed 90 days with the average length of stay being 45 days. Residential services shall focus on interpersonal and independent living skills and access to community support systems. Contractor shall work with clients collaboratively to define barriers, set priorities, establish individualized goals, create treatment plans, and solve problems. Services shall be provided daily on the premises as scheduled.

- 2. **Residential Services.** Residential Services may include:
 - i. **Intake and Assessment:** The process of determining that a client meets the Medical Necessity criteria and admitting the client into a SUD treatment program. Intake must include completion of all intake paperwork, evaluation or analysis of substance use disorders, diagnosis of substance use disorders, and assessment of treatment needs to provide medically necessary services. Intake may also include a physical examination and laboratory testing necessary for SUD and treatment planning.
 - ii. **Group Counseling:** Group counseling services means face-to-face contact with one or more therapists or counselors who treat two (2) or more clients at the same time with a maximum of twelve (12) in the group, focusing on the needs of the individuals served.
 - iii. **Individual Counseling:** Face-to face contacts between a client and a LPHA or counselor which will focus on psychosocial issues related to substance use and goals outlined in the client's individualized treatment plan.
 - iv. **Patient Education:** Provide research-based education on addiction, treatment, recovery, and associated health risks.
 - v. **Family Therapy or Family Counseling/Education:** Includes a beneficiary's family members and loved ones in the treatment process, and education about factors that are important to the beneficiary's recovery, as well as their own recovery can be conveyed. Family therapy may only be provided by an LPHA while Family Counseling/Education may be provided by an AOD Counselor.
 - vi. **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.
 - vii. **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. "Significant persons" are individuals that have a personal, unofficial, or professional relationship with the client.
 - viii. **Crisis Intervention Services:** Contact between a therapist or counselor and a client in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the client an imminent threat of relapse. Crisis Intervention Services shall be limited to the stabilization of the client's emergency situation.
 - ix. **Treatment Planning:** The Contractor shall prepare an individualized written treatment plan based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake and then updated every subsequent 90 days unless there is a change in treatment modality or significant event that would then require a new treatment plan. The treatment plan will be consistent with the qualifying diagnosis and will be signed by the client and the Medical Director or LPHA.
 - x. **Transportation Services:** Provision of or arrangement for transportation to and from medically necessary treatment.

xi. **Discharge Services:** The process to prepare the client for referral into another level of care, post-treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing, and human services.

XII. Delete <u>Subsection C (Submit Authorization Request to QCM)</u> of <u>Section 5 (Referrals</u>) of <u>Exhibit</u> <u>A-3 Statement of Work: ADP (Residential Treatment Services)</u> and replace with the following, and delete Subsection <u>G (Assessment Required Within 24 Hours of Authorization)</u> of <u>Section 5</u> <u>(Referrals)</u> of <u>Exhibit A-3 Statement of Work: ADP (Residential Treatment Services)</u>:

5. REFERRALS.

- C. <u>Submit Authorization Request to QCM</u>. 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 are to be submitted by residential providers to QCM or other assigned staff using the SUD Residential Authorization Request as specified in *Department Policy #7.007 Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment Services*. All requests must be submitted following documentation in the client's record of the following:
 - 1. Evidence of eligibility determination (i.e., a copy of the client's Medi-Cal eligibility response, evidence of County residence);
 - 2. Completed intake documentation including the Treatment Consent, Intake Form, and the Health History Questionnaire;
 - 3. Completed ODS Comprehensive Assessment including ASAM placement criteria, the indicated level of care, and information gathered for the basis for diagnosis of a substance-related and addictive disorder found in the DSM-5; and
 - 4. For perinatal clients, medical documentation that substantiates the client's pregnancy and the last day of pregnancy.

XIII. Delete <u>Subsections A (Place Client Within 24 Hours After Authorization)</u> and <u>Subsection B</u> (<u>Comprehensive ASAM Assessment</u>) of <u>Section 6 (Admission Process</u>) of <u>Exhibit A-3 Statement</u> of Work: ADP (Residential Treatment Services) and replace with the following:

- 6. ADMISSION PROCESS.
 - A. <u>Client Placement.</u> Contractor shall place client in the facility immediately (whenever possible) but no later than 10 days following the initial ASAM Placement screening and referral via the Access Line for Residential Treatment Services or Withdrawal Management Services.
 - B. <u>Comprehensive ASAM Assessment</u>. No later than 24 hours after intake, Contractor shall complete a Comprehensive ASAM Assessment. The Medical Director, licensed physician, or LPHA shall evaluate the assessment and intake information through a face-to-face or telehealth meeting 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.

XIV. Delete <u>Subsections B (Comprehensive ASAM Multidimensional Assessment)</u> and <u>C (Treatment Plan)</u> of <u>Section 8 (Documentation Requirements)</u> of <u>Exhibit A-3 Statement of Work: ADP</u> <u>Residential Treatment Services</u> and replace with the following:

8. DOCUMENTATION REQUIREMENTS.

- **B.** <u>Comprehensive ASAM Assessment</u>. No later than 24 hours after intake, Contractor shall complete a Comprehensive ASAM Assessment. 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. <u>Treatment Plan</u>. 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. Contractor shall prepare an individualized written treatment plan based upon information obtained in the intake and assessment process. The treatment plan shall be completed upon intake and updated every ninety (90) days or more frequently as determined medically necessary. The treatment plan shall be consistent with the qualifying diagnosis and shall be signed by the client, the counselor, and/or LPHA or Medical Director. The treatment plan and updates shall 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 Contractor 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;
 - 9. If documentation of a client's physical examination, which was performed during the prior twelve (12) months, indicates a client has a significant medical illness, a goal that the client obtains appropriate treatment for the illness;
 - 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).

XV. Delete <u>Subsection G (Discharge Client if Client is Absent Without Leave for a 24 Hour Period)</u> of <u>Section 9 (Discharges)</u> of <u>Exhibit A-3 Statement of Work: ADP Residential Treatment</u> <u>Services</u> and replace with the following:

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

XVI. Delete <u>Subsection 1</u> of <u>Section A</u> of <u>Section 1 (Performance)</u> of <u>Exhibit A-7 (MHS General</u> <u>Provisions)</u> and replace with the following:

1. PERFORMANCE.

 All laws and regulations, and all contractual obligations of the County under the County Mental Health Plan ("MHP") (Contract No. 17-94613) between the County Department of Behavioral Wellness and the State Department of Health Care Services (DHCS), available at <u>www.countyofsb.org/behavioral-wellness</u>, including but not limited to subparagraphs C and F of the MHP, Exhibit E, Paragraph 7, and the applicable provisions of Exhibit D(F) to the MHP referenced in Paragraph 19.D of this Exhibit;

XVII. Delete <u>Section 16 (Training Requirements)</u> of <u>Exhibit A-7 (MHS General Provisions)</u> and replace with the following:

16. TRAINING REQUIREMENTS.

- **A.** Contractor shall ensure that all staff providing services under this Agreement complete mandatory trainings, including through attendance at County-sponsored training sessions as available. The following trainings must be completed at hire and annually thereafter:
 - 1. HIPAA Privacy and Security;
 - 2. Consumer and Family Culture;
 - 3. Behavioral Wellness Code of Conduct;
 - 4. Cultural Competency;
 - 5. County Management Information System (MIS), including the California Outcomes Measurement System (CalOMS) Treatment, for service staff who enter data into the system; and
 - 6. Applicable evidence-based treatment models and programs as agreed between Contractor and County in writing.
- **B.** Training Requirements for Mental Health Staff who provide direct service/document in Clinician's Gateway.

The following trainings must be completed at hire and annually thereafter:

- 1. Clinician's Gateway;
- 2. Documentation; and
- 3. Assessment and Treatment Plan.

XVIII. Add <u>Subsection R (Client Service Plan)</u> to <u>Section 17 (Additional Program Requirements)</u> of <u>Exhibit A-7 (MHS General Provisions)</u> as follows:

R. <u>Client Service Plan</u>. Contractor shall complete a Client Service Plan and assessment for each client receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual <u>http://countyofsb.org/behavioral-wellness/asset.c/5670.</u>

- XIX. Delete <u>Subsections C. 2 (Crisis Intervention), 3 (Assessment), 4 (Collateral)</u> and <u>7 (Plan Development)</u> of <u>Section 2 (Services)</u> of <u>Exhibit A-9 MHS Statement of Work: Mental Health Homeless Clinicians</u> and replace with the following, and add <u>Subsection 8 (Rehabilitation)</u> to <u>Section 2 (Services)</u> of <u>Exhibit A-9 MHS Statement of Work: Mental Health Homeless Clinicians</u> as follows:
 - 2. SERVICES.
 - 2. Crisis Intervention. Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.
 - **3.** Assessment/Reassessment. Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.
 - **4. Collateral**. Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan (client plan), as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment including, but not limited to, parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1.

Collateral services may include, but are not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a collateral service.

- **7. Plan Development**. Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.
- **8. Rehabilitation**. A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.

XX. Delete <u>Section 3 (Staff)</u> of <u>Exhibit A-9 MHS Statement of Work: Mental Health Homeless</u> <u>Clinicians</u> and replace with the following:

3. STAFF. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.

- A. 1.2 FTE to consist of 1.0 FTE Lead Homeless Services Clinician and 0.2 FTE Homeless Services Clinician who shall be licensed mental health or waivered/registered professionals as described in Title 9 CCR Sections 1810.223 and 1810.254.
 - i. Licensed mental health professional under Title 9 CCR Section 1810.223 includes:
 - a. Licensed physicians;
 - b. Licensed psychologists;
 - c. Licensed clinical social workers;
 - d. Licensed marriage and family therapists;
 - e. Licensed psychiatric technicians;
 - f. Registered Nurse; and
 - g. Licensed Vocational Nurse.
 - ii. Waivered/Registered Professional under Title 9 CCR Section 1810.254 includes an individual who has:
 - a. A waiver of psychologist licensure issued by the Department or
 - b. Registered with the corresponding state licensing authority for psychologists, marriage and family therapists, or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist, or clinical social worker licensure.
- **B.** .05 FTE Clerical/accounting support.
- C. 2.0 FTE unpaid interns under the supervision of the Homeless Clinician.

XXI. Delete <u>Section II (Maximum Contract Amount)</u> of <u>Exhibit B ADP Financial Provisions</u> and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$14,622,631** inclusive of **\$14,128,631** in Alcohol and Drug Program funding of \$2,582,003 for FY 18-19, \$5,410,976 for FY 19-20, and \$6,135,652 for FY 20-21, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-ADP. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

XXII.Delete <u>Section II (Maximum Contract Amount)</u> of <u>Exhibit B MHS Financial Provisions</u> and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$14,622,631** inclusive of **\$494,000** in Mental Health Services funding of \$247,000 for FY 19-20 and \$247,000 for FY 20-21, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1–MHS and subject to the provisions in Section I (Payment for Services). Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

XXIII. Delete Exhibit B-1 ADP Schedule of Rates and Contract Maximum FY 19-20 and replace with the following Exhibit B-1 ADP FY 18-19, Exhibit B-1 ADP FY 19-20 and Exhibit B-1 ADP FY 20-21:

			1			Schedule of Rate	s and Contract M	aximum										
DNTRACTOR NAME:		Good Samaritan												FISCAL YEAR:			2018-19	_
														DMC Service	AoD Cost Report Service		Projected Unit	Project Number
ıg Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Descripti	ion						nit of Service				Function Code	Code		of Service	Client
		15			ODS Outpati	ent Treatment Management				5 Minute Unit 5 Minute Unit				91 93	91 93		20,418 8,585	547
	Outpatient	15			ODS Case I ODS Physicia	an Consultation				5 Minute Unit				93	93		458	9
Drug Medi-Cal Billable Services		15			ODS Recov	ery Services			1	5 Minute Unit				95	95		6,383	130
	-	10			ODS Intensive Outpa	atient Treatment (IO awal Management	T)			5 Minute Unit				105	105		4,531	97
	Residential	5				lential Treatment				Bed Day Bed Day		******		112	112		7,227	88
														DMC Service	AoD Cost Report Service			
ug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Descripti	ion					U	nit of Service				Function Code	Code		County Maxim	
		15				Counseling				5 Minute Unit				91	91			33.81
		15 15			ODS Individu	ual Counseling Management				5 Minute Unit 5 Minute Unit				92 93	92 93			33.81 33.81
		15			ODS Physicia	an Consultation				5 Minute Unit				94	94			141.59
	Outpatient	15			ODS Recovery S	Services Individual			1	5 Minute Unit				95	95			\$33.81
Drug Medi-Cal Billable Services		15			ODS Recovery	Services Group				5 Minute Unit				96	96			33.81 33.81
	1	15 15		0	DS Recovery Servic ODS Recovery S		ICI IL		1	5 Minute Unit 5 Minute Unit				97	97			533.81 533.81
		10			ODS Intensive Outpa	atient Treatment (IO			1	5 Minute Unit				105	105		ş	\$31.02
	Residential	5			3.2 Withdrawal Mar					Bed Day				109	109			184.84
		5			el 3.1 Residential Tr					Bed Day			-	112	112			122.97
Non -	1	N/A			3.2 Withdrawal Man al 3.1 Residential Tre					Bed Day Bed Day				N/A N/A	109			tual Cost ² tual Cost ²
Drug Medi-Cal Billable Services	Residential	N/A			sitional Living Cente					Bed Day				N/A	56			tual Cost ¹
		N/A			nol/Drug Free Housin			1		Bed Day				N/A	57		Ac	tual Cost ¹
									PROGRA	M								
						D ecision	Destruct	Treatmen		Treatment at		B		Recovery	Recovery			
			Turning Point PN	Casa De Familia		Residential Treatment at	Residential Treatment at	Transitio Center Ho		Recovery Way ome (Lompoc) ³		Prop 47 Step Down Housing	Prop 47 Sobering	Residence Centers (Santa	Residence Centers (Lompoc)		CalWorks -	
	Recovery Point	Project PREMIE	Outpatient		Lompoc Recovery	Recovery Point	Another Road	(Santa Ma		eb 1st - Jun	Residential	(starting Nov.1,	Center (starting	Maria) Dec 1st -	Dec 1st - Jan	CalWorks	Alcohol Drug Fre	ee.
	(Santa Maria)	(Santa Maria)	(Lompoc)	(Santa Maria)	Center (Lompoc)	(Santa Maria)	Detox (Lompoc)	Feb 1st -	Jun	30th	Startup Costs	2019)	Nov.1, 2019)	Jan 31st	31st	Counseling		TOTA
								-		June 30, 2019								
OSS COST: SS REVENUES COLLECTED BY CONTRACTOR:	\$ 335,633	\$ 285,383	\$ 299,508	\$ 127,818	\$ 178,460	\$ 397,666	\$ 320,935	\$ 36	9,111 \$	388,537 \$	13,414	ş -	\$-	\$ 35,575	\$ 38,646	\$ -	\$ 55,00	10 \$ 2,84
PATIENT FEES	\$ 12,000	\$ 6,000	s -	۹	\$ 12,000	\$ 12,000	\$ 18,000	¢	- s			s -	s -	\$ 2,496	\$ 2.857	\$		\$ 6
CONTRIBUTIONS	\$ 12,000	\$ -		\$ -	\$ -	\$ 12,000	\$ 10,000	s	- \$	- \$		÷	\$ -	\$ -	\$ 1.710		<u>s</u> -	s
THER: GOVERNMENT FUNDING	\$ 37,092	\$ 14.837	\$ 14.837	\$ 1.484	\$ 5,935	\$ 60,432	\$ 24,431	s	- \$	- \$	-	\$ -	\$ -	\$ 12,079			s -	
OTHER: MISCELLANEOUS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	- \$	- \$	-	\$ -	\$ -		\$ -		\$ -	
OTHER: FUNDRAISING	\$-	\$-	\$ -	\$-	\$-	\$-	\$-	\$	- \$	- \$		\$-	\$-	\$-	ş -	ş -	\$ -	S
TAL CONTRACTOR REVENUES	\$ 49,092	\$ 20,837	\$ 14,837	\$ 1,484	\$ 17,935	\$ 72,432	\$ 42,431	s	- \$	- \$		s -	s -	\$ 14,575	\$ 16,646	s -	s -	\$ 25
AXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 286,541	\$ 264,546	\$ 284,671	\$ 126,334	\$ 160,525	\$ 325,234	\$ 278,504	\$ 36	9,111 \$	388,537 \$	13,414	s -	\$-	\$ 21,000	\$ 22,000	s -	\$ 55,00	0 \$ 2,59
				SOU	IRCES OF BEHAVI	ORAL WELLNESS	FUNDING FOR M		VTRACTA	MOUNT**								
g Medi-Cal	\$ 244,541	\$ 179,038	\$ 253,641	1		\$ 271,234		1	8,086 \$	329,724							T	\$ 2,09
alignment/SAPT - Discretionary	\$ 42,000	\$ 29,000	\$ 25,000	\$ 11,000	\$ 14,000	\$ 54,000	\$ 49,000	\$ 2	9,000 \$	43,000 \$	13,414							\$ 30
alignment/SAPT - Perinatal														\$ 12,000	\$ 17,000			\$ 2
alignment/SAPT - Adolescent Treatment																L		\$
alignment/SAPT - Primary Prevention																 	<u> </u>	\$
IWORKS ²		\$ 56,508	\$ 6.030				\$ 4170		4.573 \$	9.851				\$ 9,000	\$ 5,000	 	\$ 55,00	0 \$ 6
ner County Funds 18-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 286.541	+	\$ 0,000	\$ 126.334	\$ 160.525		v 1,110	*	4,573 \$	382.575 \$	13,414	•			\$ 22.000		\$ 55.00	-
	1										13,414		\$ -	\$ 21,000	\$ 22,000			
19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 491,213		\$ 488,007	\$ 216,573			1		\$5,866	932,489 \$	•	\$ 145,720			ş -	\$ 20,0		,
20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 491,213		\$ 488,007				. ,		85,866 \$	932,489 \$	-	\$ 425,256		1	s -	\$ 20,0		
AND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 1,268,967	\$ 1,171,560	\$ 1,260,685	\$ 559,480	\$ 710,897	\$ 1,440,322	\$ 1,233,374	\$ 2,13	\$3,391	2,247,553 \$	13,414	\$ 570,976	\$ 1,020,012	\$ 21,000	\$ 22,000	\$ 40,0	00 \$ 415,00	0 \$ 14,12
NTRACTOR SIGNATURE:								-										
					Do	1 inn	Mar	ala	1									
AFF ANALYST SIGNATURE:					10	nise lissa	11 Wr	uņe	a_							<u> </u>	_	
CAL SERVICES SIGNATURE:					me	lissa	i ma	rie	m	<u>inzo</u>								_
unding sources are estimated at the time of contract execution and may be reallocat	ed at Behavioral Well	ness' discretion base	ed on available fundi	ing sources.						1								
Projected Units of Service and Projected Number of Clients are estimated targets to	assist CBO's in recov	vering full costs. Actu	al services provided	and clients served	d may vary.					\mathcal{O}			İ					
													1					
ate based on most recently filed cost report.																		
te based on most recently filed cost report. te based on approved costs.																		

XXIII. Delete Exhibit B-1 ADP Schedule of Rates and Contract Maximum FY 19-20 and replace with the following Exhibit B-1 ADP FY 18-19, Exhibit B-1 ADP FY 19-20 and Exhibit B-1 ADP FY 20-21:

							Exhibit B-1 les and Contract M	aximum									
CONTRACTOR NAME:		Good Samaritan											FISCAL YEAR	R:		2018-19	
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Descripti	on					Unit of Service				DMC Service Function Code			Projected Units of Service	Projected Number of Clients
big medoa non biog medoa		15	ourries besurpt	UN .		ient Treatment			15 Minute Unit				91	91		20,418	547
	Outpatient	15	-			Management an Consultation			15 Minute Unit 15 Minute Unit				93	93		8,585	9
Drug Medi-Cal Billable Services	Outpatient	15				ery Services			15 Minute Unit				95	95		6,383	130
	_	10			ODS Intensive Outp	atient Treatment ()	στ)		15 Minute Unit				105	105		4,531	97
	Residential	5				awal Management Jential Treatment			Bed Day Bed Day				109	109		1,150	88
		Ť			20101017780								DMC Service	AoD Cost Report Service			
Drug Medi-Cal /Non Drug Medi-Cal	Service Type		Service Descripti	on					Unit of Service				Function Code				n Allowable Rate
		15			ODS Grou	o Counseling Jai Counseling			15 Minute Unit 15 Minute Unit				91 92	91 92		\$33	1,81
	1	15				Management			15 Minute Unit		_		93	93		\$33	
		15			ODS Physici	an Consultation			15 Minute Unit				94	94		\$14	
	Outpatient	15				Services Individual	h		15 Minute Unit 15 Minute Unit				95 96	95		\$33 \$33	
Drug Medi-Cal Billable Services	1	15		0	DS Recovery Servi	Services Group	ment		15 Minute Unit				97	97		\$33	
		15			ODS Recovery S	ervices Monitoring	E.		15 Minute Unit				98	98		\$33	
		10			ODS Intensive Outp				15 Minute Unit				105	105		\$31	.02
	Residential	5		Lovel	3.2 Withdrawal Ma 3.1 Residential Tr	ragement - Treatme	ent Only		Bed Day Bed Day				112	112		512	
	-	N/A		Level	3.2 Withdrawal Mar	agement - Board :	and Care	_	Bed Day				N/A	109			1 Cost ²
Non -	Residential	N/A			3.1 Residential Tr				Bed Day		_		N/A N/A	112		Actua Actua	Cost
Drug Medi-Cal Billable Services	120200000000000	N/A N/A			sitional Living Cents ol/Drug Free Housi				Bed Day Bed Day				N/A	57			Cost'
	-	3451						PRO	GRAM		_						
		1				1	1	Treatment at	Treatment at				Recovery	Recovery			
			Turning Point PN			Residential Treatment at	Residential Treatment at	Transitional Center House	Recovery Way Home (Lompoc) ^a		Prop 47 Step Down Housing	Prop 47 Sobering			2022	CalWorks -	
	Recovery Point (Santa Maria)	t Project PREMIE (Sania Maria)	Outpatient (Lompoc)		Lompoc Recovery Center (Lompoc)	Recovery Point (Santa Maria)	Another Road Detox (Lompoc)	(Santa Maria) ^a Feb 1st - Jun	Feb 1st - Jun 30th	Residential Startup Costs	(starting Nov.1, 2019)	Nov.1, 2019)	Maria) Dec 1st Jan 31st	- Dec 1st - Jan 31st	CalWorks Counseling	Alcohol Drug Free Housing	TOTAL
	1. 1.00.00	.1		La Company	\$ 178,460	S 397,66	s 320.935		8 to June 30, 2019 \$ 388,537		e .		\$ 35.57	5 5 38,646	5 .	\$ 55,000	\$ 2,845,686
GROSS COST: LESS REVENUES COLLECTED BY CONTRACTOR:	\$ 335,63	3 \$ 285,383	\$ 299,508	S 127,818	5 178,460	5 397,66	5 5 320,935	5 369,111	3 388,537	3 13,414	3 .	3 .	\$ 35.57	5 36,046	<u> </u>	5 55,000	\$ 2,043,060
PATIENT FEES	\$ 12,00	0 \$ 6,000	5 -	s -	\$ 12,000	S 12.000	\$ 18,000	\$ -	s .	s .	s -	\$ -	\$ 2,49	6 \$ 2,857	s .	S 2	\$ 65,353
CONTRIBUTIONS		s -		s -			s -		s -	\$ -	s .	\$.	s .	\$ 1,710	5 .	s .	\$ 1,710
OTHER: GOVERNMENT FUNDING	\$ 37.09	2 \$ 14,837	\$ 14,837	\$ 1,484									S 12,07				
OTHER: MISCELLANEOUS		s -				-	s -							s -			
OTHER: FUNDRAISING		s -				-	S -			-				5 -		s -	-
TOTAL CONTRACTOR REVENUES	\$ 49,09	2 \$ 20,837	\$ 14,837							ş .		s .	S 14,57			s -	\$ 250,269
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 286,54	1 \$ 264,546	\$ 284,671	\$ 126,334	\$ 160,525	\$ 325,234	\$ 278,504	\$ 369,111	\$ 388,537	\$ 13,414	\$ -	\$ -	\$ 21,00	0 \$ 22,000	\$	\$ 55,000	\$ 2,595,417
			S 253,641				S FUNDING FOR M						10				\$ 2,093,457
Drug Medi-Cal	\$ 244,54 \$ 42,00									\$ 13,414							\$ 309,414
Realignment/SAPT - Discretionary Realignment/SAPT - Perinatal	5 42,00	29,000	\$ 23,000	3 11,000	2 14,000	5 55,000	40,000	20,000	40,000	0 10,414			S 12,00	D \$ 17.000			\$ 29,000
Realignment/SAPT - Adolescent Treatment																	s -
Realignment/SAPT - Primary Prevention																	\$ -
CalWORKS ²							1						\$ 9,00	0 S 5,000		\$ 55,000	
Other County Funds		\$ 56,508					\$ 4,170			125	1000				antin war		\$ 81,132
FY18-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 286,54	_						- DEMOST	00000			s .	\$ 21,00			\$ 55,000	\$ 2,582.003
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 491,21		\$ 488,007		and the second se		and the second designed in the second designe							·	\$ 20,000		\$ 5,410,976
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 491,21	3 \$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186						\$ 425,256				\$ 20,000	Contraction of the second s	\$ 6,135,652
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 1,268,96	7 \$ 1,171,560	\$ 1,260,685	\$ 559,480	\$ 710,897	\$ 1,440,322	\$ 1,233,374	\$ 2,133,391	\$ 2,247,553	\$ 13,414	\$ 570,976	\$ 1,020,012	\$ 21,00	\$ 22,000	\$ 40,000	\$ 415,000	\$ 14,128,631
CONTRACTOR SIGNATURE:			0			0	L					_					
STAFF ANALYST SIGNATURE:		-									_		-			_	
FISCAL SERVICES SIGNATURE:		_															
Funding sources are essimated at the time of contract execution and may be reallocate *Projected Units of Service and Projected Number of Clients are estimated targets to a	d at Behavioral Wel ssist CBO's in reco	ness' discretion base vering full costs. Actu	d on available fundi al services provided	ng sources. and clients served	may vary.												
Rate based on most recently filed cost report.																	
² Rate based on approved costs.																	
³ Funding for Residential Treatment at Transitional Center House and Recovery Way Hon	ne is conditional upo	on DMC certification e	flective starting 2/1.	/19,												00	e 1407517

						Exhibit B	-1 ADP									
					Schedu	ule of Rates and	d Contract Max	imum		1						
													FISCAL			
CONTRACTOR NAME:	G	Good Samarita	<u>ו</u>										YEAR:		2019-20	
					1	1		1					DMC Service	AoD Cost	Projected	Projected
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode					Service Descri	ption				Unit of Service	Function Code	Report Service Code	Units of Service	Number of Clients
		15					OS Outpatient Ti					15 Minute Uni	t 91	91	35,003	547
	Outpatient	<u>15</u> 15					DS Case Mana S Physician Co					15 Minute Uni 15 Minute Uni	t 93 t 94	93 94	16,421 876	229 12
Drug Medi-Cal Billable Services	Culpation	15				0	DS Recovery S	ervices				15 Minute Uni	t 95	95	12,329	172
		10 5					sive Outpatient 3.2 Withdrawal N	Treatment (IOT)				15 Minute Uni Bed Day	t 105 109	105 109	8,467 1,971	97 187
	Residential	5					3.1 Residentia					Bed Day	112	112	15,768	187
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Desc	iption								Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	F	imum Allowable Rate
		15 15					DS Group Cou DS Individual Co					15 Minute Uni 15 Minute Uni	t 91 t 92	91 92		33.81 33.81
		15				O	DS Case Mana	gement				15 Minute Uni	t 93	93	\$3	33.81
	Outpatient	15 15					S Physician Co Recovery Servic					15 Minute Uni 15 Minute Uni	t 94 t 95	94 95		41.59 33.81
Drug Medi-Cal Billable Services		15				ODS	Recovery Serv	ces Group				15 Minute Uni	t 96	96	\$3	33.81 33.81
	1	<u>15</u> 15					ecovery Services C	ase Management es Monitoring				15 Minute Uni 15 Minute Uni		97 98		33.81
	ļi	10 5				ODS Inter	sive Outpatient		oh (15 Minute Uni	t 105 109	105 109	\$3	31.02 84.84
	Residential	5				Level 3.1 Res	idential Treatme	ent - Treatment On				Bed Day Bed Day	112	112	\$1	43.29
		N/A N/A						al Detoxification erm (over 30 days				Bed Day Bed Day	N/A N/A	<u>50</u> 51		al Cost ² al Cost ²
Non -	Residential	N/A				Residential Trea	atment Services	, Room & Board C	Inly			Bed Day	N/A	58	Actu	ual Cost ²
Drug Medi-Cal Billable Services		N/A N/A			Res			natal, Room & Boa erinatal/Parolee Or				Bed Day Bed Day	N/A N/A	58-1 57a		al Cost ² al Cost ¹
	CalWorks	N/A						CalWORKS Only)	iy/			Hours	N/A	35		al Cost ²
								PROGRAM								
	Recovery Point	Project PREMIE	Turning Point PN Outpatient	Casa De Familia Treatment Center (Santa	Lompoc Recovery Center	Residential Treatment at Recovery Point	Residential Treatment at Another Road Detox	Residential Treatment at Transitional Center House	Residential Treatment at Recovery Way Home	Prop 47 Step Down Housing (starting Nov.1.	Prop 47 Sobering Center (starting Nov.1.	Recovery Residence Centers (Santa	Recovery Residence Centers	CalWorks	Alcohol Drug	
	(Santa Maria)	(Santa Maria)	(Lompoc)	Maria)	(Lompoc)	(Santa Maria)	(Lompoc)	(Santa Maria)	(Lompoc)	2019)	2019)	Maria)	(Lompoc)	Counseling	Free Housing	
GROSS COST: LESS REVENUES COLLECTED BY CONTRACTOR:	\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 145,720	\$ 287,436	\$-	\$ -	\$ 20,000	\$ 180,000	\$ 5,730,466
PATIENT FEES	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000											\$ 40,000
CONTRIBUTIONS OTHER: GOVERNMENT FUNDING CWS	\$ 40.000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000									\$ - \$ 133,260
OTHER: GOVERNMENT FUNDING		\$ 20,920	\$ 32,650	¢ 0,200	\$ 22,000	\$ 69,550		\$ 6,210	\$ 1,150							\$ 146,230
OTHER: FUNDRAISING TOTAL CONTRACTOR REVENUES	\$ 52,000	\$ 41,920	\$ 73,650	\$ 11,260	\$ 32,000	\$ 77.550	\$ 23,750	\$ 6,210	\$ 1.150	s -	s -	s -	\$ -	s -	s -	\$ - \$ 319,490
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 145,720	\$ 287,436	\$ -	\$ -	\$ 20,000	\$ 180,000	
					1		[Ì	ĺ	1	1		1	1
Drug Medi-Cal	\$ 466.652	\$ 430.832	\$ 463,607		HAVIORAL W \$ 261,427		DING FOR MAX \$ 409,749	MUM CONTRAC \$ 730.604	TAMOUNT** \$ 789,662							\$ 4,230,192
Realignment/SAPT - Discretionary	\$ 24,561				\$ 13,759											\$ 239,539
Realignment/SAPT - Perinatal Realignment/SAPT - Adolescent Treatment								\$ 115,262	\$ 132,827	-			-			\$ 248,089 \$ -
Realignment/SAPT - Primary Prevention																\$ -
CalWORKS ² Other County Funds	┝───┥					\$ 5,000	\$ 5,000	\$ 40,000	\$ 10,000	\$ 145.720	\$ 287,436			\$ 20,000	\$ 180,000	\$ 260,000 \$ 433,156
FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 145,720	i i	s -	s -	\$ 20,000	\$ 180,000	\$ 5,410,976
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND		\$ 453,507	\$ 488,007	\$ 216,573		\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ -	\$-	\$ 20,000		\$ 6,135,652
GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND	\$ 982,426	\$ 907,014	\$ 976,014	\$ 433,146	\$ 550,372	\$ 1,115,088	\$ 954,870	\$ 1,771,732	\$ 1,864,978	\$ 570,976	\$ 1,020,012	\$-	\$ -	\$ 40,000	\$ 360,000	\$ 11,546,628
CONTRACTOR SIGNATURE: STAFF ANALYST SIGNATURE:			Den	se Mo	rales											
			mali	1 1 1 10	GAIG	man	70									
FISCAL SERVICES SIGNATURE:			maa	su m	uu	mun	}~						-			
**Funding sources are estimated at the time of contract execution and n																
***Projected Units of Service and Projected Number of Clients are estin ¹ Rate based on most recently filed cost report.	nated targets to a	assist CBO's in	recovering full co	osts. Actual servi	ces provided a	nd clients served	may vary.									
² Rate based on approved costs.																

Exhibit B-1 ADP Schedule of Rates and Contract Maximum

ONTRACTOR NAME:		Good Samarita	n	-									FISCAL YEAR:		2019-20	e:
rug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode					Service Descr	ption				Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service	Projecte Number Clients
		15				01	DS Outpatient T	eatment				15 Minute Uni	it 91	91	35,003	547
		15					DS Case Mana					15 Minute Uni		93	16,421	229
	Outpatient	15					S Physician Co					15 Minute Uni		94	876	12
Drug Medi-Cal Billable Services		15					DS Recovery S					15 Minute Uni 15 Minute Uni		95	12,329 8,467	172 97
		10					nsive Outpatient 3.2 Withdrawal N					Bed Day	105	105	1,971	187
	Residential	5					3.1 Residentia					Bed Day	109	112	15,768	187
rug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Desc	ription								Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Maxi F	imum Allowa Rate
		15					DDS Group Cou					15 Minute Uni		91		33.81
		15					DS Individual Co DS Case Mana					15 Minute Uni 15 Minute Uni		92 93		33.81 33.81
		15					OS Case Mana OS Physician Co					15 Minute Uni		93		41.59
	Outpatient	15					Recovery Servic					15 Minute Uni		95		33.81
Drug Medi-Cal Billable Services		15					Recovery Serv					15 Minute Uni		96		33.81
		15	1					ase Management				15 Minute Uni		97		33.81
		15					Recovery Service					15 Minute Uni		98		33.81
		10					nsive Outpatient					15 Minute Uni		105		31.02
	Residential	5						nent - Treatment O				Bed Day	109	109		84.84
	recidentia	5						ent - Treatment On	y			Bed Day	112	112		43.29
		N/A					nding Residentia					Bed Day Bed Day	N/A N/A	50 51		al Cost ^a al Cost ^a
Marrow	Residential	N/A N/A				Residential Tra	atment Services	erm (over 30 days , Room & Board C) Daly			Bed Day	N/A N/A	58		al Cost ²
Non - Drug Medi-Cal Billable Services	Residential	N/A			Res			natal, Room & Bo				Bed Day	N/A	58-1		al Cost ²
brug wedi-cai binable services		N/A			- Tee			rinatal/Parolee Or				Bed Day	N/A	57a		al Cost ¹
	CalWorks	N/A						CalWORKS Only)				Hours	N/A	35		al Cost ²
			J					PROGRAM							_	
				Casa De	8	122 1925 B 2	Residential	Residential	Residential		5.45					
	Recovery Point (Santa Maria)	Project PREMIE (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Maria)	Lompoc Recovery Center (Lompoc)	Residential Treatment at Recovery Point (Santa Maria)	Treatment at Another Road Detox (Lompoc)	Treatment at Transitional Center House (Santa Maria)	Treatment at Recovery Way Home (Lompoc)	Prop 47 Step Down Housing (starting Nov.1, 2019)	(starting Nov.1, 2019)	Centers (Sant Maria)	Recovery Residence a Centers (Lompoc)	CalWorks Counseling		
ROSS COST:	\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 145,720	\$ 287,436	S -	s -	\$ 20.000	\$ 180,000	\$ 5,730,
SS REVENUES COLLECTED BY CONTRACTOR:			1.2.2.2.2		1.0.000	1	1	1			1					10 40
PATIENT FEES	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000											\$ 40, \$
CONTRIBUTIONS	\$ 40,000	\$ 15.000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000									\$ 133.
DTHER: GOVERNMENT FUNDING CWS DTHER: GOVERNMENT FUNDING		\$ 20,920		- J.200	¥ 22,500	\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150							\$ 146.
OTHER: FUNDRAISING		+ L0,020	02,000				1 101/00		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							S
OTAL CONTRACTOR REVENUES	\$ 52,000	\$ 41,920	\$ 73,650	\$ 11.260	\$ 32,000	\$ 77,550	\$ 23,750	\$ 6,210	\$ 1,150	\$ -	S -	s -	s -	s -	\$ -	\$ 319,4
AXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 145,720	\$ 287,436	s -	\$ -	\$ 20,000	\$ 180,000	\$ 5,410,
				010050.055				MUM CONTRAC								
ug Medi-Cal	\$ 466,652	\$ 430,832			\$ 261,427		\$ 409,749		\$ 789,662		· · · · ·					\$ 4,230,
alignment/SAPT - Discretionary	\$ 24,561	\$ 22,675		\$ 10,829	\$ 13,759	\$ 80,629	\$ 62,686									\$ 239.
								\$ 115,262	\$ 132,827							\$ 248.
ealignment/SAPT - Perinatal																\$
ealignment/SAPT - Adolescent Treatment							\$ 5,000	\$ 40,000	\$ 10,000					£ 20.000	¢ 180.000	\$ 260.
ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention												1		\$ 20,000	\$ 180,000	\$ 260.
ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention alWORKS ²						\$ 5,000	\$ 5,000	3 40,000	0 10,000		A 007.00					
ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention alWORKS ²										\$ 145,720						
	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186		\$ 5,000 \$ 477,435	\$ 885,866	\$ 932,489	\$ 145,720	\$ 287,436	s -	s -	\$ 20,000		\$ 5,410,
alignment/SAPT - Adolescent Treatment alignment/SAPT - Primary Prevention align/SAPT - Primary Prevention ber County Funds		\$ 453,507 \$ 453,507		\$ 216,573 \$ 216,573		\$ 557,544					\$ 287,436 \$ 732,576	\$ -	s - s -	\$ 20,000 \$ 20,000 \$ 40,000	\$ 180,000	\$ 5,410, \$ 6,135, \$ 11,546,

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. *Rate based on most recently filed cost report.

²Rate based on approved costs.

						Exhibit B	-1 ADP									
			1		Schedu	le of Rates and	d Contract Ma	ximum	1	1						1
													FISCAL			
CONTRACTOR NAME:	G	ood Samarita	<u>n</u>										YEAR:		2020-21	
													DMC Service	AoD Cost		
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode				5	Service Descri	ption				Unit of	Function	Report	Projected Units of	Projected Number of
												Service	Code	Service Code	Service	Clients
		15					S Outpatient T					15 Minute Uni	t 91	91	35,003	547
	Outpatient	15 15				ODS	OS Case Manag Physician Co	gement nsultation				15 Minute Uni 15 Minute Uni	t 93 t 94	93 94	16,421 876	229 12
Drug Medi-Cal Billable Services		15				OE	DS Recovery S	ervices				15 Minute Uni	t 95	95	12,329	172
		10 5					sive Outpatient 2 Withdrawal N	Treatment (IOT)				15 Minute Uni Bed Day	t 105 109	105 109	8,467 1,971	97 187
	Residential	5					3.1 Residential					Bed Day	112	112	15,768	187
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Desc	ription								Unit of Service	DMC Service Function Code	AoD Cost Report Service Code		mum Allowable Rate
		15					DS Group Cou					15 Minute Uni 15 Minute Uni	t 91	91		33.81 33.81
		15 15					S Individual Co OS Case Manaç					15 Minute Uni	t 92 t 93	92 93		33.81 33.81
		15				ODS	Physician Co	nsultation				15 Minute Uni	t 94	94	\$14	41.59
Drug Medi-Cal Billable Services	Outpatient	15 15					ecovery Servic Recovery Servi					15 Minute Uni 15 Minute Uni		95 96		33.81 33.81
		15				ODS Recove	ery Services Ca	ase Managemen	t			15 Minute Uni	t 97	97	\$3	33.81
		15 10					ecovery Service	es Monitoring Treatment (IOT)				15 Minute Uni 15 Minute Uni	t 98 t 105	98 105		33.81 31.02
	Residential	5			L	evel 3.2 Withdra	awal Managem	ent - Treatment				Bed Day	109	109	\$18	84.84
	riconuomiai	5 N/A						nt - Treatment C al Detoxification	Dnly			Bed Day Bed Day	112 N/A	112 50		43.29 al Cost ²
		N/A				Residential Re	ecovery Long T	erm (over 30 da				Bed Day	N/A	51	Actu	al Cost ²
Non - Drug Medi-Cal Billable Services	Residential	N/A N/A						, Room & Board natal, Room & B				Bed Day Bed Day	N/A N/A	58 58-1		al Cost ² al Cost ²
Diug medi-cai binable Services		N/A						erinatal/Parolee				Bed Day	N/A	57a		al Cost ¹
	CalWorks	N/A		1	1	Interim Treatr	nent Services (CalWORKS On	y)	1	7	Hours	N/A	35	Actu	al Cost ²
			1					PROGRAM				l			l	
				Casa De		Residential	Residential	Residential	Residential							1
	Recovery	Project	Turning Point PN	Familia Treatment	Lompoc Recovery	Treatment at Recovery	Treatment at Another Road	Treatment at Transitional	Treatment at Recovery		Prop 47	Recovery Residence	Recovery Residence		Alcohol Drug	
	Point (Santa	PREMIE	Outpatient	Center (Santa	Center	Point (Santa	Detox	Center House	Way Home	Prop 47 Step	Sobering	Centers	Centers	CalWorks	Free	
00000007	Maria) \$ 543.213	(Santa Maria) \$ 495.427	(Lompoc)	Maria)	(Lompoc)	Maria)	(Lompoc)	(Santa Maria)	(Lompoc) \$ 933.639	Down Housing \$ 425,256	Center \$ 732,576	(Santa Maria)	(Lompoc)	Counseling	Housing \$ 180.000	TOTAL
GROSS COST: LESS REVENUES COLLECTED BY CONTRACTOR:	\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,455,142
PATIENT FEES	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000											\$ 40,000
CONTRIBUTIONS OTHER: GOVERNMENT FUNDING CWS	\$ 40.000	\$ 15,000	\$ 35,000	\$ 5.260	\$ 22,000	\$ 8,000	\$ 8,000									\$ - \$ 133,260
OTHER: GOVERNMENT FUNDING	\$ 10,000	\$ 20,920		\$ 0,200	φ 22,000	\$ 69,550		\$ 6,210	\$ 1,150							\$ 146,230
OTHER: FUNDRAISING TOTAL CONTRACTOR REVENUES	\$ 52,000	\$ 41,920	\$ 73,650	\$ 11.260	\$ 32,000	\$ 77.550	\$ 23,750	\$ 6.210	\$ 1.150	¢.	¢	¢	¢	¢	¢	\$ - \$ 319.490
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 491,213	\$ 453.507		\$ 216.573	φ 02,000		\$ 477.435	\$ 885.866		\$ 425.256	\$ 732.576	а -	ф -	\$ -0.000	\$ 180.000	
MAXIMUM (NET) CONTRACT AMOUNT PATABLE :	ə 491,213	φ 400,007	φ 400, 0 07	φ 210,373	φ 213,180	φ <u>557</u> ,344	φ 411,435	φ 000,800	φ 9 32,489	φ 420,200	φ 132,376	÷ -	φ -	φ 20,000	φ 100,000	\$ 0,135,652
								XIMUM CONTRA		*						
Drug Medi-Cal Realignment/SAPT - Discretionary	\$ 466,652 \$ 24,561		\$ 463,607 \$ 24,400		\$ 261,427 \$ 13,759		\$ 409,749 \$ 62,686	\$ 730,604	\$ 789,662							\$ 4,230,192 \$ 239,539
Realignment/SAPT - Perinatal	ψ 24,001	φ <u>22,075</u>	ψ 24,400	÷ 10,029	ψ 13,739	÷ 00,029	↓ 02,000	\$ 115,262	\$ 132,827							\$ 239,539 \$ 248,089
Realignment/SAPT - Adolescent Treatment Realignment/SAPT - Primary Prevention																\$ - ¢
CalWORKS ²						\$ 5,000	\$ 5,000	\$ 40,000	\$ 10,000					\$ 20,000	\$ 180,000	\$ 260,000
Other County Funds										\$ 425,256	\$ 732,576					\$ 1,157,832
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS	FUN \$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
CONTRACTOR SIGNATURE:																
			T)	111111	Ma	alas										
STAFF ANALYST SIGNATURE:				nae	110	juns	•									
			me	nise lissa	mari	e ma	nzo									
FISCAL SERVICES SIGNATURE:							-									
	tion and may be	located at D-		ee' discretion	rod or orgit-		61									
**Funding sources are estimated at the time of contract execu **Projected Units of Service and Projected Number of Clients			havioral Wellne					ay vary.								
**Funding sources are estimated at the time of contract execu			havioral Wellne					ay vary.								

						Sche		tes and	-1 ADP Contract M	aximum								
CONTRACTOR NAME:	3	G	Good Samarit	an											FISCAL		2020-21	-
Drug Medi-Cal /Non Drug Medi-Cal	Service 1	Туре	Mode						ervice Desc					Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service	Projected Number of Clients
			15						Outpatient					15 Minute Ur		91	35,003	547
	Outpati	ent	15 15						S Case Man Physician C					15 Minute Ur 15 Minute Ur		93 94	16,421 876	229
Drug Medi-Cal Billable Services	Catpat	one	15					OD	S Recovery	Services				15 Minute Ur	nit 95	95	12,329	172
			10							t Treatment (I	DT)			15 Minute Ur	nit 105 109	105	8,467	97
	Residen	ntial	5				-			Management al Treatment				Bed Day Bed Day	112	109	15,768	187
Drug Medi-Cal /Non Drug Medi-Cal	Service 1	Туре	Mode	Service Des	cription									Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	County Max	imum Allowabl Rate 33.81
			15 15		-				S Group Co Individual C					15 Minute Ur 15 Minute Ur		91 92		33.81
			15						S Case Man					15 Minute Ur		93		33.81
	12000000		15						Physician C					15 Minute Ur		94		41.59
Drug Medi-Cal Billable Services	Outpati	ent	15						Recovery Servi Recovery Ser	ces Individual				15 Minute Ur 15 Minute Ur		95		33.81 33.81
Drug medi-cal bilable Services			15				ODS			Case Managen	ent			15 Minute Un		97		33.81
			15				(ODS Red	covery Servie	es Monitoring				15 Minute Ur		98	S	33.81
		-	10							t Treatment (K ment - Treatme				15 Minute Ur Bed Day	nit 105 109	105		31.02 84.84
	Residen	ntial	5							ent - Treatmer				Bed Day	112	112		43.29
			N/A							ial Detoxification				Bed Day	N/A	50		al Cost ²
Non -	Residen	diat.	N/A N/A	-						Term (over 30 s, Room & Boa				Bed Day Bed Day	N/A N/A	51 58		al Cost ²
Drug Medi-Cal Billable Services	Residen	itiai	N/A			Re				inatal, Room				Bed Day	N/A	58-1		ial Cost ²
			N/A							erinatal/Parole				Bed Day	N/A	57a		al Cost ¹
	CalWor	rks	N/A				Interim	n Treatm	ent Services	(CalWORKS	Only)			Hours	N/A	35	Actu	al Cost ²
	1									PROGRA	M							
	Recove Point (Sa		Project PREMIE	Turning Poin PN Outpatient	Casa De Familia Treatmer Center (Sa	Lompor nt Recover	y Reco	nentat wery	Residential Treatment a Another Roa Detox		at Treatment Recovery	at e Prop 47 Step	Prop 47 Sobering	Recovery Residence Centers	Recovery Residence Centers	CalWorks	Alcohol Drug Free	
	Maria		(Santa Maria		Maria)	(Lompor			(Lompoc)	(Santa Mar				(Santa Maria	the second s	Counseling		TOTAL
GROSS COST: LESS REVENUES COLLECTED BY CONTRACTOR:	\$ 543.	,213	\$ 495,421	\$ 561,657	\$ 227,1	333 \$ 307,1	86 \$ 63	35,094	\$ 501,185	\$ 892,0	76 \$ 933,63	9 \$ 425,256	\$ 732,576	5 5 -	\$ -	\$ 20,000	\$ 180,000	\$ 6,455,142
PATIENT FEES	\$ 12	,000	\$ 6,000	\$ 6,000	\$ 6,0	000 \$ 10.0	00			10-1-				1				\$ 40,000
CONTRIBUTIONS									-						_			s -
OTHER: GOVERNMENT FUNDING CWS OTHER: GOVERNMENT FUNDING	\$ 40,	,000,	\$ 15,000		\$ 5,3	260 \$ 22,0		8,000	\$ 8,000 \$ 15,750		10 \$ 1,15	0						\$ 133,260 \$ 146,230
OTHER: FUNDRAISING		-	\$ 20,320	4 52,000				3,550	φ 10,750	0,2								\$ -
TOTAL CONTRACTOR REVENUES	\$ 52,	,000	\$ 41,920	\$ 73,650	\$ 11,3	260 \$ 32,0	00 \$ 7	77,550	\$ 23,750	\$ 6,2	10 \$ 1,15	0 \$ -	\$ -	s -	s -	\$ -	\$ -	\$ 319,490
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 491.	,213	\$ 453,507	\$ 488,007	\$ 216,	573 \$ 275,1	86 \$ 55	57,544	\$ 477,435	\$ 885,8	6 \$ 932,48	9 \$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
			1			DELLANAODAL	WELLNEO	C ELINIO	NIC FOR M	MINAL INA CONT	RACT AMOUN							
Drug Medi-Cal	\$ 466.	,652	\$ 430,832			44 \$ 261.4		71,915			04 \$ 789,66		1	1	1			\$ 4,230,192
Realignment/SAPT - Discretionary		.561				329 \$ 13,7		30.629										\$ 239,539
Realignment/SAPT - Perinatal										\$ 115,2	52 \$ 132,82	7						\$ 248.089
Realignment/SAPT - Adolescent Treatment Realignment/SAPT - Primary Prevention																		<u>s</u> -
CalWORKS ²	1						\$	5,000	\$ 5,000	\$ 40,0	00 \$ 10,00	0				\$ 20,000	\$ 180,000	
Other County Funds												\$ 425,256	\$ 732,576					\$ 1,157,832
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FU	N \$ 491.	,213	\$ 453,507	\$ 488,007	\$ 216,5	573 \$ 275,11	36 \$ 55	57,544	\$ 477,435	\$ 885,8	6 \$ 932,48	9 \$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
CONTRACTOR SIGNATURE:		2		V	-		7		(2			-		-		
STAFF ANALYST SIGNATURE:																		a da anti-
FISCAL SERVICES SIGNATURE:										-								57 81 72
Funding sources are estimated at the time of contract execution *Projected Units of Service and Projected Number of Clients are *Rate based on most recently filed cost report.	and may b e estimated	e rea targe	allocated at Be ets to assist Cl	havioral Wellne 30's in recoveri	ess' discretion ng full costs.	n based on ava Actual service	ailable fundi es provided :	ing soun and clier	ces. nts served m	ay vary.								

²Rate based on approved costs,

XXIV. Delete Exhibit B-1 MH Schedule of Rates and Contract Maximum FY 19-21 and replace with the following:

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

CONTRACTOR NAME:	Good Samarita	in Shelter S	ervices, Inc.		FISCAL YEAR:	2019-2020
Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate(4)
			Targeted Case Management	Minutes	01	\$2.51
			Collateral	Minutes	10	\$3.25
			*MHS-Assessment	Minutes	30	\$3.25
Medi-Cal Billable Services	Outpatient	15	MHS - Plan Development	Minutes	31	\$3.25
	Services	10	*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.25
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.25
			Crisis Intervention	Minutes	70	\$4.82
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	28.08

				Р	ROGRAM				
	lomeless Clinician	She	elter Beds					1	TOTAL
GROSS COST:	\$ 165,000	\$	82,000					\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:									
PATIENT FEES								\$	-
CONTRIBUTIONS								\$	-
OTHER (LIST):								\$	-
TOTAL CONTRACTOR REVENUES	\$ -	\$	-	\$	-	\$ -		\$	-
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$	82,000	\$	-	\$ -	\$ -	\$	247,000

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)					
MEDI-CAL (3)	\$ 107,250			\$	107,250
NON-MEDI-CAL		\$ 61,500		\$	61,500
SUBSIDY	\$ 57,750			\$	57,750
OTHER (LIST): HMIOT Grant		\$ 20,500		\$	20,500
TOTAL (SOURCES OF FUNDING)	\$ 165,000	\$ 82,000		\$	247,000

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

Denise	Morales
Christie Boyer	Digitally signed by Christie Boyer Date: 2020.08.24 13:31:01 -07'00'

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

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

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

* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waivered Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waivered Mental Health clinician.
 (4) CMA doesn't apply to FY 19-20.

XXIV. Delete Exhibit B-1 MH Schedule of Rates and Contract Maximum FY 19-21 and replace with the following:

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

FISCAL 2019-2020

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate(4)
			Targeted Case Management	Minutes	01	\$2.51
			Collateral	Minutes	10	\$3.25
			*MHS- Assessment	Minutes	30	\$3.25
Medi-Cal Billable Services	Outpatient	15	MHS - Plan Development	Minutes	31	\$3.25
Modi odi bilable obi fioto	Services		*MHS- Therapy (Family, Individual, Group)	Minutes	11,40,50	\$3,25
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.25
			Crisis Intervention	Minutes	70	\$4.82
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	28.08

				_	PRO	GRAM				
		omeless Slinician	She	lter Beds	1				-	TOTAL
GROSS COST:	\$	165,000	\$	82,000					\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:									-1 Z	
PATIENT FEES	_							-	\$	
CONTRIBUTIONS									\$	
OTHER (LIST):								1	\$	
TOTAL CONTRACTOR REVENUES	\$		\$	(H)	\$	(1	\$ 		\$	
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$	165,000	\$	82,000	\$	14.11	\$	\$	\$	247,000

\$ 165,000	\$	82,000	E. T. Tom Street		\$	247,000
 	\$	20,500			\$	20,500
\$ 57,750					\$	57,750
	\$	61,500			\$	61,500
\$ 107,250					\$	107,250
\$	\$ 107,250 \$ 57,750 \$ 165.000	\$	\$ 61,500 \$ 57,750 \$ 20,500	\$ 61,500 \$ 57,750 \$ 20,500	\$ 61,500 \$ 57,750 \$ 20,500	\$ 61,500 \$ \$ 57,750 \$ \$ 20,500 \$ \$

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

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

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

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

* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waivered Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waivered Mental Health clinician. (4) CMA doesn't apply to FY 19-20.

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

FISCAL YEAR:

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

				PF	ROGRAM				
	lomeless Clinician	She	elter Beds					1	TOTAL
GROSS COST:	\$ 165,000	\$	82,000					\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:									
PATIENT FEES								\$	-
CONTRIBUTIONS								\$	-
OTHER (LIST):								\$	-
TOTAL CONTRACTOR REVENUES	\$ -	\$	-	\$	-	\$ -		\$	-
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$	82,000	\$	-	\$ -	\$ -	\$	247,000

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)					
MEDI-CAL (3)	\$ 107,250			\$	107,250
NON-MEDI-CAL		\$ 62,000		\$	62,000
SUBSIDY	\$ 57,750			\$	57,750
OTHER (LIST): HEAP Grant		\$ 20,000		\$	20,000
TOTAL (SOURCES OF FUNDING)	\$ 165,000	\$ 82,000		\$	247,000

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

Denise W	lorales
Christie Boyer	Digitally signed by Christie Boyer Date: 2020.08.24 13:31:24 -07'00'

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

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

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

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

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

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

CONTRACTOR NAME:

Good Samaritan Shelter Services, Inc.

FISCAL 2020-2021

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate(4)
			Targeted Case Management	Minutes	01	\$2.58
			Collateral	Minutes	10	\$3.33
	Marco 20 10.0 20		*MHS-Assessment	Minutes	30	\$3.33
Medi-Cal Billable Services	Outpatient	15	MHS - Plan Development	Minutes	31	\$3.33
Wedi ou Diidbie oerviees	Services	10	*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.33
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3,33
			Crisis Intervention	Minutes	70	\$4.95
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	28.08

			r		PR	OGRAM				
	0.00	meless linician	She	lter Beds		5			1	TOTAL
GROSS COST:	\$	165,000	\$	82,000					\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:										
PATIENT FEES									\$	-
CONTRIBUTIONS									\$	-
OTHER (LIST):									\$	-
TOTAL CONTRACTOR REVENUES	\$		\$	-	\$	÷.	\$ -		\$	×
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$	165,000	\$	82,000	\$		\$ 1.	\$ 14 - I	\$	247,000

SOURCES OF FUNDI	NG FOR MAXIMUM ANNUAL
CONTRACT AMOUNT	(2)

TOTAL (SOURCES OF FUNDING)	\$ 165,000	\$ 82,000		White Sta	\$ 247,000
OTHER (LIST): HEAP Grant	 	\$ 20,000			\$ 20,000
SUBSIDY	\$ 57,750				\$ 57,750
NON-MEDI-CAL		\$ 62,000			\$ 62,000
MEDI-CAL (3)	\$ 107,250				\$ 107,250

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

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

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

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

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

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

XXV. Delete Exhibit B-2 ADP & MHS Entity Budget by Program FY 19-20 and replace with the following and add Exhibit B-2 ADP & MHS Entity Budget by Program FY 18-19, FY 19-20 and FY 20-21 as follows:

					S	Santa	a Barbar a	a Co			ment of Be get By Pro			line	ss Contra	nct E	Budget Pa	acke	et						
	ENCYNAME: Good Samarita																								
	UNTY FISCAL YEAR: 18/19 starting D)18																					
Gra	ay Shaded cells contain formulas, do no	ot ov	verwrite																						
TIME #	column# 1		2		3		4		5		6		7		8		9		10		11		12		13
	I. REV ENUE SOURCES:	ORG	AL AGENCY/ GANIZATION BUDGET	BE V F	COUNTY HAVIORAL VELLNESS ROGRAMS TOTALS		overy Point nta Maria)	Pro	Project emie(Santa Maria)	(ning Point PN Outpatient (Lompoc)	Trea	a De Familia tment Center anta Maria)		ooc Recovery ter (Lompoc)		Maria Detox - RES Treatment		npoc Detox- ES Treatment	Trans	Maria TLC - itional Center use (TCH)	Rec	npoc TLC - overy Way me (LTCH)	Но	l Drug Free using - ncy Shelter
1	Contributions	\$	98,700	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
2	Foundations/Trusts	\$	253,593	\$	41,222	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			\$	22,236	\$	18,986		
3	Miscellaneous Revenue	\$	10,500	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
4	SB Co Behavioral Wellness Funding	\$	1,895,354	\$	1,895,354	\$	286,541	\$	264,546	\$	284,671	\$	126,334	\$	160,525	\$	325,234	\$	278,503	\$	50,000	\$	64,000	\$	55,000
5	Other Government Funding	\$	1,332,407	\$	243,600	\$	37,092	\$	14,837	\$	14,837	\$	1,484	\$	5,935	\$	60,432	\$	24,432	\$	42,276	\$	42,276		
6	Other (specify)			\$	-																				
7	Other (specify)			\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
8	Other (specify)			\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
9	Other (specify)			\$	-																				
10	Total Other Revenue	\$	3,590,555	\$	2,180,176	\$	323,633	\$	279,383	\$	299,508	\$	127,818	\$	166,460	\$	385,666	\$	302,935	\$	114,512	\$	125,262	\$	55,000
	I.B Client and Third Party Revenues:																								
11	Client Fees	\$	80,000		80,000	\$	12,000	\$	6,000					\$	12,000	\$	12,000	\$	18,000	\$	10,000	\$	10,000		
12	SSI				-																				
13	Other (specify)				-																				
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)	\$	80,000	\$	80,000	\$	12,000	\$	6,000	\$	-	\$	-	\$	12,000	\$	12,000	\$	18,000	\$	10,000	\$	10,000	\$	-
15	GROSS PROGRAM REVENUE BUDGET	\$	3,670,555	\$	2,260,176	\$	335,633	\$	285,383	\$	299,508	\$	127,818	\$	178,460	\$	397,666	\$	320,935	\$	124,512	\$	135,262	\$	55,000

					S	Sant	a Barbara	a Co			tment of Bo Iget By Pro			line	ss Contra	act E	Budget P	acke	t						
AG	GENCY NAME: Good Samarita	n Sh	elter																						
	DUNTY FISCAL YEAR: 18/19 starting D			18																					
	ay Shaded cells contain formulas, do no																								
TINE #	COWMN# 1		2		3		4		5		6		7		8		9		10		11		12		13
	I. REV ENUE SOURCES;	ORG	AL AGENCY/ GANIZATION BUDGET	BE V P	COUNTY HAVIORAL VELLNESS ROGRAMS TOTALS		covery Point anta Maria)	Pi	Project rerrie(Santa Maria)	Tu	rning Point PN Outpatient (Lompoc)	Treat	a De Familia tment Center anta Maria)	1.1	boc Recovery ter (Lompoc)		Maria Detox - RES Treatment		npoc Detox- ES Treatment	Trans	Maria TLC - itional Center use (TCH)	Rec	npoc TLC - overy Way me (LTCH)	Ho	l Drug Free using - ncy Shelter
1	Contributions	\$	98,700	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
2	Foundations/Trusts	\$	253,593	\$	41,222	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			\$	22,236	\$	18,986		
3	Miscellaneous Revenue	\$	10,500	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
4	SB Co Behavioral Wellness Funding	\$	1,895,354	\$	1,895,354	\$	286,541	\$	264,546	\$	284,671	\$	126,334	\$	160,525	\$	325,234	\$	278,503	\$	50,000	\$	64,000	\$	55,000
5	Other Government Funding	\$	1,332,407	\$	243,600	\$	37,092	\$	14,837	\$	14,837	\$	1,484	\$	5,935	\$	60,432	\$	24,432	\$	42,276	\$	42,276		
6	Other (specify)			\$	-																				
7	Other (specify)			\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
8	Other (specify)			\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
9	Other (specify)			\$	-																				
10	Total Other Revenue	\$	3,590,555	\$	2,180,176	\$	323,633	\$	279,383	\$	299,508	\$	127,818	\$	166,460	\$	385,666	\$	302,935	\$	114,512	\$	125,262	\$	55,000
	I.B Client and Third Party Revenues:																								
11	Client Fees	\$	80,000		80,000	\$	12,000	\$	6,000					\$	12,000	\$	12,000	\$	18,000	\$	10,000	\$	10,000		
12	SSI				-																				
13	Other (specify)				-																				
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)	\$	80,000	\$	80,000	\$	12,000	\$	6,000	\$	-	\$	-	\$	12,000	\$	12,000	\$	18,000	\$	10,000	\$	10,000	\$	-
15	GROSS PROGRAM REVENUE BUDGET	\$	3,670,555	\$	2,260,176	\$	335,633	\$	285,383	\$	299,508	\$	127,818	\$	178,460	\$	397,666	\$	320,935	\$	124,512	\$	135,262	\$	55,000

						Santa	a Barbara	County De	•	of Behavion Idget By P	ral Wellnes rogram	s Contract	Budget Pa	acket - ADI	P & MHS B	2					
AG	GENCYNAME:	Good Samarit	an Sl	helter																	
СС	OUNTY FISCAL YEAR:	19/20 AM5																			
Gra	ay Shaded cells contair	n formulas, do n	not ov	verwrite																	
FINE #	COLUMN #	1		2	3	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	I. REVENUE SOURCES:		OR	al Agency/ Ganization Budget	Coui Behav Welli Progr Tota	IORAL NESS RAMS	Recovery Poin (Santa Maria)	Project Premie(Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Another Road Detox (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)	Residential Treatment at Recovery Way Home (Lompoc)	Prop 47 Step Dow n Facility (starting Nov.1, 2019)	Prop 47 Sober Center (starting Nov.1, 2019)	CALWORKS Counseling	Alcohol Drug Free Housing - Emergency Shelter	Homeless Clinicians	Mental Heath Beds
1	Contributions		\$	41,051	\$	-															
2	Foundations/Trusts		\$	279,590	\$	-															
3	Miscellaneous Revenue		\$	58,000	\$	-															
4	SB Co Behavioral Wellness	s Funding	\$	5,657,976	\$ 5,6	657,976	\$ 491,213	8 \$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 145,720	\$ 287,436	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000
5	SB Co CWS		\$	287,655	\$ 1	33,260	\$ 40,000) \$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000								
6	Other Government Funding		\$	3,081,293	\$ 1	46,230		\$ 20,920	\$ 32,650			\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150						
7	Rental Income		\$	504,997	\$	-															
8	Other (specify)				\$	-															
9	Other (specify)				\$	-															
10	Total Other Revenue		\$	9,910,562	\$ 5,9	937,466	\$ 531,213	\$ 489,427	\$ 555,657	\$ 221,833	\$ 297,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 145,720	\$ 287,436	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000
	I.B Client and Third Party I	Revenues:																			
11	Client Fees		\$	40,000		40,000	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000	\$-	\$-								
12	SSI					-															
	Other (specify)					-															
	Total Client and Third Party (Sum of lines 19 through 23		\$	40,000	\$	40,000	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000	\$ -	\$ -	\$ -	\$ -			\$	\$ -	\$ -	\$-
15	GROSS PROGRAM REVE	NUE BUDGET	\$	9,950,562	\$ 5,9	977,466	\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 145,720	\$ 287,436	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000

	III. DIRECT COSTS		TOTAL AGENCY/ ORGANIZATION BUDGET	BE V Pf	COUNTY EHAVIORAL WELLNESS ROGRAMS TOTALS	very Point Ita Maria)	Prem	roject iie(Santa ⁄laria)	PN O	ing Point utpatient impoc)	Cas Far Trea Center Ma	milia tment (Santa	Lompoc Recovery Center (Lompoc)	Tre	sidential atment at overy Point nta Maria)	Reside Treatme Another Deto (Lomp	ent at Road	Residential Treatment at Transitional Center House (Santa Maria)	Tre Rec	esidential eatment at overy Way Home Lompoc)	Dow (start	0 47 Step n Facility ing Nov.1, 2019)	(start	47 Sober Center ing Nov.1, 2019)		WORKS	Free I Eme	hol Drug Housing - ergency helter		neless icians		al Heath Beds
	III.A. Salaries and Benefits Object	t Level																														
16	Salaries (Complete Staffing Sched	dule)	4,384,270	\$	2,857,892	\$ 282,822	\$	245,708	\$ 2	277,035	\$ 1	17,863	\$ 157,680	\$	319,449	\$ 27	3,084	\$ 448,014	\$	472,119	\$	14,958	\$	113,987	\$	12,882	\$	43,720	\$	78,572	\$	-
17	Employee Benefits		\$ 1,096,067	\$	714,473	\$ 70,705	\$	61,427	\$	69,259	\$	29,466	\$ 39,420	\$	79,862	\$ 6	8,271	\$ 112,003	\$	118,030	\$	3,739	\$	28,497	\$	3,221	\$	10,930	\$	19,643	\$	_
18	Consultants		-	\$	-																										1	
19	Payroll Taxes		\$ 438,427	\$	285,789	\$ 28,282	\$	24,571	\$	27,704	\$	11,786	\$ 15,768	\$	31,945	\$ 2	7,308	\$ 44,801	\$	47,212	\$	1,496	\$	11,399	\$	1,288	\$	4,372	\$	7,857	\$	_
20	Salaries and Benefits Subtotal		\$ 5,918,764	\$	3,858,154	\$ 381,809	\$	331,706	\$:	373,997	\$ 1:	59,116	\$ 212,868	\$	431,256	\$ 36	8,663	\$ 604,818	\$	637,360	\$	20,193	\$	153,882	\$	17,391	\$	59,022	\$ 1	106,072	\$	-
	III.B Services and Supplies Object	t Level				 •						•							•					•		•						
21	Auto Expenses		94,029	\$	52,480	\$ 1,000	\$	4,200	\$	3,500	\$	500	\$ 1,000	\$	10,000	\$	5,000	\$ 10,000	\$	10,000	\$	5,980							\$	1,300		
	Contracted/Professional Servic	ces	525,600	\$	321,600	\$ 37,400	\$	37,400	\$	37,400	\$	20,400	\$ 19,400	\$	27,400	\$ 2	7,400	\$ 52,400	\$	52,400					1				\$	10,000	1	
	Depreciation/Occupancy		414,200	\$	218,700	\$ 3,000	\$	10,800	\$	31,000	\$	5,000		\$	17,500	\$	1,500	\$ 32,400	\$	31,000					1		\$	45,000	\$	-	\$	41,500
	Drug Testing		82,915		67,999	\$ 25,000	\$	7,000	\$	7,000	\$	2,500	\$ 7,500	\$	4,000	\$	2,000	\$ 5,000) \$	5,000			\$	1,499			\$	1,500		-	1	
25	Education & Training		25,300	\$	23,000	\$ 2,000	\$	2,000	\$	2,000	\$	1,000		\$	2,000	\$	1,000	\$ 5,000	\$	5,000									\$	3,000	1	
26	Gov'tl Fees & Charges		35,800	\$	28,500	\$ 3,000	\$	3,000	\$	3,000	\$	2,000	\$ 1,500	\$	3,000	\$	3,000	\$ 5,000) \$	5,000											1	
27	Insurance		95,991	\$	34,702	\$ 2,500	\$	3,300	\$	6,000	\$	1,000	\$ 2,000	\$	2,500	\$	2,000	\$ 6,000) \$	6,000	\$	301	\$	301			\$	2,000	\$	800		
28	Laundry		4,750	\$	4,750	\$ -								\$	1,000	\$	750	\$ 1,500) \$	1,500											1	
29	Legal and Accounting		2,400	\$	-																										1	
	Meetings and Seminars		6,106	\$	6,006	\$ 500	\$	500	\$	500	\$	500	\$ 500	\$	500	\$	500	\$ 1,000) \$	1,000									\$	506	1	
31	Office Expense/Supplies		33.362	\$	23,137	\$ 2,000	\$	2,500	\$	2,000	\$	1,500	\$ 1,500	\$	2,000	\$	1,000	\$ 2,000) \$	2,000	\$	1,537					\$	2,000	\$	3,100	í –	
	Program Supplies Food		91,480	\$	50,366									\$	15,000	\$	8,000	\$ 10,000	\$	10,000	\$	2,059	\$	2,307			\$	3,000		\neg	1	
	Program Supplies		143,820	^	92,576	\$ 4,000	\$	9,500	\$	4,500	\$	1,500	\$ 3,000	\$	8,000	\$	4,000	\$ 7,000) \$	7,000	\$	23,573	\$	5,203			\$	12,000	\$	3,300	1	
	Rental of Buildings		166,400		114,665								\$ 12,000					\$ -	- \$	-	\$	72,052	\$	18,614					\$	12,000	i	
	Rental of Equipment		13.000	\$	9,624	\$ 1,300	\$	1,300	\$	1,500	\$	500	\$ 500	\$	1,000	\$	500	\$ 1,500) \$	1,500			\$	24						-		
	Repairs & Maintenance		145,573	\$	78,000	\$ 2,500	\$	7,000	\$	4,000	\$	500	\$ 500	\$	6,000	\$	2,500	\$ 10,000	\$	15,000							\$	10,000		\neg	\$	20,000
	Telephone/Internet		60.675	<u>^</u>	25,020	\$ 2,400	\$	2,100	\$	1,600	\$	1,000	\$ 1,600	\$	2,600		2,900	\$ 3,600) \$		\$	1,018	\$	1,202			-		\$	1,400	i i i i i i i i i i i i i i i i i i i	
	Travel Expense		16,800	\$	14,646	\$ 1,000	\$	1,000	\$	1,000			\$ 1,000	\$	1,000	\$	1,000	\$ 2,500) \$	2,500			\$	2,146					\$	1,500	i	
	Util - Electricity		105.668	\$	44,750	\$ 2,200	\$	3,000	\$	3,600	\$	500	\$ 750	\$	8,000	\$	1,200	\$ 6,000) \$	6,000							\$	8,000	\$	500	\$	5,000
	Util - Heat (Gas)		33,412	\$	16,100		\$	2,000	\$	800	\$	350	\$ 750	\$	1,000	\$	1,200	\$ 2,000		2,000							\$	6,000		\neg		
41	Util - Water/Sewer		106,280	\$	48,254	\$ 750	\$	2,500	\$	5,000	\$	250	\$ 750	\$	8,500	\$	1,700	\$ 8,000	\$	8,000							\$	8,000			\$	4,804
42	Rapid Rehousing and other pay	yments	346,917	\$	-													\$-	\$	-												
43	Facil.Site Prep/Furn, Fixtures		430,842	\$	73,352													\$ -	- \$	-			\$	73,352								
44	Services and Supplies Subtotal		\$ 2,981,320	\$	1,348,228	\$ 90,550	\$	99,100	\$	114,400	\$	39,000	\$ 54,250	\$	121,000	\$ 6	7,150	\$ 170,900	\$	174,500	\$	106,520	\$	104,648	\$	-	\$	97,500	\$	37,406	\$	71,304
45	III.C. Client Expense Object Level	Total (Not		\$	-																				_							
46																			-												<u> </u>	
47																			\square													
49	SUBTOTAL DIRECT COSTS		\$ 8,900,084	\$	5,206,382	\$ 472,359	\$	430,806	\$ 4	488,397	\$ 1	98,116	\$ 267,118	\$	552,256	\$ 43	5,813	\$ 775,718	\$	811,860	\$	126,713	\$	258,530	\$	17,391	\$	156,522	\$ 1	143,478	\$	71,304
50	IV. INDIRECT COSTS																															
51	Administrative Indirect Costs (Reimbursement limited to 15%)		1,230,314	\$	771,083	\$ 70,854	\$	64,621	\$	73,260	\$	29,717	\$ 40,068	\$	82,838	\$ 6	5,372	\$ 116,358	\$	121,779	\$	19,007	\$	28,906	\$	2,609	\$	23,478	\$	21,522	\$	10,696
52	GROSS DIRECT AND INDIRECT ((Sum of lines 47+48)	COSTS	\$ 10,130,398	\$	5,977,465	\$ 543,213	\$ 4	495,427	\$ 5	561,657	\$ 22	27,833	\$ 307,186	\$	635,094	\$ 501	,185	\$ 892,076	\$	933,639	\$	145,720	\$:	287,435	\$	20,000	\$ ´	180,000	\$ 1	65,000	\$	82,000

						E	hibit	B 2 Santa	a Barbara C	• •		nent of Bo dget By		Vellness Co	ntract Budg	get Packet /	ADP & MHS						
AG	ENCYN	NAME:	Good Samar	itan S	Shelter																		
CO	UNTY F	FISCAL YEAR:																					
		ed cells contai		_	overwrite																		
LINE #	COLUMN #		1		2	3		4	5	6		7	8	9	10	11	12	13	14	15	16	17	18
	I. REVENU	E SOURCES:			DTAL AGENCY/ RGANIZATION BUDGET	County Behavior Wellnes Program Totals	AL S IS	Recovery Point (Santa Maria)	Project Premie (Santa Maria)	Turning Point I Outpatient (Lompoc)	PN 1	sa De Familia Treatment enter (Santa Maria)	Lompoc Recovery Center (Lompoc)	Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Another Road Detox (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)	Residential Treatment at Recovery Way Home (Lompoc)	Prop 47 Step Dow n Facility	Prop 47 Sober Center	CALWORKS Counseling	Alcohol Drug Free Housing - Emergency Shelter	Homeless Clinicians	Mental Heath Beds
1	Contribut	tions		\$	41,051	\$	-																
2	Foundati	ions/Trusts		\$	279,590	\$	-																
3	Miscellar	neous Revenue		\$	58,000	\$	-																
4	SB Co B	Behavioral Wellnes	s Funding	\$	6,382,652	\$ 6,382	652	\$ 491,213	\$ 453,50	7 \$ 488,0	07 \$	216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000
5	SB Co C	CWS		\$	287,655	\$ 133,	260	\$ 40,000	\$ 15,00	0 \$ 35,0	00 \$	5,260	\$ 22,000	\$ 8,000) \$ 8,000								
6	Other Go	overnment Funding)	\$	3,081,293	\$ 146,	230		\$ 20,92) \$ 32,6	50			\$ 69,550) \$ 15,750	\$ 6,210	\$ 1,150						
7	Rental In	ncome		\$	504,997	\$																	
8	Other (sp	pecify)				\$	-																
9	Other (sp	pecify)				\$	-																
10	Total Oth	her Revenue		\$	10,635,238	\$ 6,662	142	\$ 531,213	\$ 489,427	\$ 555,65	57 \$	221,833	\$ 297,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 425,256	\$ 732,576	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000
	I.B Clier	nt and Third Party	Revenues:																				
11	Client Fe	ees		\$	40,000	40,	000	\$ 12,000	\$ 6,00	0 \$ 6,0	00 \$	6,000	\$ 10,000	\$	\$-								
12	SSI						-																
13	Other (sp	pecify)					-																
1/1		ent and Third Part lines 19 through 2		\$	40,000	\$ 40	,000	\$ 12,000	\$ 6,00	0 \$ 6,0	00 \$	6,000	\$ 10,000	\$	\$ -	\$	\$ -			\$ -	\$ -	\$-	\$-
15	GROSS	PROGRAM REVI	ENUE BUDGET	\$	10,675,238	\$ 6,702	142	\$ 543,213	\$ 495,427	\$ 561,65	57 \$	227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 425,256	\$ 732,576	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000

	III. DIRECT COSTS	TAL AGENCY/ RGANIZATION BUDGET	BE W PF	COUNTY HAVIORAL VELLNESS ROGRAMS TOTALS		very Point hta Maria)		ct Premie a Maria)	Ou	g Point PN tpatient ompoc)	Tr Cen	I De Familia eatment ter (Santa Maria)	Re (Lompoc ecovery Center Lompoc)	Treat Recov	idential tment at ery Point a Maria)	Trea Anoth	idential trment at her Road (Lompoc)	Trea Trar Cente	sidential atment at nsitional er House ata Maria)	Trea Reco	idential tment at very Way (Lompoc)		9 47 Step n Facility		7 Sober enter		WORKS	Free H Eme	hol Drug Housing - ergency helter		meless nicians	Mental H Beds	
	III.A. Salaries and Benefits Object Level																																	
16	Salaries (Complete Staffing Schedule)	4,591,450	\$	3,211,570	\$	282,822	\$	245,708	\$	277,035	\$	117,863	\$	157,680	\$	319,449	\$	273,084	\$	448,014	\$	472,119	\$	89,960	\$	392,663	\$	12,882	\$	43,720	\$	78,572	\$	-
17	Employee Benefits	\$ 1,147,863	\$	802,892	\$	70,705	\$	61,427	\$	69,259	\$	29,466	\$	39,420	\$	79,862	\$	68,271	\$	112,003	\$	118,030	\$	22,490	\$	98,166	\$	3,221	\$	10,930	\$	19,643	\$	-
18	Consultants	-	\$	-																							í							
19	Payroll Taxes	\$ 459,145	\$	321,157	\$	28,282	\$	24,571	\$	27,704	\$	11,786	\$	15,768	\$	31,945	\$	27,308	\$	44,801	\$	47,212	\$	8,996	\$	39,266	\$	1,288	\$	4,372	\$	7,857	\$	-
20	Salaries and Benefits Subtotal	\$ 6,198,458	\$	4,335,619	\$	381,809	\$	331,706	\$	373,997	\$	159,116	\$	212,868	\$	431,256	\$	368,663	\$	604,818	\$	637,360	\$	121,446	\$	530,095	\$	17,391	\$	59,022	\$	106,072	\$	-
	III.B Services and Supplies Object Level																						1											
21	Auto Expenses	100,877	\$	67,500	\$	1,000	\$	4,200	\$	3,500	\$	500	\$	1,000	\$	10,000	\$	5,000	\$	10,000	\$	10,000		14,000	\$	7,000	 				\$	1,300		
22	Contracted/Professional Services	530,400	\$	326,400	\$	37,400	\$	37,400	\$	37,400	\$	20,400	\$	19,400	\$	27,400	\$	27,400	\$	52,400	\$	52,400	\$	2,400	\$	2,400	<u> </u>				\$	10,000		
23	Depreciation/Occupancy	414,200	\$	218,700	\$	3,000	\$	10,800	\$	31,000	\$	5,000			\$	17,500	\$	1,500	\$	32,400	\$	31,000					<u> </u>		\$	45,000	\$	-	\$ 4′	1,500
24	Drug Testing	83,400	\$	68,500	\$	25,000	\$	7,000	\$	7,000	\$	2,500	\$	7,500	\$	4,000	\$	2,000	\$	5,000	\$	5,000	\$	500	\$	1,500	<u> </u>		\$	1,500	<u> </u>			
25	Education & Training	25,300	\$	23,000	\$	2,000	\$	2,000	\$	2,000	\$	1,000			\$	2,000	\$	1,000	\$	5,000	\$	5,000					1				\$	3,000		
26	Gov'tl Fees & Charges	40,300	\$	33,000	\$	3,000	\$	3,000	\$	3,000	\$	2,000	\$	1,500	\$	3,000	\$	3,000	\$	5,000	\$	5,000	\$	4,500			L				L			
27	Insurance	94,146	\$	36,600	\$	2,500	\$	3,300	\$	6,000	\$	1,000	\$	2,000	\$	2,500	\$	2,000	\$	6,000	\$	6,000	\$	1,000	\$	1,500	<u> </u>		\$	2,000	\$	800		
28	Laundry	4,750	\$	4,750	\$	-									\$	1,000	\$	750	\$	1,500	\$	1,500					1				1			
29	Legal and Accounting	2,400	\$	-																							1				1			
30	Meetings and Seminars	6,106	\$	6,006	\$	500	\$	500	\$	500	\$	500	\$	500	\$	500	\$	500	\$	1,000	\$	1,000					1				\$	506		
	Office Expense/Supplies	35,234	\$	26,600	\$	2,000	\$	2,500	\$	2,000	\$	1,500	\$	1,500	\$	2,000	\$	1,000	\$	2,000	\$	2,000	\$	5,000			í		\$	2,000	\$	3,100		
	Program Supplies Food	100,161	\$	67,000											\$	15,000	\$	8,000	\$	10,000	\$	10,000	\$	15,000	\$	6,000	í –	\neg	\$	3,000	í – – – – – – – – – – – – – – – – – – –			
	Program Supplies	159.320	\$	106,800	\$	4,000	\$	9,500	\$	4,500	\$	1,500	\$	3,000	\$	8,000	\$	4,000	\$	7,000	\$	7,000	\$	25,000	\$	18,000	1		\$	12,000	\$	3,300		
	Rental of Buildings	270,040	\$	231,200									\$	12,000					\$	-	\$	-	\$	168,000	\$	39,200	1	$\neg \uparrow$		$\neg \uparrow$	\$	12,000		
	Rental of Equipment	13.000	\$	9,600	\$	1,300	\$	1,300	\$	1,500	\$	500	\$	500	\$	1,000	\$	500	\$	1,500	\$	1,500					1				i			
	Repairs & Maintenance	148,573	\$	87,000	\$	2,500	\$	7,000	\$	4,000	\$	500	\$	500	\$	6,000	\$	2,500	\$	10,000	\$	15,000	\$	9,000					\$	10,000	(\$ 20	0,000
	Telephone/Internet	63.783	\$	29,042	\$	2,400	\$	2,100	\$	1,600	\$	1,000	\$	1,600	\$	2,600	\$	2,900	\$	3,600	\$	3,600	\$	3,942	\$	2,300	1		<u> </u>	,	\$	1,400	<u> </u>	,
	Travel Expense	16,800	\$	12.500	\$	1,000	\$	1.000	\$	1.000		,	\$	1,000	\$	1.000	\$	1,000	\$	2,500	\$	2.500		- , -		,	(\$	1,500		
	Util - Electricity	105,668	\$	44,750	·	2,200	\$	3.000	\$	3,600	\$	500	\$	750	\$	8,000	\$	1,200	\$	6,000	\$	6,000					<u> </u>		\$	8,000	\$	500	\$ 5	5,000
	Util - Electricity Util - Heat (Gas)	33,412	\$ \$	16,100	Ψ	2,200	\$	2,000	\$	800	\$	350	\$	750	\$	1,000	\$	1,200	\$	2,000	\$	2,000					<u> </u>		\$	6,000	<u> </u>		<u> </u>	,000
	Util - Water/Sewer	106,280	\$	48,254	\$	750	\$	2,500	\$	5,000	\$	250	\$	750	\$	8,500	\$	1,700	\$	8,000	\$	8,000					1		\$	8,000	1		\$ 4	4,804
	Rapid Rehousing and other payments	346,917	\$	-															\$	-	\$	-					1				i			
	Facil.Site Prep/Furn, Fixtures	383.291	\$	33,382															\$		\$	-			\$	33,382	1				1			_
	Services and Supplies Subtotal	\$	\$	1,496,684	\$	90,550	\$	99,100	\$	114,400	\$	39,000	\$	54,250	\$	121,000	\$	67,150	\$	170,900	\$	174,500	\$	248,342	\$	111,282	\$	-	\$	97,500	\$	37,406	\$ 7 [.]	,304
45	III.C. Client Expense Object Level Total (Not		\$	-																									_					
46																											 				┢───			
47 48																											<u> </u>				<u> </u>			
49	SUBTOTAL DIRECT COSTS	\$ 9,282,816	\$	5,832,304	\$	472,359	\$	430,806	\$	488,397	\$	198,116	\$	267,118	\$	552,256	\$	435,813	\$	775,718	\$	811,860	\$	369,788	\$	641,377	\$	17,391	\$	156,522	\$	143,478	\$ 71	1,304
	IV. INDIRECT COSTS																																	
51	Administrative Indirect Costs (Reimbursement limited to 15%)	1,392,422	\$	869,838	\$	70,854	\$	64,621	\$	73,260	\$	29,717	\$	40,068	\$	82,838	\$	65,372	\$	116,358	\$	121,779	\$	55,468	\$	91,199	\$	2,609	\$	23,478	\$	21,522	\$ 10),696
52	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 10,675,238	\$	6,702,142	\$	543,213	\$ 4	195,427	\$	561,657	\$	227,833	\$	307,186	\$ 6	635,094	\$:	501,185	\$ 8	892,076	\$	933,639	\$	425,256	\$ 7	32,576	\$	20,000	\$	180,000	\$	165,000	\$ 82	,000

XXVI. Add FY 20-21 to Exhibit B-3 ADP Sliding Fee Scale as follows:

COUNTY OF SANTA BARBARA ALCOHOL & DRUG PROGRAM FEE SCHEDULE * 2020-2021

ANNUAL GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER								
VISIT	1	2	3	4	5	6	7	8
5	17,236	23,336	29,435	35,535	41,635	47,734	53,734	59,834
10	21,556	27,656	33,755	39,855	45,955	52,054	58,054	64,154
15	25,876	31,976	38,075	44,175	50,275	56,374	62,374	68,474
20	30,196	36,296	42,395	48,495	54,595	60,694	66,694	72,794
25	34,516	40,616	46,715	52,815	58,915	65,014	71,014	77,114
30	38,836	44,936	51,035	57,135	63,235	69,334	75,334	81,434
35	43,156	49,256	55,355	61,455	67,555	73,654	79,654	85,754
40	47,476	53,576	59,675	65,775	71,875	77,974	83,974	90,074
45	51,796	57,896	63,995	70,095	76,195	82,294	88,294	94,394
50	56,116	62,216	68,315	74,415	80,515	86,614	92,614	98,714
55	60,436	66,536	72,635	78,735	84,835	90,934	96,934	103,034
60	64,756	70,856	76,955	83,055	89,155	95,254	101,254	107,354
65	69,076	75,176	81,275	87,375	93,475	99,574	105,574	111,674
70	73,396	79,496	85,595	91,695	97,795	103,894	109,894	115,994
75	77,716	83,816	89,915	96,015	102,115	108,214	114,214	120,314
80	82,036	88,136	94,235	100,335	106,435	112,534	118,534	124,634
85	86,356	92,456	98,555	104,655	110,755	116,854	122,854	128,954
90	90,676	96,776	102,875	108,975	115,075	121,174	127,174	133,274

MONTHLY GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

FEE PER								
VISIT	1	2	3	4	5	6	7	8
5	1,436	1,945	2,453	2,961	3,470	3,978	4,478	4,986
10	1,796	2,305	2,813	3,321	3,830	4,338	4,838	5,346
15	2,156	2,665	3,173	3,681	4,190	4,698	5,198	5,706
20	2,516	3,025	3,533	4,041	4,550	5,058	5,558	6,066
25	2,876	3,385	3,893	4,401	4,910	5,418	5,918	6,426
30	3,236	3,745	4,253	4,761	5,270	5,778	6,278	6,786
35	3,596	4,105	4,613	5,121	5,630	6,138	6,638	7,146
40	3,956	4,465	4,973	5,481	5,990	6,498	6,998	7,506
45	4,316	4,825	5,333	5,841	6,350	6,858	7,358	7,866
50	4,676	5,185	5,693	6,201	6,710	7,218	7,718	8,226
55	5,036	5,545	6,053	6,561	7,070	7,578	8,078	8,586
60	5,396	5,905	6,413	6,921	7,430	7,938	8,438	8,946
65	5,756	6,265	6,773	7,281	7,790	8,298	8,798	9,306
70	6,116	6,625	7,133	7,641	8,150	8,658	9,158	9,666
75	6,476	6,985	7,493	8,001	8,510	9,018	9,518	10,026
80	6,836	7,345	7,853	8,361	8,870	9,378	9,878	10,386
85	7,196	7,705	8,213	8,721	9,230	9,738	10,238	10,746
90	7,556	8,065	8,573	9,081	9,590	10,098	10,598	11,106
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* For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

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

SIGANTURE PAGE

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

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

COUNTY OF SANTA BARBARA:

	By:
	GREGG HART, CHAIR
	BOARD OF SUPERVISORS
	Date:
ATTEST:	CONTRACTOR:
MONA MIYASATO	GOOD SAMARITAN SHELTER
COUNTY EXECUTIVE OFFICER	
CLERK OF THE BOARD	
By:	By:
Deputy Clerk	Authorized Representative
Date:	Name:
	Title:
	Date:
	Date
APPROVED AS TO FORM:	APPROVED AS TO ACCOUNTING FORM:
MICHAEL C. GHIZZONI COUNTY COUNSEL	BETSY M. SCHAFFER, CPA AUDITOR-CONTROLLER
Sinsa M. Mark	
By: Teresa M. Martinez (Aug 31/2020 13:29 PDT)	By: C. Estitun
Deputy County Counsel	Deputy
RECOMMENDED FOR APPROVAL:	APPROVED AS TO INSURANCE FORM:
ALICE GLEGHORN, PH.D.	RAY AROMATORIO
DEPARTMENT OF BEHAVIORAL	DEPARTMENT OF RISK MANAGEMENT
WELLNESS	
	Ra And
Ву:	By:
Director	Risk Manager

SIGANTURE PAGE

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

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

COUNTY OF SANTA BARBARA:

	By: GREGG HART, CHAIR BOARD OF SUPERVISORS
	Date:
ATTEST: MONA MIYASATO COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	CONTRACTOR: GOOD SAMARITAN SHELTER
By: Deputy Clerk Date:	By: Authorized Representative Name: Title: Date:
APPROVED AS TO FORM: MICHAEL C. GHIZZONI COUNTY COUNSEL	APPROVED AS TO ACCOUNTING FORM: BETSY M. SCHAFFER, CPA AUDITOR-CONTROLLER
By: Deputy County Counsel	By: Deputy
RECOMMENDED FOR APPROVAL: ALICE GLEGHORN, PH.D. DEPARTMENT OF BEHAVIORAL WELLNESS	APPROVED AS TO INSURANCE FORM: RAY AROMATORIO DEPARTMENT OF RISK MANAGEMENT
By: Director	By: Risk Manager

SIGANTURE PAGE

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

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COUNTY OF SANTA BARBARA:

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GREGG HART, CHAIR BOARD OF SUPERVISORS

Date:

ATTEST: MONA MIYASATO COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD

CONTRACTOR: GOOD SAMARITAN SHELTER

By:		By:	
	Deputy Clerk		Authorized Representative
Date:		Name:	Sylvia Barnard
		Title:	Executive Director
		Date:	8/25/20

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI COUNTY COUNSEL

By:

Deputy County Counsel

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D. DEPARTMENT OF BEHAVIORAL WELLNESS

By:

By:

RAY AROMATORIO

By:

Director

Risk Manager

APPROVED AS TO INSURANCE FORM:

DEPARTMENT OF RISK MANAGEMENT

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA

Deputy

AUDITOR-CONTROLLER