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</u>, <u>Cost Principles</u>, and <u>Audit Requirements for Federal Awards</u> to <u>Standard Terms</u> and <u>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 Section 2 (Staff) of Exhibit A-1 Statement of Work: ADP (General Provisions) and replace with the following and delete Subsection A (Obtain and Maintain Required Credentials) of Section 3 (Licenses, Permits, Registrations, Accreditations, and Certifications) of Exhibit A-1 Statement of Work: ADP (General Provisions) 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.** Additional Mandatory Trainings: 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:

- 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.** Continuing Medical Education in Addiction Medicine. 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. Overdose Prevention Training. 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.** Experienced Staff for Direct Client Services. 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. Notice of Staffing Changes Required. 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 BwellQCMADP@SBCBWELL.org and bwellcontractsstaff@co.santa-barbara.ca.us 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.** Staff Background Investigations. 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.
- 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. Obtain and Maintain Required Credentials. 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 Work: ADP (General Provisions)</u> and replace with the following, and add <u>Subsection F (Network Adequacy Certification Tool (NACT))</u> of <u>Section 4 (Reports)</u> of <u>Exhibit A-1 Statement of Work: ADP (General Provisions)</u> as follows:

4. REPORTS.

- **A.** <u>Freatment 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. Network Adequacy Certification Tool (NACT). 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 BwellQCMADP@SBCBWELL.org as required by the State Department of Health Care Services.
- IV. Delete <u>Subsection B</u> and <u>Subsection C</u> (<u>Maintain Grievance Policy/Procedure</u>) of <u>Section 8</u> (<u>Client and Family Member Empowerment</u>) 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 www.countyofsb.org/behavioral-wellness/policies, and ensure that its employees and/or subcontracted providers observe and protect those rights.
 - C. Maintain Grievance Policy/Procedure. Contractor shall adopt Department Policy #4.020 Client Problem Resolution Process available at www.countyofsb.org/behavioral-wellness/policies, 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 Statement of Work: ADP (General Provisions)</u> and replace with the following:
 - 10. NOTIFICATION REQUIREMENTS.
 - **A.** Notice to QCM. 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. County to Provide Signature Pads. 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)</u>, E (Maintain <u>Provider Directory</u>), H (Tuberculosis (TB) Screening) and <u>L (Attendance at Department ADP Provider Meetings</u>) of <u>Section 14 (Additional Program Requirements</u>) of <u>Exhibit A-1 Statement of Work: ADP (General Provisions)</u> and replace with the following:

14. ADDITIONAL PROGRAM REQUIREMENTS.

- C. Provide DMC-ODS Beneficiary Handbook to Clients. 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 https://www.countyofsb.org/behavioral-wellness/formsforstaff-providers.sbc.
- 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 Section 1 (Program Summary), and Subsection A. 2. i. (OS ASAM Level 1.0 Services) and Subsection B. 1. and 2. i. (Intensive Outpatient Services (IOS) ASAM Level 2.1) of Section 3 (Services) of Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services (IOS)) 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 (OS) and Intensive Outpatient Services (IOS). The Program will be located at the following locations:

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

- 1. Casa de Familia: 403-B W. Morrison Ave., Santa Maria, California 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 Non-perinatal 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 Subsections A (ASAM Screening Form Review), B (Comprehensive ASAM Assessment) and G (Notify Access Line/QCM If Client Needs Another Level of Care) of Section 6 (Admission Process) of Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services (IOS)) 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.** Comprehensive ASAM Assessment. 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.
- G. QCM Documentation If Client Needs Another Level of Care.

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 (Treatment Plan)</u> of <u>Section 8 (Documentation Requirements)</u> of <u>Exhibit A-2 Statement of Work: ADP (Outpatient Services (OS) and Intensive Outpatient Services (IOS))</u> and replace with the following:
 - 8. DOCUMENTATION REQUIREMENTS.
 - **B.** Comprehensive ASAM Multidimensional Assessment. 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 Subsection A.1.v. (Acupuncture) of Section 3 (Services) of Exhibit A-3 Statement of Work: ADP (Residential Treatment Services), and delete Subsection B (Residential Treatment Services ASAM Level 3.1) and Subsection C (Requirements Applicable to All Residential Services (ASAM Level 3.1)) of Section 3 (Services) of Exhibit A-3 Statement of Work: ADP (Residential Treatment Services) and replace with the following:

3. SERVICES.

B. Residential Treatment Services - ASAM Level 3.1.

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

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

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

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

- xi. **Discharge Services:** The process to prepare the client for referral into another level of care, post-treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing, and human services.
- XII. Delete <u>Subsection C (Submit Authorization Request to QCM)</u> of <u>Section 5 (Referrals</u>) of <u>Exhibit 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 (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 (Comprehensive ASAM Assessment)</u> of <u>Section 6 (Admission Process)</u> of <u>Exhibit A-3 Statement of Work: ADP (Residential Treatment Services)</u> 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. Comprehensive ASAM Assessment. 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>
 Residential Treatment Services and replace with the following:
 - 8. DOCUMENTATION REQUIREMENTS.
 - **B.** Comprehensive ASAM Assessment. 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 Subsection G (Discharge Client if Client is Absent Without Leave for a 24 Hour Period) of Section 9 (Discharges) of Exhibit A-3 Statement of Work: ADP Residential Treatment Services and replace with the following:
 - **G.** Discharge Client if Client is Absent Without Leave for a 24 Hour Period. Any client that is absent without leave for a 24 hour period 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 Provisions)</u> and replace with the following:

1. PERFORMANCE.

1. 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 www.countyofsb.org/behavioral-wellness, 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 Exhibit A-7 (MHS General Provisions) 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 http://countyofsb.org/behavioral-wellness/asset.c/5670.

XIX. Delete <u>Subsections C. 2 (Crisis Intervention)</u>, 3 (<u>Assessment</u>), 4 (<u>Collateral</u>) and 7 (<u>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 as follows:</u>

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 faceto-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 Section 3 (Staff) of Exhibit A-9 MHS Statement of Work: Mental Health Homeless Clinicians 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:

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CODE Group Courselling Code Group Code Gro			2				Level 3.	.1 Residential Tn	eatment				Bed Day	112	112	15,768	187
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COS Recovery Services in Ministerinal Cost Recovery Services (Ministerinal Cost Recovery Cost Recover			15				SOO	Individual Couns	seling				15 Minute Unit		92	\$33	.81
CODE Recompto Services Code Minister Minist			15				SOO	Case Manager	nent				15 Minute Unit		83	\$33	.81
COS Broadway Statement Information Cost Broadway Statement Cost Broadway Statement Information Cost Broadway Statement Cost Broadway Statement Information Cost Broadway Sta		0.0000000000000000000000000000000000000	15				SOO	Physician Consu	Itation				15 Minute Unit	94	94	\$14	1.59
Comparison Com		Outpatient	15				ODS Rec	covery Services	Individual				15 Minute Unit		35	\$33	.81
COSS Records State Cost Records State Cost Records State	Drug Medi-Cal Billable Services		15				ODS R	ecovery Services	s Group				15 Minute Unit		96	\$33	.81
CODS Placement (CODS Placeme			15				ODS Recover	y Services Case	Management				15 Minute Unit		26	\$33	.81
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Company Comp	- uoN	Residential	e :			ž:	sidential Ireatn	nent Services, Ro	oom & Board On	λ.			Bed Day	N/A	58	Actual	Cost
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PROPRIATE PROPRIATE PROPRESS CANAGO PROPERTIES			Α'N			<	cohol/Drug Free	Housing (Perina	atal/Parolee Only				Bed Day	N/A	57a	Actual	Cost
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\$ 275,186 \$ 55,144 \$ 477,435 \$ 885,886 \$ 932,489 \$ 425,256 \$ 732,576 \$ - \$ 5 - \$ 5 0,000 \$ 180,000 \$ \$ 180,000 \$ \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 180,000 \$ 1			П				-	-	۰		₽				ı		ı
\$ 550,372 \$ 1,115,088 \$ 954,870 \$ 1,771,732 \$ 1,864,976 \$ 570,976 \$ 1,020,012 \$ - \$ - \$ 40,000 \$ 360,000 \$	FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND)	491,213		488,007	216,573	275,186	-	477,435	-	932,489	-	732,576	- *			180,000	
valiable funding sources.	CB AND TOTAL (SOURCES OF BEHAVIORAL MEDIANO	6	1	075 044	433 446	550 373	Н	054 970	⊢	4 054 070	⊢	4 020 043				000 000	ľ
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'Rate based or more tree-nlly file cost report.	***Projected Units of Service and Projected Number of Clients are estim	ated tarnets to as	sist CBO's in re	scovering full cost	s. Actual services	provided and c	lents served ma	Vary									
And the state of t	Rate based on most recenily filed cost report			•													
THATA AN ANAMA	Zapto hospita on appropriate contraction																

2019-20

FISCAL YEAR:

Exhibit B-1 ADP Schedule of Rates and Contract Maximum

Good Samaritan

CONTRACTOR NAME:

					Schedule of	Exhibit B-1 ADP Rates and Contra	Exhibit B-1 ADP Schedule of Rates and Contract Maximum	mnm								
CONTRACTOR NAME:	0	Good Samaritan	5										FISCAL	-1 <i>i</i> i	2020-21	
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode				Ser	Service Description	ion				Unit of Service	DMC Service Function Code	AoD Cost Report Service	Projected Units of Service	Projected Number of Clients
		15				ODSC	ODS Outpatient Treatment	atment				15 Minute Unit	13 a	91	35,003	547
		12				SOO	ODS Case Managemen	ment				15 Minute Ur		94	876	12
Socios Madia le Cinado	Outpatient	5 5				ODS	Recovery Ser	vices				15 Minute Ur		95	12,329	172
		10			0	DS Intensive	Outpatient T	reatment (IOT				15 Minute Unit	200	105	8,467	97
	Recidential	5				Level 3.2 V	/ithdrawal Ma	Level 3.2 Withdrawal Management				Bed Day	109	109	1,971	187
	Dispose di la constanti di la	2				Level 3.1	Residential	reatment				Red Day	711		13,700	101
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Description									Unit of Service	DMC Service Function Code	Report Service Code	County Maxir R	County Maximum Allowable Rate
		15				ops	Group Couns	eling		The state of the s		15 Minute Unit		91	\$33	\$33.81
		15				ODS I	ODS Individual Counseling	seling				15 Minute Un	it 92	92	\$33	3.81
		15				ODS	Case Manage	ment				15 Minute Un		93	83	18.7
		15				ODS P	ODS Physician Consultation	ultation				15 Minute Un		96	414	1.59
	Outpatient	15				ODS Reco	ODS Recovery Services Individual	Individual				15 Minute Un		68	933	\$33.01
Drug Medi-Cal Billable Services		15				ODS Rec	covery Service	es Group				15 Minute Or		200	63	84
		15			0	DS Recovery	Services Cas	e Managemen				15 Minute Or		00	630	633.81
		15				ODS Reco	very services	ODS Recovery Services Monitoring				15 Minute Onic		200	183	020
		10				US Intensive	Outpatient	eatment (IOI)	, and			Bed Day		109	\$18	4.84
	Residential	2			Level	S.z. vvitndrawa	i Manageme	Level 3.2 Withdrawal Management - Treatment Only	Cilly			Bod Day	112	112	\$143	43.29
		2			reve	3.1 Kesiden	nal reatment	Level 3.1 Residential Treatment - Treatment Only	VIII			Ded Day	7/14	202	Actual	Coeta
		A/N				ree-Standing	Residential	Free-Standing Residential Detoxilication	19			Bod Day	4/2	8 2	Actua	Actual Cost ²
		A/N			Yes	dential Reco	very Long Let	m (over 30 ua	(S)			Bed Day	N/A	288	Actual	Cost ²
- uoN	Residential	A/Z			Poolidontial	Trootmost St	ni Services, r	tal Boom & B	Card Only			Red Day	A/N	58-1	Actua	Actual Cost ²
Drug Medi-Cal Billable Services		A/N			Kesidential	rearment Se	Prices Perila	tal, noom a p	Card Citis			Bed Day	A/M	573	Actua	Actual Cost ¹
	- Indiana	N/A			Alcono	in Treatmen	+ Services (C	Interim Treatment Services (CalWORKS Only)	(4)			Hours	Y/N	35	Actual Cost	Cost²
	Calworks	Z/Z			1110	100000			7							
	S-1800 (S-10)	0.00	Street, Street				10 mm	PROGRAM					THE REAL PROPERTY.			
			Point					Residential Treatment at	Residential Treatment at		0.000 47	Recovery	Recovery		Dirich Driver	
	Recovery Point (Santa Maria)	Project PREMIE (Santa Maria)	Outpatient (Lompoc)	Center (Santa Co Maria) (Lo	P o C	Point (Santa Maria) (Center House (Santa Maria)	Way Home (Lompoc)	Prop 47 Step Down Housing	Soberin			Cou	Free	
GROSS COST:	\$ 543,213	\$ 495,427	\$ 561,657 \$	833	\$ 307,186 \$	984	10	892,076	\$ 933,639	\$ 425,256	\$ 732,576	49	•	\$ 20,000	\$ 180,000	\$ 6,455,142
LESS REVENUES COLLECTED BY CONTRACTOR:	П		6			-										\$ 40,000
PATIENT FEES	\$ 12,000		0000'9		000,01											
CONTRIBUTIONS OFFICE OCCUPANT THE PROPERTY OF STATES OF	00000	15,000	e	A 260	\$ 000 66	\$ 000 8	8 000									
OTHER: GOVERNMENT FUNDING CWS		20 920	32,000 \$	9	5	-	15,750	\$ 6,210	\$ 1,150							\$ 146,230
OTHER: GOVERNMEN TONDING			•		,	-	_									
TOTAL CONTRACTOR REVENUES	\$ 52,000	\$ 41,920	\$ 73,650 \$	11,260 \$	32,000 \$	\$ 055,77	23,750 \$	\$ 6,210	\$ 1,150	- 69	- +	9	9		S	\$ 319,490
AND VINITIA META CONTENT DAVABLE		'	\$ 488 007 \$	45	-		_	88	\$ 932,489	\$ 425,256	\$ 732,576	9	· •	\$ 20,000	\$ 180,000	\$ 6,135,652
MAXIMUM (NEI) CONTRACT AMOONT PATABLE :		1	* 100,000	1	1		-	1								
	STATE OF THE PARTY		SOURCES OF BEH	OF BEHAVIC	AVIORAL WELLNE	NESS FUNDING	P.	Ś	∢				THE PARTY OF			
Drug Medi-Cal			\$ 463,	205,744 \$ 2	S	471,915 \$	409,749	\$ 730,604	\$ 789,662							
Realignment/SAPT - Discretionary	\$ 24,561 \$	\$ 22,675	\$ 24,	10,829 \$	S	80,629 \$	62,686									239,539
Realignment/SAPT - Perinatal								115,262	5 132,827							
Realignment/SAPT - Adolescent Treatment																
Kealignment/SAPT - Primary Prevention					ь	5,000 \$	5,000	\$ 40,000	\$ 10,000					\$ 20,000	\$ 180,000	\$ 260,000
Other County Funds										\$ 425,256	\$ 732,576					
5	S 491.213	\$ 453.507	\$ 488,007 \$	216.573 \$ 2	275,186 \$	557,544 \$	477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576		. 8	\$ 20,000	\$ 180,000	\$ 6,135,652
Track Converse of the state of	1	11	١		- 1	7	-									
THE STATE OF THE S	V	-	1			1										
CONTRACTOR SIGNATURE:		1														
		1														
STAFF ANALYST SIGNATURE:																
FISCAL SERVICES SIGNATURE:								BOAT SOLD			,					The second second
"Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion bas "Deviation of Charles are estimated farmers to assist CRO's in recovering full costs. Act,	n and may be rea	located at Bel	navioral Wellness' disc	retion based c	sed on available funding sources,	nding source	sed on available funding sources. Jal services provided and clients served may vary.	vary.								
'Rate based on most recently filed cost report.			0													Harry Lord Harry
Rate based on approved costs.																The second second second second

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 YEAR:

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate(4)
		170	Targeted Case Management	Minutes	01	\$2.51
			Collateral	Minutes	10	\$3.25
	1		*MHS- Assessment	Minutes	30	\$3.25
Medi-Cal Billable Services	Outpatient	15	MHS - Plan Development	Minutes	31	\$3.25
Wedi-Gai Billable del Vices	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

				PRO	GRAM		\$ res		5	
	meless linician	She	lter Beds							TOTAL
GROSS COST:	\$ 165,000	\$	82,000			4,000		E William	\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:					55 VKES					
PATIENT FEES	1111/2								\$	-
CONTRIBUTIONS									\$	
OTHER (LIST):									\$	
TOTAL CONTRACTOR REVENUES	\$ Sur E	\$		\$		\$	-		\$	
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$	82,000	\$		\$		\$	\$	247,000

SOURCES OF FUNDING FOR MAXIMUM AN CONTRACT AMOUNT (2)	INUAL			4	
MEDI-CAL (3)	\$	107,250			\$ 107,250
NON-MEDI-CAL			\$ 6	1,500	\$ 61,500
SUBSIDY	\$	57,750			\$ 57,750
OTHER (LIST): HMIOT Grant			\$:	0,500	\$ 20,500
TOTAL (SOURCES OF FUNDING)	\$	165,000	\$	2,000	\$ 247,000

CONTRACTOR SIGNATURE:	
STAFF ANALYST SIGNATURE:	

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

(4) CMA doesn't apply to FY 19-20.

FISCAL SERVICES SIGNATURE:

⁽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.

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

CONTRACTOR NAMI	E	٠
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Good Samaritan Shelter Services, Inc.

FISCAL 2020-2021 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		*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.33
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.33
		2.7	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

					PRO	OGRAM					
		omeless Clinician	She	Iter Beds							TOTAL
GROSS COST:	S	165,000	\$	82,000	10 July 197	Pulled in State		ALCOHOLD TO MAKE	de la company		
LESS REVENUES COLLECTED BY CONTRACTOR:	-	100,000	Ψ	02,000						\$	247,000
PATIENT FEES									_	Ι φ	
CONTRIBUTIONS							_			\$	-
OTHER (LIST):										 \$	-
	_		-							\$	-
TOTAL CONTRACTOR REVENUES	\$		\$		\$		\$	-		\$	TO SEE
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$	165,000	\$	82,000	\$		\$		\$	s	247,000

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$	107,250			Te	107,250
NON-MEDI-CAL			\$	62,000	10	
SUBSIDY	\$	57,750	Ψ	02,000	\$	62,000
OTHER (LIST): HEAP Grant	+	0.,.00	\$	20,000	3	57,750
			IΨ	20,000	\$	20,000
TOTAL (SOURCES OF FUNDING)	\$	165,000	\$	82,000	\$	247,000

CONTRACTOR	01011471157
CONTRACTOR	SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

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

(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.

⁽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.

^{*} 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.

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet Entity Budget By Program

Good Samaritan Shelter AGENCY NAME:

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

ē	Gray Shaded cells contain formulas, do not overwrite	ot overwrite												
# JNIT	COLUMN#	2	3	4	ĸ	9	7	8	6	10	1	12	13	
	I. PEVENUE SOURCES:	TOTAL AGENCY ORGANIZATION BUDGET	COUNTY BEHAVIORAL N WELINESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Premie(Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Famila Treatment Center (Santa Maria)	Lorrpoc Recovery Sant Maria Delox- Center (Lorrpoc) WMRES Treatment	Sant Maria Detox- VM/IRES Treatment	Sant Maria Detox- Lompoc Detox- WMRES Treatment WM/RES Treatment	Santa Maria TLC - Transitional Center House (TCH)	Lompoc TLC - Recovery Way Home (LTCH)	Alcohol Drug Free Housing - Emergency Shelter	ifter
-	Contributions	\$ 98,700	- \$ 00	€	\$	· ·	- -	-		€	€	49	1	П
2	Foundations/Trusts	\$ 253,593	93 \$ 41,222	€>	49	· •	-	- \$	\$		\$ 22,236	\$ 18,986	9	
60	Miscellaneous Revenue	\$ 10,500	- \$ 00	· •	\$	\$	\$ -	-	es	€9	\$	89		Т
4	SB Co Behavioral Wellness Funding	\$ 1,895,354	54 \$ 1,895,354	\$ 286,541	\$ 264,546	\$ 284,671	\$ 126,334	\$ 160,525	\$ 325,234	\$ 278,503	\$ 50,000	\$ 64,000	0 \$ 22,000	8
ro.	Other Government Funding	\$ 1,332,407	07 \$ 243,600	\$ 37,092	\$ 14,837	\$ 14,837	\$ 1,484	\$ 5,935	\$ 60,432	\$ 24,432	\$ 42,276	\$ 42,276	9	T
9	Other (specify)		€											
1	Other (specify)		€	s	\$	\$	•	•	49	5	€9	S		
ω			9	\$. \$	s	\$	↔	€9	ω	€	€9		
0	Other (specify)		· S											
10	Total Other Revenue	\$ 3,590,555	55 \$ 2,180,176	\$ 323,633	\$ 279,383	\$ 299,508	\$ 127,818	\$ 166,460	\$ 385,666	\$ 302,935	\$ 114,512	\$ 125,262	2 \$ 55,000	8
	I.B Client and Third Party Revenues:													
=	11 Client Fees	\$ 80,000	000'08 00	\$ 12,000	000'9 \$ 0		114	\$ 12,000	\$ 12,000	\$ 18,000	\$ 10,000	\$ 10,000	0	
12	12 SSI		•											Т
13	Other (specify)		-											
4	Total Client and Third Party Revenues (Sum of lines 19 through 23)	\$ 80,000	000'8 \$ 000	0 \$ 12,000	\$ 6,000	ω	٠ ب	\$ 12,000	\$ 12,000	\$ 18,000	\$ 10,000	\$ 10,000	\$ 00	
15	15 GROSS PROGRAM REVENUE BUDGET	\$ 3,670,555	555 \$ 2,260,176	335,633	\$ 285,383	\$ 299,508	\$ 127,818	\$ 178,460	\$ 397,666	\$ 320,935	\$ 124,512	\$ 135,262	2 \$ 55,000	90

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet Entity Budget By Program

Good Samaritan Shelter AGENCY NAME:

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

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,			Stock Company	SAN	Charles of the San	The second secon								
# JNIT	COLUMN#	2		ဧ	4	5	9	7	80	6	10	11	12	13
	I. REVIENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET		COUNTY BEHAVIORAL WELLINESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Premie(Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center (Lompoc)	Lompoc Recovery Sant Maria Detox- Lompoc Detox- Center (Lompoc) WM/RES Treatment WM/RES Treatmen	Lompoc Recovery Sant Maria Detox- Lompoc Detox- Center (Lompoc) WM/RES Treatment WM/RES Treatment	Santa Maria TLC - Transitional Center House (TCH)	Lompac TLC- Recovery Way Home (LTCH)	Alcohol Drug Free Housing - Emergency Shelter
-	Contributions	\$ 98,700	\$ 002	•	-	5	- \$	\$	·	€	- &	6	S	
2	Foundations/Trusts	\$ 253,593	293 \$	41,222	\$	\$	- \$	·	· &	€9		\$ 22,236	\$ 18,986	
e	Miscellaneous Revenue	\$ 10,500	\$ 009	•	\$	€>	- \$	-	69	€9		\$	s	
4	SB Co Behavioral Wellness Funding	\$ 1,895,354	354 \$	1,895,354	\$ 286,541	\$ 264,546	\$ 284,671	\$ 126,334	\$ 160,525	\$ 325,234	\$ 278,503	\$ 50,000	\$ 64,000	\$ 55,000
ω	Other Government Funding	\$ 1,332,407	407 \$	243,600	\$ 37,092	\$ 14,837	, \$ 14,837	\$ 1,484	\$ 5,935	\$ 60,432	\$ 24,432	\$ 42,276	\$ 42,276	
9	Other (specify)		69	•										
7	Other (specify)		\$	•		φ.	· •	€9	· &	\$	↔	·	es l	
00	Other (specify)		\$	ł	\$ -	s	· •	€	· &	es .	€	S	€9	
တ	Other (specify)		↔	•										
9	10 Total Other Revenue	\$ 3,590,555	\$ 255	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:									11.50				
=	11 Client Fees	000'08 \$	000	80,000	\$ 12,000	\$ 6,000			\$ 12,000	\$ 12,000	\$ 18,000	\$ 10,000	\$ 10,000	
12	12 SSI			•										
13	Other (specify)		ios sil	•										
4	Total Client and Third Party Revenues (Sum of lines 19 through 23)	08 \$	\$ 000,08	80,000	\$ 12,000	000'9 \$	\$	· •>	\$ 12,000	\$ 12,000	\$ 18,000	\$ 10,000	\$ 10,000	· •
13	15 GROSS PROGRAM REVENUE BUDGET	\$ 3,670,555	\$ 999'	2,260,176	\$ 335,633	\$ 285,383	\$ 299,508	\$ 127,818	\$ 178,460	\$ 397,666	\$ 320,935	\$ 124,512	\$ 135,262	\$ 55,000

Santa Barbara County Department of Behavioral Wellness Contract Budget Packet - ADP & MHS B2 Entity Budget By Program

Good Samaritan Shelter AGENCY NAME:

Gray Shaded cells contain formulas, do not overwrite COUNTY FISCAL YEAR: 19/20 AM5

diagon como como di se		THE REAL PROPERTY OF THE PARTY	SECOND CONTROLLED	STATE STATE STATE OF THE STATE													
corumn#	2	ဗ	4	2	Ø	7	80	o	10	£	12	13	14	15	16	17	18
I REVIBULE SOURCES:	TOTAL AGBNCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Premie(Santa Maria)	Turning Point PN Outpatient (Lompoc) (Casa De Familia Treatment Center (Santa Maria)	Lompoc Recovery Center R (Lompoc) (Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Another Road Detox (Lompoc) (Residential Treatment at Transitional F Center House (Santa Maria)	Residential Treatment at Recovery Way (Home (Lompoc)	Prop 47 Sten F Down Facility (starting Nov 1, ((2019)	Prop. 47 Sober Center (starting Nov.1) 2019)	CALWORKS F	Alcohol Drug Free Housing - Emergency Shefter	Homeless	Mental Heath Beds
Contributions	\$ 41,051	•															
Foundations/Trusts	\$ 279,590	€															
Miscellaneous Revenue	\$ 28,000	. ↔												- 1	- 1	- 1	- 1
SB Co Behavioral Wellness Funding	\$ 5,657,976	\$ 5,657,976	\$ 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	\$ 165,000	\$ 82,000
SB Co CWS	\$ 287,655	\$ 133,260	\$ 40,000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000								
Other Government Funding	\$ 3,081,293	\$ 146,230		\$ 20,920	\$ 32,650			\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150						
Rental Income	\$ 504,997	€9															
Other (specify)		\$															
Other (specify)		9															
Total Other Revenue	\$ 9,910,562	\$ 5,937,466	\$ 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 Revenues:																	
Client Fees	\$ 40,000	40,000	12,000	000'9 \$	\$ 6,000	\$ 6,000	\$ 10,000	· &	· ·								
ISS																	
Other (specify)																	
Total Client and Third Party Revenues (Sum of lines 19 through 23)	\$ 40,000	0 \$ 40,000	0 \$ 12,000	000'9 \$ 0	\$ 6,000	\$ 6,000	\$ 10,000	٠.	· •	69	· ·			5	S	· •	· ·
GROSS PROGRAM REVENUE BUDGET	\$ 9,950,562	2 \$ 5,977,466	5 \$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 145,720	\$ 145,720 \$ 287,436	\$ 20,000	20,000 \$ 180,000	\$ 165,000	\$ 82,000

-		THE RESIDENCE OF THE PERSON NAMED IN						0			Docidontial	Poeidontial	Recidentia	The second secon	=			3		=
	III. DIRECT COSTS	TOTAL AGBNCY/	BEHAVIORAL WELLNESS		Recovery Point	Project Premie(Santa	Turning Point PN Outpatient	Casa De Familia Treatment	Lompoc Recovery Center	Residential Treatment at Recovery Point	Treatment at Another Road	Treatment at Transitional	Treatment at Recovery Way	Pro Dov	Project (Star	CALWORKS Counseling	A F. D	Homeless Clinicians	Mental Heath Beds	eath
		BUDGET	_			Maria)	(Lompoc)	Center (Santa Maria)	(Гошрос)	(Santa Maria)	(Lompoc)	(Santa Maria)	(Lompoc)	2019)	2019)		Sheffer			T
	III.A. Salaries and Benefits Object Level															1		•		
16	16 Salaries (Complete Staffing Schedule)	4,384,270	69	2,857,892 \$	282,822	\$ 245,708	\$ 277,035	\$ 117,863	\$ 157,680	\$ 319,449	\$ 273,084	S	S	S	\$ 113	\$ 12	w .	A .		
17	Employee Benefits	\$ 1,096,067	49	714,473 \$	70,705	\$ 61,427	\$ 69,259	\$ 29,466	\$ 39,420	\$ 79,862	\$ 68,271	\$ 112,003	\$ 118,030	\$ 3,739	9 \$ 28,497	7 \$ 3,221	21 \$ 10,930	30 \$ 19,643	8	1
9	18 Consultants		9	-											į,			,	_	
19	19 Payroll Taxes	\$ 438,427	49	285,789 \$	28,282	\$ 24,571	\$ 27,704	\$ 11,786	\$ 15,768	\$ 31,945	\$ 27,308	\$ 44,801	\$ 47,212	\$ 1,496	6 \$ 11,399	9 \$ 1,288	38 \$ 4,372	782, 1,857	9	
20	Salaries and Benefits Subtotal	\$ 5,918,764	69	3,858,154 \$	381,809	\$ 331,706	\$ 373,997	\$ 159,116	\$ 212,868	\$ 431,256	\$ 368,663	\$ 604,818	\$ 637,360	\$ 20,193	3 \$ 153,882	2 \$ 17,391	\$ 59,022	22 \$ 106,072	.2 \$	'
	II.B Services and Supplies Object Level																			
2		04 020	s	52,480 \$	1,000	\$ 4,200	\$ 3,500	\$ 500	\$ 1,000	\$ 10,000	\$ 5,000	\$ 10,000	\$ 10,000	086'9 \$	0			\$ 1,300	00	
1 8	Auto Expenses	84,029 525,600	S	1	37,400		\$ 37,	\$ 20,400	\$ 19,400	\$ 27,400	\$ 27,400	\$ 52,400	\$ 52,400					\$ 10,000		
23	23 Contracted/Professional Services	414 200	69	218,700 \$	3,000	\$ 10,800	\$ 31,000	\$ 5,000		\$ 17,500	\$ 1,500	\$ 32,400	\$ 31,000				\$ 45,000	\$ 00	- \$ 41	41 500
24	24 Data Testing	82.915	69	\$ 666'29	25,000	\$ 7,000	\$ 7,000	\$ 2,500	\$ 7,500	\$ 4,000	\$ 2,000	\$ 5,000	s		\$ 1,499	6	\$ 1,500			
25	25 Education & Training	25.300	s	23,000 \$	2,000	\$ 2,000	\$ 2,000	\$ 1,000		\$ 2,000	\$ 1,000	\$ 5,000	\$ 2,000					3,00	000	
26	26 Court Hope & Charges	35,800	69	28,500 \$	3,000	\$ 3,000	\$ 3,000	\$ 2,000	\$ 1,500	\$ 3,000	\$ 3,000	\$ 5,000	\$ 2,000							
27		95 991	8	34,702 \$	2,500	\$ 3,300	\$ 6,000	\$ 1,000	\$ 2,000	\$ 2,500	\$ 2,000	8 6,000	000'9 \$ 0	\$ 301	1 \$ 301	_	\$ 2,0	\$ 000	800	
	Tion and	4 750	s	4,750 \$						\$ 1,000	\$ 750	\$ 1,500	\$ 1,500							
29	Laural y	2 400	S																	
8	Legal and Accounting	8,108	I HO	\$ 900'9	200	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 1,000	\$ 1,000					\$	506	
3 6	Meetings and Seminars	00 00	. 69		2	2	\$ 2,000	\$ 1,500	\$ 1,500	\$ 2,000	\$ 1,000	3 2,000	\$ 2,000	\$ 1,537	7		\$ 2,000	3,100	00	
5 8	Office Expense/Supplies	33,302	69							\$ 15,000	\$ 8,000	\$ 10,000	\$ 10,000	\$ 2,059	9 \$ 2,307	21	\$ 3,000	00		
3 8	Program Supplies Food	000,400	69	92.576 \$	4,000	\$ 9,500	\$ 4,500	\$ 1,500	\$ 3,000	\$ 8,000	\$ 4,000	000'2 \$ 0	000'2 \$ 0	\$ 23,573	3 \$ 5,203	3	\$ 12,000	3,300	00	
3 3	Program Supplies	143,820	. 6						\$ 12,000			69	49	- \$ 72,052	2 \$ 18,614	4		\$ 12,000	00	
5 6	Rental of Buildings	13,000	69	9.624 \$	1,300	\$ 1,300	\$ 1,500	\$ 500	\$ 500	\$ 1,000	\$ 500	0 \$ 1,500	\$ 1,500		8	24				
9 8	Rental of Equipment	13,000	. 4			1		\$ 500		\$ 6,000	\$ 2,500	000,00	\$ 15,000				\$ 10,000	00	\$ 20	20,000
8 6	Repairs & Maintenance	149,5/3					69	-	\$	G	\$ 2		3,600	\$ 1,018	8 \$ 1,202	20		\$ 1,400	00	
5 6	Telephone/Internet	90,973	6				69		\$ 1,000	1,000	\$ 1,000	0 \$ 2,500	0 \$ 2,500		\$ 2,146	91		\$ 1,500	00	77.7
9 8	Travel Expense	10,800	69				s 3	\$ 500	\$ 750	000'8 \$ 0	\$ 1,200	000'9 \$ 0	000'9 \$ 0	0			\$ 8,0	9 \$ 000	200 \$ 2	5,000
	Util - Electricity	33 412			1	1		\$ 350	\$ 750	\$ 1,000	\$ 1,200	5 \$ 2,000	0 \$ 2,000	0			\$ 6,000	00		
4	41 Ital Mater/Source	106.280	1000	48,254 \$	750	2,8		\$ 250	\$ 750	005'8 \$ 00	\$ 1,700	000'8 \$ 0	8 8,000	0			\$ 8,000	00	8	4,804
42	42 Desired Construction and Other nature of the	346 917	69									S	€9							
64	43 Facil Site Pres/Furn Fixtures	430.842	69	73,352								S	€		\$ 73,352	25				1
44	Services and Supplies Subtotal	\$ 2,981,320	69	1,348,228 \$	90,550	\$ 99,100	\$ 114,400	\$ 39,000	\$ 54,250	\$ 121,000	\$ 67,150	006'021 \$ 0	0 \$ 174,500	\$ 106,520	\$ 104,648	\$ 81	- \$ 97,5	,500 \$ 37,406	69	71,304
			so.																	
46																			1	T
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48								10				•	6		9 250	F30 ¢ 173	301 ¢ 156 F	872 \$ 143.478	U	71 304
94	SUBTOTAL DIRECT COSTS	\$ 8,900,084	€9	5,206,382 \$	472,359	\$ 430,806	\$ 488,397	\$ 198,116	\$ 267,118	3 \$ 552,256	\$ 435,813	81/'0// \$	000,110 \$ 8	A	\$ 230	9	<u> </u>	,	,	
20	IV. INDIRECT COSTS																			
15	Administrative Indirect Costs (Reimbursement limited to 15%)	1,230,314	s	771,083 \$	70,854	\$ 64,621	\$ 73,260	\$ 29,717	\$ 40,068	8 \$ 82,838	\$ 65,372	2 \$ 116,358	8 \$ 121,779	\$ 19	,007 \$ 28,906	36 \$ 2,609	09 \$ 23,478	78 \$ 21,522	49	10,696
52		\$ 10,130,398	S	5,977,465 \$	543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	5 \$ 892,076	\$ 933,639	\$ 145,720	0 \$ 287,435	\$ 20	,000 \$ 180,000	00 \$ 165,000	€9	82,000
	(Sum of lines 4/+48)																			

Exhibit B 2 Santa Barbara County Department of Behavioral Wellness Contract Budget Packet ADP & MHS Entity Budget By Program

A GENCY NAME:

Good Samaritan Shelter

COUNTY FISCAL YEAR: FY 20/21 Amd 5

Control Cont	0	Gray Shaded cells contain formulas, do not overwrite	nulas, do no	t overwrite																
Control Cont	FINE #			2	3	4	വ	9	7	80	6	10	Ε	12	13	72	15	16	17	18
Indicions 1 2 273, Sept 5 1 2 273, Sept 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANZATION BUDGET	COUNTY BEHAVIORAL WALLNESS PROGRAMS TOTALS	Recovery Point (Santa Maria)	Project Premie (Santa Maria)		Casa De Farrilia Treatment Center (Santa Maria)					PARKET LATER				AlcoholDrug rree Housing - Emergency Shefter		lental Heath Beds
Additional Trials S. 279,500	-	Contributions			S	wa.														
S S S S S S S S S S	7	Foundations/Trusts			SHARRA															
COUNTS S. 2002 RS S. 2003 RS<	60				63															
Dock/NS S 2870 Get S 5500 S S 5500 S S 500 S S S C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C	4	_			69	S	S		216,573						425,256	732,576		180,000	165,000	
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Cher Revenue S	∞				9-															
Client and Third Party Reenues \$ 10,635,238 \$ 6,602,142 \$ 6,000 \$ 6,000 \$ 10,000 \$ 10,000 \$ 12,000 \$ 12,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000	6				\$															
Client and Third Party Revenues: 1t Fees \$ 40,000 \$ 12,000 \$ 6,000 \$ 6,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000	9	Total Other Revenue			63	\$ 531,213	\$ 489,427	Control of Control of Control	221,833	297,186	635,094			933,639	425,256	732,576	20,000	180,000	165,000	
In Fees		LB Client and Third Party Revenu	nes:																	
Fr (Specify) Fr	=	Client Fees			40,000	S	s		000'9		٠.	· •>								
Other (specify) Solve (specify) Other (specify) Solve	12	ISSI																		
Total Client and Third Party Revenues \$ 40,000 \$ 12,000 \$ 12,000 \$ 6,000 \$ 6,000 \$ 6,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10	13	Other (specify)																		
\$ 10,675,238 \$ 6,702,142 \$ 543,213 \$ 495,427 \$ 561,657 \$ 227,833 \$ 307,186 \$ 635,094 \$ 501,185 \$ 882,076 \$ 933,639 \$ 425,256 \$ 732,576 \$ 20,000 \$ 180,000 \$ 180,000 \$ 3 185,000 \$ 3	4		unes		s	S	65		0000'9		s	\$	€5	ω,			9		•	
	15	GROSS PROGRAM REVENUE			€>	69	\$ 495,427	561,657	227,833	307,186	635,094	501,185	892,076	933,639	425,256	732,576	20,000	180,000	165,000	

III. DIRECT COSTS		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BBHAVIORAL WELLNESS PROGRAMS TOTALS		Recovery Point (Santa Maria)	Project Premie (Santa Maria)	7	Turning Point PN Outpatient (Lompoc)	Casa De Famila Treatment Center (Santa Maria)	lia Lorrpoc Recovery ta Center (Lorrpoc)	200	Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Another Road Detox (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)		Residential Treatment at Recovery Way Home (Lompoc)	Prop 47 Step Down Facility	Prop 47 Sober Center	CALWORKS		Alcohol Drug Free Housing - Errergency Shelter	Homeless	Ment	Mental Heath Beds
III.A. Salaries and Benefits Object Level	ect Level																							
16 Salaries (Complete Staffing Schedule)	(elube)	4,591,450	S	3,211,570 \$	\$ 282,822	69	245,708 \$	277,035	\$ 117,863	69	157,680 \$	319,449	\$ 273,084	34 \$ 448,014	69	472,119	096'68 \$	\$ 392,663	3 \$ 12,882	382 \$	43,720	\$ 78,572	\$ 22	
17 Employee Benefits		\$ 1,147,863	s	802,892 \$	70,705	s	61,427 \$	69,259	\$ 29,466	49	39,420 \$	79,862	\$ 68,271	71 \$ 112,003	S	118,030	\$ 22,490	\$ 98,166	s	3,221 \$	10,930	\$ 19,643	\$ 8	
18 Consultants			\$ -	-																				
19 Payroll Taxes		\$ 459,145	ss	321,157 \$	28,282	69	24,571 \$	27,704	\$ 11,786	€9	15,768 \$	31,945	\$ 27,308	18 \$ 44,801	801 \$	47,212	\$ 8,996	\$ 39,266	\$	1,288 \$	4,372	\$ 7,857	\$ 29	-
20 Salaries and Benefits Subtotal		\$ 6,198,458	S	4,335,619 \$	381,809	69	331,706 \$	373,997	\$ 159,1	,116 \$ 212,	\$ 898	431,256	\$ 368,663	\$ 604	,818 \$ 6	637,360	\$ 121,446	\$ 530,095	17,391	391 \$	59,022	\$ 106,0	,072 \$	
III.B Services and Supplies Object Level	ect Level																							
21 Auto Expenses		100,877	\$	\$ 005'29	1,000	69	4,200 \$	3,500	S	500 \$ 1	1,000 \$	10,000	\$ 5,000	000'01 \$ 00	\$ 000	10,000 \$	\$ 14,000	\$ 7,000	0			\$ 1,300	00	
22 Contracted/Professional Services	vices	530,400	89	326,400 \$	37,400	€9	37,400 \$	37,400	\$ 20,400	မာ	19,400 \$	27,400	\$ 27,400	0 \$ 52,400	\$ 00#	52,400 \$	2,400	\$ 2,400	0			\$ 10,000	0	
23 Depreciation/Occupancy		414,200	s	218,700 \$	3,000	69	10,800 \$	31,000	\$ 5,000	00	49	17,500	\$ 1,500	0 \$ 32,400	\$ 00#	31,000				69	45,000	\$	59	41,500
24 Drug Testing		83,400	s	\$ 005,89	25,000	es.	2,000 \$	7,000	\$ 2,500	2 \$	\$ 009'	4,000	\$ 2,000	s	\$ 000'9	\$ 000'9	200	\$ 1,500	0	69	1,500			
25 Education & Training		25,300	s	23,000 \$		49	2,000 \$	2,000	\$ 1,000	00	s	2,000	\$ 1,000	s	5,000 \$	5,000						\$ 3,000	0	
26 Gov'tl Fees & Charges		40,300	\$	\$ 000'88	3,000	69	3,000 \$	3,000	\$ 2,000	49	1,500 \$	3,000	\$ 3,000	s	s 000's	5,000 \$	4,500							
27 Insurance		94,146	s	\$ 009'98	2,500	ક્ક	3,300 \$	6,000	\$ 1,000	(A)	2,000 \$	2,500	\$ 2,000	s	6,000 \$	8 000'9	1,000	\$ 1,500		49	2,000	\$ 800	0	
28 Laundry		4,750	\$ 0	4,750 \$							s	1,000 \$	\$ 750	s	1,500 \$	1,500								
29 Legal and Accounting		2,400	\$ 0	•					55															
30 Meetings and Seminars		6,106	\$ 8	\$ 900'9	500	s	\$ 009	500	\$ 20	S	\$ 009	200	\$ 500	s	1,000 \$	1,000						\$ 506	9	
31 Office Expense/Supplies		35,234	s	26,600 \$	2,000	\$	2,500 \$	2,000	\$ 1,500	s	1,500 \$	2,000 \$	\$ 1,000	0 \$ 2,000	\$ 000	2,000 \$	5,000			s	2,000	\$ 3,100	0	
32 Program Supplies Food		100,161	s	67,000							s	15,000 3	\$ 8,000	0 \$ 10,000	s 000	10,000 \$	15,000	\$ 6,000		s	3,000			
33 Program Supplies		159,320	S	106,800 \$	4,000	so	\$ 009'6	4,500	\$ 1,500	s	3,000 \$	8,000 \$	\$ 4,000	0 \$ 7,000	\$ 000	\$ 000'2	25,000	\$ 18,000		S	12,000	\$ 3,300	0	
34 Rental of Buildings		270,040	\$	231,200						\$ 12,	12,000			es.	ss ·	9	168,000	\$ 39,200				\$ 12,000	0	
35 Rental of Equipment		13,000	\$	\$ 009'6	1,300	s	1,300 \$	1,500	\$ 500	\$	\$ 009	1,000 \$	\$ 500	0 \$ 1,500	\$ 000	1,500								
36 Repairs & Maintenance		148,573	s	\$ 000'28	2,500	s	\$ 000'2	4,000	\$ 200	\$	\$ 009	6,000	\$ 2,500	0 \$ 10,000	\$ 000	15,000 \$	9,000			49	10,000		€	20,000
37 Telephone/Internet		63,783	s	29,042 \$	2,400	s	2,100 \$	1,600	\$ 1,000	s	1,600 \$	2,600 \$	\$ 2,900	0 \$ 3,600	\$ 000	3,600 \$	3,942	\$ 2,300				\$ 1,400	0	
38 Travel Expense		16,800	s	12,500 \$	1,000	s	1,000 \$	1,000		\$ 1,	1,000 \$	1,000 \$	\$ 1,000	0 \$ 2,500	\$ 009	2,500						\$ 1,500	0	
39 Util - Electricity		105,668	\$	44,750 \$	2,200	S	3,000 \$	3,600	\$ 200	s	220 \$	8,000 \$	\$ 1,200	0 \$ 6,000	\$ 000	0000'9				s	8,000	\$ 500	\$	5,000
40 Util - Heat (Gas)		33,412	s ·		ľ	69 6		800	\$ 350	s	750 \$	00 8		S	1000	2,000				s c	000'9		•	
		106,280	n .	48,254	06/	A	Z,500	nnn'e	67	n	700	0000'8	00/1	-		9,000				0	9,000		A	4,804
42 Rapid Rehousing and other payments	ayments	346,917	2								-			A	n '	'					1			1
43 Facil.Site Prep/Furn, Fixtures	s	383,291	S	33,382			-				-	1		s	s ·	-		\$ 33,382						
44 Services and Supplies Subtotal		\$ 3,084,358	S	1,496,684 \$	90,550	49	99,100 \$	114,400	\$ 39,000	s	54,250 \$ 1	121,000	\$ 67,150	\$ 170	,900 \$	174,500 \$	248,342	\$ 111,282	€9	65	97,500	\$ 37,406	€9	71,304
45 III.C. Client Expense Object Level Total	el Total (Not		s				H					H											Ш	
46							+				+	+				+				-	\dagger			T
48							H																	
49 SUBTOTAL DIRECT COSTS		\$ 9,282,816	69	5,832,304 \$	472,359	S	430,806 \$	488,397	\$ 198,116	6 \$ 267,118	s	552,256	\$ 435,813	3 \$ 775,718	S	\$ 11,860 \$	369,788	\$ 641,377	\$ 17,391	69	156,522	\$ 143,478	69	71,304
50 IV. INDIRECT COSTS																								
Administrative Indirect Costs (Reimbursement limited to 15%)		1,392,422	69	\$69,838	70,854	S	64,621 \$	73,260	\$ 29,717	s	40,068 \$	82,838	\$ 65,372	2 \$ 116,358	so.	121,779 \$	55,468	\$ 91,199	€>	2,609 \$	23,478	\$ 21,522	\$	10,696
GROSS DIRECT AND INDIRECT COSTS	TCOSTS	\$ 10,675,238	69	6,702,142 \$	543,213	\$ 495,427	427 \$	561,657	\$ 227,833	3 \$ 307,186	s	635,094 \$	\$ 501,185	\$ 892,076	69	933,639 \$	425,256	\$ 732,576	\$ 20,000	69	180,000	\$ 165,000	69	82,000
					Manage Ma		-																	

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

^{*} For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

* For multi-year contracts, annual fee schedule will be provided to contractor as it becomes available.

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: GREGO HART, CHAIR BOARD OF SUPERVISORS
	Date: 9-15-20
ATTEST:	CONTRACTOR:
MONA MIYASATO COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	GOOD SAMARITAN SHELTER
By: Shulo MaGuerra Deputy Clerk	By: Authorized Representative
Date: 9-15-20	Name:
Date. 770 20	Title:
	Date:
APPROVED AS TO FORM:	APPROVED AS TO ACCOUNTING FORM:
MICHAEL C. GHIZZONI	BETSY M. SCHAFFER, CPA
COUNTY COUNSEL	AUDITOR-CONTROLLER
By:	By:
Deputy County Counsel	Deputy
RECOMMENDED FOR APPROVAL:	APPROVED AS TO INSURANCE FORM:
ALICE GLEGHORN, PH.D.	RAY AROMATORIO
DEPARTMENT OF BEHAVIORAL WELLNESS	DEPARTMENT OF RISK MANAGEMENT
WELLINESS	
By:	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:
	Ву:
	GREGG HART, CHAIR BOARD OF SUPERVISORS
	Date:
	CONTRACTOR
ATTEST:	CONTRACTOR:
MONA MIYASATO COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	GOOD SAMARITAN SHELTER
By:	By:
Deputy Clerk	Authorized Representative
Date:	Name:
	Title:
	Date:
APPROVED AS TO FORM:	APPROVED AS TO ACCOUNTING FORM:
MICHAEL C. GHIZZONI	BETSY M. SCHAFFER, CPA
COUNTY COUNSEL	AUDITOR-CONTROLLER
By: Teresa M. Martinez (A/g 31/2020 13:29 PDT)	By: C. Esli Fur
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	disconnected Control (Sept. 1907) and the Control of the Control o
	T. A.
By:	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:	CONTRACTOR:
MONA MIYASATO COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	GOOD SAMARITAN SHELTER
By: Deputy Clerk	By: Authorized Representative
Date:	Name: Sylva Barnard
	Title: Executive Direct
	Date: \(\frac{4}{25} / \frac{25}{20} \)
APPROVED AS TO FORM:	APPROVED AS TO ACCOUNTING FORM:
MICHAEL C. GHIZZONI	BETSY M. SCHAFFER, CPA
COUNTY COUNSEL	AUDITOR-CONTROLLER
By:	By:
Deputy County Counsel	Deputy
RECOMMENDED FOR APPROVAL:	APPROVED AS TO INSURANCE FORM:
ALICE GLEGHORN, PH.D.	RAY AROMATORIO
DEPARTMENT OF BEHAVIORAL WELLNESS	DEPARTMENT OF RISK MANAGEMENT
By:	Ву:
Director	Risk Manager