

County of Santa Barbara BOARD OF SUPERVISORS

Minute Order

September 15, 2020

Present:

5 - Supervisor Williams, Supervisor Hart, Supervisor Hartmann, Supervisor Adam, and

Supervisor Lavagnino

BEHAVIORAL WELLNESS

File Reference No. 20-00723

RE:

Consider recommendations regarding a Fifth Amendment with Good Samaritan Shelter, Fiscal Years (FYs) 2018-2021, as follows:

- a) Approve, ratify, and authorize the Chair to execute a Fifth Amendment to the FYs 2018-2021 Agreement for Services of Independent Contractor with Good Samaritan Shelter (a local vendor) (BC 19-152) to add an additional level of service, update Alcohol and Drug Program (ADP) and Mental Health Services (MHS) language to comply with changes to State and Federal regulations and corresponding Behavioral Wellness policies, reallocate unused funds, and decrease the maximum contract amount, inclusive of ADP funds of \$2,582,003.00 for FY 2018-2019, \$5,410,976.00 for FY 2019-2020, \$6,135,652.00 for FY 2020-2021, and \$494,000.00 in MHS funds for FY 2019-2021 to not exceed \$14,622,631.00 from December 1, 2018 through June 30, 2020;
- b) Delegate to the Director of Behavioral Wellness or designee the authority to amend the staffing requirements of a particular program; amend the program goals, outcomes, and measures in Exhibit E; reallocate funds and staff amongst programs; and increase or remove the CMA rate from the MHS schedule of rates for FY 2020-2021 with no changes to the maximum contract amount without needing to return to the Board for a formal amendment to the Agreement, subject to the Board's authority to rescind this delegated authority at any time; and
- c) Determine that the above actions are government fiscal activities or funding mechanisms, which do not involve any commitment to any specific project which may result in a potentially significant physical impact on the environment and are therefore not a project under the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(4) of the CEQA Guidelines.

A motion was made by Supervisor Hartmann, seconded by Supervisor Williams, that this matter be acted on as follows:

- a) Approved, ratified and authorized; Chair to execute;
- b) Delegated; and
- c) Approved.

The motion carried by the following vote:

Ayes: 5 - Supervisor Williams, Supervisor Hart, Supervisor Hartmann, Supervisor
 Adam, and Supervisor Lavagnino



BOARD OF SUPERVISORS AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors 105 E. Anapamu Street, Suite 407

> Santa Barbara, CA 93101 (805) 568-2240

> > **Department Name:**

Behavioral Wellness

Department No.:

043

For Agenda Of:

September 15, 2020

Placement:

Administrative

Estimated Time:

N/A

Continued Item:

No

If Yes, date from:

Vote Required:

Majority

TO:

Board of Supervisors

FROM:

Department

Alice A. Gleghorn, PhD, Director

Director(s) Contact Info: Department of Behavioral Wellness, (805) 681-5220

Pamela Fisher, PsyD., Deputy Director of Clinical Operations

Department of Behavioral Wellness, (805) 681-5220

SUBJECT:

Behavioral Wellness - Good Samaritan Shelter Fifth Amendment FY 18-21

County Counsel Concurrence

Auditor-Controller Concurrence

As to form: Yes

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- A. Approve, ratify, and authorize the Chair to execute a Fifth Amendment to the Fiscal Year (FY) 18-21 Agreement for Services of Independent Contractor with Good Samaritan Shelter (a local vendor) (BC 19-152) to add an additional level of service, update Alcohol and Drug Program (ADP) and Mental Health Services (MHS) language to comply with changes to State and Federal regulations and corresponding Behavioral Wellness policies, reallocate unused funds, and decrease the maximum contract amount, inclusive of ADP funds of \$2,582,003 for FY 18-19, \$5,410,976 for FY 19-20, \$6,135,652 for FY 20-21, and \$494,000 in MHS funds for FY 19-21 to not exceed \$14,622,631 from December 1, 2018 through June 30, 2020;
- B. Delegate to the Director of Behavioral Wellness (BeWell) or designee the authority to amend the staffing requirements of a particular program; amend the program goals, outcomes, and measures in Exhibit E; reallocate funds and staff amongst programs; and increase or remove the CMA rate from the MHS schedule of rates for FY 20-21 with no changes to the maximum contract amount without needing to return to the Board for a formal amendment to the Agreement, subject to the Board's authority to rescind this delegated authority at any time; and
- C. Determine that the above actions are government fiscal activities or funding mechanisms, which do not involve any commitment to any specific project which may result in a potentially significant physical impact on the environment and are therefore not a project under the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(4) of the CEQA Guidelines.

Summary Text:

This item is on the agenda to request the Board of Supervisors (Board) to approve, ratify, and authorize the Chair to execute a Fifth Amendment to the Agreement with Good Samaritan Shelter (Good Sam) (BC#19-152) to update language for ADP and MHS; add Medi-Cal 2.1 Level services at Recovery Point for non-perinatal clients to increase network adequacy to ADP; decrease the ADP maximum contract amounts for 19-20 due to unused funds for Proposition 47 Step-Down Housing and the Sobering Center, and reallocate funds to FY 20-21 for Step-Down Housing and the Sobering Center, for an overall decrease of \$103,467 and a new ADP contract maximum of \$14,128,631 for FYs 18-21. Also for MHS B-1, remove the County Maximum Allowable rate for FY 19-20 only and for FY 20-21, reallocate funds for shelter beds to Non-Medical category, along with a change to HMIOT funding for FY 20-21 to Homeless Emergency Aid Program (HEAP) with no change to the MHS maximum contract amount of \$494,000 but with a new overall ADP and MHS contract maximum of \$14,622,631, along with an update to the B-1 and B-2 accordingly and to add Exhibit B-3 ADP Sliding Fee Scale for FY 20-21.

In addition, to delegate to the Director of BeWell or designee the authority to amend the staffing requirements of a particular program and amend the program goals, outcomes, and measures in Exhibit E; to reallocate funding and staffing amongst programs; and to increase or remove the CMA rate from the MHS schedule of rates for FY 20-21, with no changes to the maximum contract amount. Approval of the recommended actions will allow BeWell to enhance the continuum of care to provide enhanced substance use disorder and mental health services for clients in need of care.

Background:

BeWell provides a continuum of mental health and substance use disorder services to Santa Barbara County residents, in part through contracted providers, including Community-Based Organizations (CBOs). BeWell has contracted with Good Sam (BC 19-152) to deliver Alcohol and Drug Program and mental health services from December 1, 2018 through June 30, 2021. Good Sam provides shelter, affordable housing, clean and sober living, withdrawal management, substance use disorder (SUD) treatment, outreach, and education within the community, as well as perinatal treatment services, including individual and group counseling for pregnant and parenting women. They also provide mental health shelter beds for homeless clients with mental illness along with Homeless Clinician services.

On October 16, 2018, the Board approved the Intergovernmental Agreement No. 18-95148 (FY18-21) between DHCS and BeWell to deliver substance use disorder services under the DMC-ODS, effective December 1, 2018. Periodically, there are changes in state and federal program requirements. These changes must be incorporated into the service agreements in order to comply with program requirements.

This Fifth Amended Agreement will update ADP language for compliance with changes to State and Federal regulations and corresponding Behavioral Wellness policies; add to Exhibit A-2 ADP the Medi-Cal 2.1 Level Outpatient services to the Recovery Point location effective July 1, 2020; decrease 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 FYs 18-21, inclusive of \$2,582,003 for FY18-19, \$5,410,976 for FY 19-20 and \$6,135,652 for FY 20-21. For MHS, the amendment will also update language for compliance with changes to State and Federal regulations, as well as remove the County Maximum Allowable rate from the MHS Schedule of Rates and Contract Maximum for FY 19-20 due to the pandemic which affected many Community Based Organizations (CBOs). They are experiencing increased costs to provide services to County's clients through no fault of their own. For FY 20-21 reallocate \$500 in MHS funds for shelter beds to the Non-Medical 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 for an overall total maximum contract amount in for ADP and MHS to \$14,622,631, for an overall decrease of the maximum contract amount of \$103,467. It will update the ADP and MHS B-1 and B-2 accordingly, and add Exhibit B-3 ADP Sliding Fee Scale for FY 20-21.

In addition, this amendment will delegate authority to amend the staffing requirements of a particular program and amend the program goals, outcomes, and measures in Exhibit E, reallocate funds and staff amongst programs, and increase or remove the CMA rate without having to return to the Board.

Contract Renewal and Performance Outcomes:

Good Sam performed very well during the FY 19-20 and served the following:

- 1. Treatment facilities (L1 & L2.1): 708 unique clients. During Q1, the number of adults retained in treatment was slightly lower in L1 and L2.1 per goals set. Same for Q2 at Casa de Familia O/P. Adults retained in treatment were 15.4% with a goal of 45%. However, all other goals for this program were met or exceeded. During Q3, all goals were met or far exceeded in Project Premie L1 & L2.1. Adults retained in treatment at Casa de Familia L1 seems inaccurate at 0%. Also adults initiating treatment was 28.8% with a goal of 80%. During Q4 in Casa de Familia, 14% of adults were retained in treatment with a goal of 45%.
- 2. Detox/WM facilities (L3.2): 212 unique clients. During Q1, their withdrawal management program met and exceeded 4 of the 5 outcome goals and 100% of clients had a negative drug test at discharge. During Q2, again they met 4 of the 5 outcome goals with 100% of clients abstinent at time of discharge. The goal not met was 'adults not re-admitted within 14 days.' During Q3 in Acute Care Residential (WM), only 65% were abstinent at time of discharge. At Another Road Detox, 78% were abstinent at time of discharge.
- 3. Perinatal: 28 unique clients. During Q1, they successfully graduated 9 (100%) of female clients from the perinatal treatment program and all (100%) clients were abstinent at discharge and delivered babies born free of alcohol and illicit drugs. During Q2, 3 of the 6 clients were abstinent at time of discharge (50%). During Q3, all goals were met and exceeded with 8 clients successfully graduated from the program and 100% drug free. During Q4, they again met their goals, successfully serving 5 clients who were abstinent at time of discharge.
- 4. Transitional Living Programs (L3.1): 319 unique clients. During Q1, they met most of their goals—all clients (100%) were engaged in one or more activities such as vocational training, 12-step programs, or volunteering. They fell 10% short in just one goal, which was having all clients complete the program in at least 30 days. During Q2, they met and exceeded all goals with 100% of clients abstinent at time of discharge. During Q3 in Recovery Point Acute Care, half were abstinent at the time of discharge. Almost all clients were engaged in treatment (93%). During Q4, in Acute Care Residential (WM), 86% were abstinent at time of discharge in L3.2 WM/Detox. Out of the 28 discharged, 12 were not re-admitted within 14 days (43%) with a goal of 95%. At the Transitional Center, 30 unique clients were served and 26 discharged. Almost all clients were engaged in treatment (97%). There were 88% abstinent at time of discharge, which exceeds their goal of 80%.

New performance outcomes have been added to the contract for the Sobering Center and Step-Down Supported Housing, including:

1. Increased referrals to:

- a. SUD and MH treatment;
- b. Health care services;
- c. Stable housing; and
- d. Other needed community services to assist with self-sufficiency and recovery.

2. Reduce:

- a. Incarcerations;
- b. Psychiatric inpatient admissions; and
- c. Psychological health hospitalization.

All Good Samaritan treatment programs have continued to provide services, however, enrollments have decreased throughout many programs. They have resumed drug testing clients in their outpatient programs, although minimally. In-person individual assessments are minimal as well.

Proposition: Fantastic Quarter 4. Serving 155 persons, the center is a HUB for the most vulnerable during the current pandemic. Proposition 47 did have to reduce capacity to serve 7 persons at a time to ensure appropriate social distancing. The program provided 100% of persons with transportation and/or personal grooming needs and 52% were connected to treatment services. Please note that the goal relating to referrals being made from CREDO 47 Center to Step-Down Housing is 0% because the referrals to that program must come from the Public Defender's Office.

Fiscal and Facilities Impacts:

Budgeted: Yes.

Fiscal Analysis:

Funding Sources	FY 18-19	FY 19-20	<u>I</u>	otal FY 20-21
General Fund				
State	\$ 1,291,001.50	\$ 2,828,988.00	\$	3,191,326.00
Federal	\$ 1,291,001.50	\$ 2,828,988.00	\$	3,191,326.00
Fees				
Other:				
Total	\$ 2,582,003.00	\$ 5,657,976.00	\$	6,382,652.00
Total FY 18-21			\$	14,622,631.00

Narrative:

There are no budget impacts. The funding was budgeted and adopted for FY 18-19, 19-20 and 20-21.

Key_Contract_Risks:

As with any contract funded by State and Federal sources, there is a risk of future audit disallowances and repayments. Behavioral Wellness contracts include language requiring contractors to repay any amount disallowed in audit findings, minimizing financial risks to the County.

Special Instructions:

Please email one (1) complete executed contract and one (1) minute order to dmorales@co.santa-barbara.ca.us and barbara.ca.us.

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Attachments:

Attachment A: Good Sam FY 18-21 BC 19-152 AM 5 Attachment B: Good Sam FY 18-21 BC 19-152 AM 4 Attachment C: Good Sam FY 18-21 BC 19-152 AM 3 Attachment D: Good Sam FY 18-21 BC 19-152 AM 2 Attachment E: Good Sam FY 18-21 BC 19-152 AM 1 Attachment F: Good Sam FY 18-21 BC 19-152

Authored by:

D. Morales

Attachment A:

Good Sam FY 18-21 BC 19-152 AM 5

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>, <u>and Audit Requirements for Federal Awards</u> to <u>Standard Terms and Conditions</u>:
 - 39. UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.

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

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

- vi. *ASAM Multidimensional Assessment* by the Change Companies (only required once prior to providing DMC-ODS services);
- vii. From Assessment to Service Planning and Level of Care by the Change Companies (only required once prior to providing DMC-ODS services);
- viii. ADP Clinician's Gateway Training (only required once upon hire);
- ix. DMC-ODS Documentation Training; and
- x. ADP ShareCare Training/CalOMS Data Entry (for ShareCare users only).
- **B.** 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:

- i. DMC-ODS Continuum of Care Training;
- ii. Motivational Interviewing Training;
- iii. Cognitive Behavioral Treatment/Counseling Training; and
- iv. All applicable evidence-based prevention models and programs as agreed between provider and County in writing.
- C. 18 CEU Hours Alcohol and Other Drug Clinical Training. 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.** Denial or Termination of Facility Access. 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>Treatment Programs</u>. In accepting funds for treatment services, Contractor agrees to submit the following:
 - 1. Electronic Drug & Alcohol Treatment Access Report (DATAR) for each treatment site, per 45 Code of Federal Regulations (CFR) Section 96.126. These reports shall be submitted using the DHCS DATAR system on a monthly basis and must be completed not later than 10 calendar days from the last day of the month;

- 2. Complete CalOMS County Admission Assessments and CalOMS County Discharge Assessments in the County MIS system for each client within 30 days from admission/discharge. CalOMS County Annual Update Assessments must be completed for clients in treatment for 12 continuous months or more and must be completed no later than 12 months from the admission date; and
- 3. Contractor shall report to Behavioral Wellness monthly on the rate of timely completion of Comprehensive ASAM Assessments.
- **F.** 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.** <u>Notice to QCM</u>. Contractor shall immediately notify Behavioral Wellness' Quality Care Management (QCM) at 805-681-5113 in the event of:
 - 1. Known serious complaints against licensed/certified staff;
 - 2. Restrictions in practice or license/certification as stipulated by a State agency;
 - 3. Staff privileges restricted at a hospital;
 - 4. Other action instituted which affects staff license/certification or practice (for example, sexual harassment accusations); or
 - 5. Any event triggering Incident Reporting, as defined in *Behavioral Wellness' Policy and Procedure #4.004*, *Unusual Occurrence Reporting*, available at www.countyofsb.org/behavioral-wellness/policies.

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

13. SIGNATURE PADS.

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

6. ADMISSION PROCESS.

- **A.** <u>ASAM Screening Form Review</u>. Contractor shall review County approved ASAM screening form and referral information upon receiving it via electronic-fax.
- **B.** 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 <u>Subsection A.1.v.</u> (<u>Acupuncture</u>) of <u>Section 3</u> (<u>Services</u>) of <u>Exhibit A-3 Statement of Work: ADP (Residential Treatment Services)</u>, and delete <u>Subsection B (Residential Treatment Services ASAM Level 3.1</u>) and <u>Subsection C (Requirements Applicable to All Residential Services (ASAM Level 3.1)</u>) of <u>Section 3 (Services)</u> of <u>Exhibit A-3 Statement of Work: ADP (Residential Treatment Services)</u> 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</u> of Work: ADP (Residential Treatment Services) and replace with the following:

6. ADMISSION PROCESS.

- **A.** <u>Client Placement.</u> Contractor shall place client in the facility immediately (whenever possible) but no later than 10 days following the initial ASAM Placement screening and referral via the Access Line for Residential Treatment Services or Withdrawal Management Services.
- **B.** 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 <u>Subsection G (Discharge Client if Client is Absent Without Leave for a 24 Hour Period)</u> of <u>Section 9 (Discharges)</u> of <u>Exhibit A-3 Statement of Work: ADP Residential Treatment</u> 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</u> Provisions) 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 <u>Exhibit A-7 (MHS General Provisions)</u> as follows:

R. Client Service Plan. 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</u> Clinicians as follows:

2. SERVICES.

- 2. Crisis Intervention. Crisis intervention is a service lasting less than 24 hours, for or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Crisis intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community. Service activities include, but are not limited to, assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements as defined in Title 9 CCR Sections 1840.338 and 1840.348.
- **3. Assessment/Reassessment**. Assessment is designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and use of mental health testing procedures, as defined in Title 9 CCR Section 1810.204.
- **4.** Collateral. Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the mental health needs of the client in terms of achieving the goals of the client's Client Service Plan (client plan), as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment including, but not limited to, parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client, as defined in Title 9 CCR Section 1810.246.1.
 - Collateral services may include, but are not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client need not be present for this service activity. Consultation with other service providers is not considered a collateral service.
- **7. Plan Development**. Plan development consists of developing client plans, approving client plans, and/or monitoring and recording the client's progress, as defined in Title 9 CCR Section 1810.232.
- **8. Rehabilitation**. A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, obtaining support resources, and/or obtaining medication education, as defined in Title 9 CCR Section 1810.243.

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

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

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

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

II. MAXIMUM CONTRACT AMOUNT

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

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

II. MAXIMUM CONTRACT AMOUNT

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

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

						Schedule of Rate	s and Contract Ma	aximum									
NTRACTOR NAME:		Good Samaritan											FISCAL YEAR:			2018-19	
NIRACIOR NAME:		Good Samaritan											FISCAL YEAR:			2018-19	
ug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Descript	ion					Unit of Service				DMC Service Function Code	AoD Cost Report Service Code		Projected Units of Service	Project Number Client
<u> </u>		15			ODS Outpati	ent Treatment			15 Minute Unit				91	91		20,418	547
	Outpatient	15 15			ODS Case N	Management on Consultation			15 Minute Unit 15 Minute Unit				93 94	93 94		8,585 458	174 9
Drug Medi-Cal Billable Services	Gutpution	15			ODS Recov	ery Services			15 Minute Unit				95	95		6,383	130
		10 5		-	ODS Intensive Outpa Level 3.2 Withdra		IT)		15 Minute Unit				105	105 109		4,531 1,150	97 88
	Residential	5				ential Treatment			Bed Day Bed Day				112	112		7,227	88
ıg Medi-Cal <i>l</i> Non Drug Medi-Cal	Service Type	Mode	Service Descript	ion					Unit of Service				DMC Service Function Code	AoD Cost Report Service Code		County Maximun	n Allowable
		15				Counseling			15 Minute Unit				91	91		\$33	3.81
		15			ODS Individu	al Counseling			15 Minute Unit				92	92		\$33 \$33	
		15 15			ODS Physicia				15 Minute Unit 15 Minute Unit				93 94	93 94		\$33 \$141	
	Outpatient	15			ODS Recovery S	ervices Individual			15 Minute Unit				95	95		\$33	
Drug Medi-Cal Billable Services		15 15			ODS Recovery DS Recovery Service	Services Group	nent		15 Minute Unit 15 Minute Unit				96 97	96 97		\$33 \$33	
		15			ODS Recovery S	ervices Monitoring			15 Minute Unit				98	98		\$33	
	L	10			ODS Intensive Outpa	itient Treatment (IO	IT)		15 Minute Unit				105	105		\$31.	
	Residential	5		Level	l 3.2 Withdrawal Man el 3.1 Residential Tro	agement - Treatme	ent Only		Bed Day Bed Day				109 112	109 112		\$184 \$122	
	+	N/A	 	Level	3.2 Withdrawal Man	agement - Board a	nd Care		Bed Day Bed Day				112 N/A	112		\$122 Actual	
Non -	Residential	N/A		Leve	el 3.1 Residential Tre	atment - Board and	d Care		Bed Day				N/A	112		Actual	l Cost ²
Drug Medi-Cal Billable Services		N/A N/A			sitional Living Cente nol/Drug Free Housin				Bed Day Bed Day				N/A N/A	56 57		Actual Actual	
		INA		ALUI	IOVE TOUS IT	y (Felliatavraiole	e Orly)						IWA	31		Actual	I CUSI
					1				GRAM								
						Residential	Residential	Treatment at Transitional	Treatment at Recovery Way		Prop 47 Step		Recovery Residence	Recovery Residence			
			Turning Point PN	Casa De Familia		Treatment at	Treatment at	Center House	Home (Lompoc) ³		Down Housing	Prop 47 Sobering	Centers (Santa	Centers (Lompoc)		CalWorks -	
	Recovery Point	Project PREMIE	Outpatient	Treatment Center		Recovery Point	Another Road	(Santa Maria) ³	Feb 1st - Jun	Residential	(starting Nov.1,	Center (starting	Maria) Dec 1st -	Dec 1st - Jan	CalWorks	Alcohol Drug Free	
	(Santa Maria)	(Santa Maria)	(Lompoc)	(Santa Maria)	Center (Lompoc)	(Santa Maria)	Detox (Lompoc)	Feb 1st - Jun	30th	Startup Costs	2019)	Nov.1, 2019)	Jan 31st	31st	Counseling	Housing	TOTA
OSS COST:	\$ 335,633	\$ 285,383	\$ 299,508	\$ 127,818	\$ 178,460	\$ 397,666	\$ 320,935		\$ to June 30, 2019 \$ 388,537	\$ 13,414	۹ .	e .	\$ 35,575	\$ 38,646	٩ .	\$ 55,000	\$ 2,8
SS REVENUES COLLECTED BY CONTRACTOR:	ψ 555,055	\$ 200,000	\$ 255,500	ų 127,010	3 170,400	\$ 397,000	9 320,333	303,111	\$ 300,337	9 10,414	-	Ψ -	9 30,373	\$ 30,040	4	33,000	Ψ 2,0
ATIENT FEES	\$ 12,000	\$ 6,000	\$ -	\$ -	\$ 12,000	\$ 12,000	\$ 18,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,496			\$ -	\$
ONTRIBUTIONS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Ŷ	\$ -	\$ -	Ÿ	\$ -	Ψ	\$ -	\$ 1,710		\$ -	\$
THER: GOVERNMENT FUNDING	\$ 37,092								\$ -	Ÿ	*	\$ -	¥ 12,010				\$ 1
THER: MISCELLANEOUS THER: FUNDRAISING	\$ - \$ -	\$ - \$ -	\$ -	\$ -	\$ -	\$ - \$ -	7	\$ - \$ -	\$ - \$ -		\$ - \$ -	\$ - \$ -	\$ -	\$ - \$ -	7	\$ -	\$
	•	•			•	4	•	<u> </u>		•	•	•	\$ 14.575	•	•	•	\$ 25
FAL CONTRACTOR REVENUES	\$ 49,092	1	\$ 14,837		1	\$ 72,432		1	\$ -	\$ -	\$ -	\$ -	Ψ 11,010	\$ 16,646		\$ -	_
XIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 286,541	\$ 264,546	\$ 284,671	\$ 126,334	\$ 160,525	\$ 325,234	\$ 278,504	\$ 369,111	\$ 388,537	\$ 13,414	\$ -	\$ -	\$ 21,000	\$ 22,000	<u> </u>	\$ 55,000	\$ 2,5
				SOU	IRCES OF BEHAVIO	DRAL WELLNESS	FUNDING FOR MA	AXIMUM CONTRAC	CT AMOUNT**								
g Medi-Cal	\$ 244,541		\$ 253,641			\$ 271,234											\$ 2,0
lignment/SAPT - Discretionary	\$ 42,000	\$ 29,000	\$ 25,000	\$ 11,000	\$ 14,000	\$ 54,000	\$ 49,000	\$ 29,000	\$ 43,000	\$ 13,414							\$ 3 \$
lignment/SAPT - Perinatal	+			1	-			1	1			1	\$ 12,000	\$ 17,000			\$
lignment/SAPT - Adolescent Treatment lignment/SAPT - Primary Prevention	+	+		-	 			 				 				 	\$
NORKS ²	+	 			1							+	\$ 9,000	\$ 5,000		\$ 55,000	\$
er County Funds	_	\$ 56,508	\$ 6,030				\$ 4,170	\$ 4,573	\$ 9,851				- 3,000	- 5,000		- 30,000	\$
8-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 286,541		\$ 284,671		\$ 160,525	\$ 325,234				\$ 13,414	s -	s -	\$ 21,000	\$ 22,000	s -	\$ 55,000	\$ 2,5
9-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 491,213		\$ 488,007			\$ 557,544	,			,	\$ 145,720	\$ 287,436	. ,	\$ -	\$ 20,000		\$ 5,4
0-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 491,213	*,	\$ 488,007	\$ 216,573	,	\$ 557,544		+	\$ 932,489	s -	\$ 425,256	\$ 732,576	-	s -	\$ 20,000		\$ 6,1
AND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 1,268,967		*,	,						\$ 13,414			 	\$ 22,000	,		
ITRACTOR SIGNATURE:	- ,,200,307	,,,,,,,,,,,	,200,000								. 0.0,070		2,,000			,	
FF ANALYST SIGNATURE:					De	nise	Mor	ales	ranzo								
AL SERVICES SIGNATURE:		-			mo	Vina	ma	nio n	INNE	,						-	
nding sources are estimated at the time of contract execution and may be reallocated							,,,,,,,										
rojected Units of Service and Projected Number of Clients are estimated targets t	assist CBO's in recov	ering full costs. Actur	al services provided	d and clients served	i may vary.												
e based on most recently filed cost report. e based on approved costs.		-						-									

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

Exhibit B-1 Schedule of Rates and Contract Maximum

Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Descript	lon					Unit of Service				DMC Service Function Code	AoD Cost Report Service Code		Projected Units of Service	Projected Number o Clients
ring medical from Ding medical	Остине туре	15	Oct vice Descript		ODS Outpatie				15 Minute Unit				91	91		20,418	547
	20000000	15			ODS Case N				15 Minute Unit				93 94	93		8,585 458	174
Drug Medi-Cal Billable Services	Outpatient	15			ODS Physicial ODS Recove	n Consultation			15 Minute Unit 15 Minute Unit				94	95		6,383	130
Drug Medi-Cai Billadie Services		10			ODS Intensive Outpa	tient Treatment (IC	OT)		15 Minute Unit				105	105		4,531	97
	Residential	5			Level 3.2 Withdra				Bed Day				109	109		1,150	88
	170500000000000000000000000000000000000	5			Level 3.1 Reside	ential Treatment			Bed Day	_			112	112 AoD Cost		7.227	88
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Descript	ion					Unit of Service				DMC Service Function Code	Report Service Code		County Maximu	ım Allowable R
		15			ODS Group	Counseling			15 Minute Unit				91	91		\$3	3,81
		15			ODS Individua ODS Case N				15 Minute Unit 15 Minute Unit				92 93	92 93			3.81
		15			ODS Physicia				15 Minute Unit				94	94			11,59
	Outpatient	15			ODS Recovery S	ervices Individual			15 Minute Unit				95	95			3.81
Drug Medi-Cal Billable Services		15		0.	ODS Recovery OS Recovery Service	Services Group	nent		15 Minute Unit 15 Minute Unit				96 97	96 97			3.81
		15		- 0	ODS Recovery Se		DEJ14		15 Minute Unit				98	98		53	3.81
		10			DS Intensive Outpa	tient Treatment (IC			15 Minute Unit				105	105			1.02
	Residential	5	-		3.2 Withdrawal Man				Bed Day Bed Day				109 112	109	100		34.84
		N/A			4.3.1 Residential Tre 3.2 Withdrawal Mana				Bed Day Bed Day				N/A	109			al Cost ²
Non -	Residential	N/A		Level	3.1 Residential Tre	atment - Board and	d Care		Bed Day				N/A	112		Actu	al Cost ²
Drug Medi-Cal Billable Services	Residential	N/A			itional Living Center				Bed Day				N/A	56 57			al Cost'
		N/A		Alcoh	ol/Drug Free Housin	g (Perinatal/Parole	e Only)		Bed Day				N/A	57		I ACILI	ai Cost
						_	1 1	PRO Treatment at	GRAM Treatment at			T	Recovery	Recovery			-
	Recovery Point		Turning Point PN Outpatient		Lompoc Recovery	Residential Treatment at Recovery Point	Residential Treatment at Another Road	Transitional Center House (Santa Maria) ³	Recovery Way Home (Lompoc) ³ Feb 1st - Jun	Residential	Prop 47 Step Down Housing (starting Nov.1,	Prop 47 Sobering Center (starting	Maria) Dec 1st -	Residence Centers (Lompoc) Dec 1st - Jan	CalWorks	CalWorks - Alcohol Drug Free	
	(Santa Maria)	(Santa Maria)	(Lompoc)	(Santa Maria)	Center (Lompoc)	(Santa Maria)	Detox (Lompoc)	Feb 1st-Jun	30th	Startup Costs	2019)	Nov.1, 2019)	Jan 31st	31st	Counseling	Housing	TOTAL
		T	T	Two common					8 to June 30, 2015 S 388,537				\$ 35,575	s 38,646	5 .	\$ 55,000	\$ 2,845
ROSS COST: ESS REVENUES COLLECTED BY CONTRACTOR:	\$ 335,633	\$ 285,383	\$ 299,508	S 127,818	\$ 178,460	\$ 397,666	\$ 320,935	\$ 369,111	5 388,537	\$ 13,414	\$ -	\$ -	\$ 35,575	38,646	•	5 55,000	\$ 2,845
PATIENT FEES	\$ 12,000	\$ 6,000	s -	\$ -	\$ 12,000	S 12,000	\$ 18,000	\$ -	s -	s -	s -	s -	\$ 2,496	\$ 2,857	s .	S -	\$ 65.
CONTRIBUTIONS	2023 20337545	s -		\$.			s -					\$ -	\$.	\$ 1,710			S 1
OTHER: GOVERNMENT FUNDING	\$ 37,092	\$ 14,837	\$ 14,837	\$ 1,484	\$ 5.935	\$ 60,432							S 12,079				
OTHER: MISCELLANEOUS		\$ -															
OTHER: FUNDRAISING		S -	-	\$ -										-			-
OTAL CONTRACTOR REVENUES	\$ 49,092											-	S 14,575				
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE:	\$ 286,541	\$ 264,546	\$ 284,671	\$ 126,334	\$ 160,525	\$ 325,234	\$ 278,504	\$ 369,111	\$ 388,537	\$ 13,414	\$	\$ -	\$ 21,000	\$ 22,000	\$ 1 12 22	\$ 55,000	\$ 2,595
							FUNDING FOR MA) \$ 225,334	S 328,086									\$ 2.093
up Medi-Cal	\$ 244,541					\$ 271,234 \$ 54,000		\$ 29,000					-				\$ 309
ealignment/SAPT - Discretionary ealignment/SAPT - Perinatal	\$ 42,000	\$ 29,000	\$ 25,000	3 11,000	g 14,000	3~,000	45,000	25,000	45,000	10,414			S 12,000	\$ 17,000			\$ 29
salignment/SAPT - Permatal salignment/SAPT - Adolescent Treatment																	\$
ealignment/SAPT - Primary Prevention																	\$
aWORKS ²													\$ 9,000	\$ 5,000		\$ 55,000	
her County Funds		\$ 56,508					\$ 4,170								water and		\$ 81
718-19 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 286,541	\$ 264,546	\$ 284,671			\$ 325,234		- CHARLES				\$.	\$ 21,000		\$.	9 33,000	
Y19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	s -	\$ 145,720			\$ -		-	
Y20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 491,213					\$ 557,544		\$ 885,866			\$ 425,256				\$ 20,000		
RAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)	\$ 1,268,967	\$ 1,174,560	-		\$ 710,897	\$ 1,440,322	\$ 1,233,374	\$ 2,133,391	\$ 2,247,553	\$ 13,414	\$ 570,976	\$ 1,020,012	\$ 21,000	\$ 22,000	\$ 40,000	\$ 415,000	\$ 14,128
ONTRACTOR SIGNATURE:		-	0														-
TAFF ANALYST SIGNATURE:																	1
SCAL SERVICES SIGNATURE:																	
Funding sources are estimated at the time of contract execution and may be reallow Projected Units of Service and Projected Number of Clients are estimated targets. Rate based on most recently filed cost report.	ated at Behavioral Welli to assist CBO's in recov	ness' discretion bas vering full costs. Acti	ed on available fund ual services provided	ng sources, and dients served	may vary.												

				Schedu	le of Rates and	Contract Max	imum								
-							iiiiuiii								1
												FISCAL			
G	Good Samaritar	1										YEAR:		2019-20	
												DMC Service	AoD Cost	Projected	Projected
Service Type	Mode					Service Descri	ption					Function		Units of	Number of
												Code	Code		Clients
					OI	OS Outpatient Tr	eatment					91			547 229
Outpatient	15				OD	S Physician Cor	sultation				15 Minute Uni	94	94	876	12
	15												95	12,329	172
															97 187
Residentiai	5										Bed Day	112	112	15,768	187
Service Type	Mode	Service Desc	ription								Unit of Service	DMC Service Function Code	Report Service Code	F	imum Allowabl Rate
	15 16											91			33.81 33.81
	15				Ol	DS Case Manaç	gement				15 Minute Unit	93	93	\$3	33.81
Outpotions	15 15												94		41.59 33.81
Outpatient	15				ODS	Recovery Servi	ces Group			***************************************	15 Minute Unit	95	95	\$3	33.81
	15												97		33.81
	10										15 Minute Unit	105	105		33.81 31.02
Residential	5				Level 3.2 Witho	Irawal Managem	ent - Treatment 0				Bed Day	109	109		84.84
+	,							nly							43.29 al Cost²
	N/A				Residential R	ecovery Long Te	erm (over 30 day				Bed Day	N/A	51	Actu	al Cost ²
Residential	N/A										Bed Day	N/A	58 59.1		al Cost²
	N/A N/A											N/A N/A	58-1 57a		ıai Cost⁴ ıal Cost¹
CalWorks	N/A										Hours	N/A	35		al Cost²
							DROCRAM								
Recovery Point (Santa Maria)	Project PREMIE (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Casa De Familia Treatment Center (Santa Maria)	(Lompoc)	(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 Housing (starting Nov.1, 2019)	(starting Nov.1, 2019)	Recovery Residence Centers (Santa Maria)	Recovery Residence Centers (Lompoc)	CalWorks Counseling	Alcohol Drug Free Housing	TOTAL
\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 145,720	\$ 287,436	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 5,730,466
\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000											\$ 40,000
\$ 40,000	\$ 15,000	\$ 25,000	¢ 5.260	\$ 22,000	\$ 9,000	\$ 9,000									\$ - \$ 133,260
3 40,000	\$ 20,920	\$ 32,650	\$ 3,200	\$ 22,000	\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150							\$ 146,230
£ 52,000	¢ 41.020	¢ 72.650	¢ 11.260	¢ 22,000	\$ 77.550	¢ 22.750	£ 6210	¢ 1.150	¢.	e.	¢.	¢.	e e	e e	\$ - \$ 319.490
			, , , , , , , , , , , , , , , , , , , ,		. ,			1	\$ 14E 720	\$ 207.426	5	ф -	\$ 20,000	\$ 190,000	\$ 5,410,97
\$ 491,213	\$ 455,507	\$ 466,007	\$ 210,573	\$ 275,100	\$ 557,544	\$ 477,435	\$ 665,666	\$ 932,469	\$ 145,720	\$ 267,436	3 -	3 -	\$ 20,000	\$ 100,000	\$ 5,410,97
												·			,
							\$ 730,604	\$ 789,662	 	 		<u> </u>			\$ 4,230,192 \$ 239,539
φ 24,561	φ 22,075	φ 24,400	φ 10,829	φ 13,/59	φ 80,629	φ 6∠,686	\$ 115,262	\$ 132,827	<u> </u>	 					\$ 239,539
$\perp = =$															\$ -
+					\$ 5,000	\$ 5,000	\$ 40,000	\$ 10,000	 	 		 	\$ 20,000	\$ 180,000	\$ 260,000
						- 7.7	-,,-		\$ 145,720	\$ 287,436			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 433,156
D \$ 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	\$ 5,410,976
D \$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
982,426	\$ 907,014	\$ 976,014	\$ 433,146	\$ 550,372	\$ 1,115,088	\$ 954,870	\$ 1,771,732	\$ 1,864,978	\$ 570,976	\$ 1,020,012	\$ -	\$ -	\$ 40,000	\$ 360,000	\$ 11,546,628
			. 7.1						-						
		Deni	se Mo	rales											
		in a li	110. M	anin	man:	7 <i>A</i>									
		mea	uu m	2220	,,,,,,,	}									
may be reallocate	ed at Behavioral	Wellness' discre	etion based on av	ailable funding	sources.										
С	Outpatient Residential Service Type Outpatient Residential Residential CalWorks Recovery Point (Santa Maria) \$ 543,213 \$ 12,000 \$ 491,213 \$ 466,652 \$ 24,561	15	Outpatient 15	Service Type	15	Service Type	15	15	15	15	15	15	Service Serv	Service Type	Service Type

Exhibit B-1 ADP Schedule of Rates and Contract Maximum

YEAR: 2019-20 CONTRACTOR NAME: Good Samaritan AoD Cos DMC Service Projected Projected Unit of Report Service Description Drug Medi-Cal /Non Drug Medi-Cal Service Type Mode Function Units of Number of Service Code Service Clients Code ODS Outpatient Treatment 15 Minute Unit 91 35,003 547 ODS Case Management 229 15 Minute Unit 93 16,421 15 93 Outpatient ODS Physician Consultation 15 Minute Unit 876 12 15 Minute Unit 172 Drug Medi-Cal Billable Services ODS Recovery Services 12,329 15 ODS Intensive Outpatient Treatment (IOT) 15 Minute Unit 105 105 8 467 97 Level 3.2 Withdrawal Management Bed Day 109 109 1.971 187 Residential Level 3.1 Residential Treatment Bed Day 112 112 15 768 187 AoD Cost DMC Service Unit of Report County Maximum Allowable Function Drug Medi-Cal /Non Drug Medi-Cal Service Description Service Type Mode Service Service Rate Code Code ODS Group Counseling 15 Minute Unit 91 91 \$33.81 ODS Individual Counseling 15 Minute Unit 92 92 \$33,81 \$33.81 **ODS Case Management** 15 Minute Unit 93 93 ODS Physician Consultation \$141,59 15 Minute Unit 94 15 94 Outpatient ODS Recovery Services Individual 15 Minute Unit \$33.81 15 95 95 \$33.81 ODS Recovery Services Group 5 Minute Unit Drug Medi-Cal Billable Services 96 15 ODS Recovery Services Case Management 15 Minute Unit 97 \$33.81 ODS Recovery Services Monitoring 5 Minute Uni \$33.81 15 ODS Intensive Outpatient Treatment (IOT) 15 Minute Unit 10 105 \$31.02 Level 3.2 Withdrawal Management - Treatment Only Bed Day \$184.84 109 Residential Level 3.1 Residential Treatment - Treatment Only Bed Day \$143.29 N/A Free-Standing Residential Detoxification Bed Day N/A 50 Actual Cost² N/A Residential Recovery Long Term (over 30 days) Bed Day N/A Actual Cost² Non -Residential N/A Residential Treatment Services, Room & Board Only Bed Day N/A 58 Actual Cost² Residential Treatment Services Perinatal, Room & Board Only Bed Day N/A 58-1 Drug Medi-Cal Billable Services N/A Actual Cost² Alcohol/Druc Free Housing (Perinatal/Parolee Only) Bed Day N/A 57a N/A Actual Cost CalWorks N/A Interim Treatment Services (CalWORKS Only) Hours N/A 35 Actual Cost² PROGRAM Casa De Residential Residential Residential Familia Lompoc Residential Treatment at Treatment at Treatment at Prop 47 Step Prop 47 Recovery Recovery Turning Point Treatment Recovery Treatment at Another Road Transitional Recovery Down Housing obering Cente Residence Residence Recovery Point PREMIE PN Outpatient Center (Santa Center Recovery Poir Detox Center House Way Home (starting Nov.1 (starting Nov.1 Centers (Santa Centers CalWorks Alcohol Drug Maria) Counseling Free Housing TOTAL (Santa Maria) (Santa Maria) (Lompoc) Maria) (Lompoc) (Santa Maria) (Lompoc) (Santa Maria) (Lompoc) 2019) 2019) (Lompoc) GROSS COST: 543,213 \$ 495,427 \$ 561,657 \$ 227.833 \$ 307.186 \$ 635.094 S 501.185 S 892.076 S 933.639 S 145.720 S 287,436 5 20,000 \$ 180,000 \$ 5,730,466 LESS REVENUES COLLECTED BY CONTRACTOR: PATIENT FEES 40,000 6 000 | \$ 10,000 12.000 \$ 6,000 \$ 6,000 S CONTRIBUTIONS 15,000 \$ OTHER: GOVERNMENT FUNDING CWS 35,000 | \$ 5.260 S 22,000 8,000 \$ 8,000 40.000 146,230 OTHER: GOVERNMENT FUNDING 15,750 20,920 OTHER: FUNDRAISING TOTAL CONTRACTOR REVENUES 73,650 \$ 11,260 \$ 32,000 \$ 77.550 \$ 23,750 \$ 6.210 S 1,150 319 490 20,000 \$ 180,000 MAXIMUM (NET) CONTRACT AMOUNT PAYABLE: 491,213 453,507 488,007 \$ 216,573 \$ 275,186 \$ 557,544 \$ 477,435 \$ 885,866 \$ 932,489 145,720 287,436 5,410,976 SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** Drug Medi-Cal 466,652 S 430,832 \$ 463,607 \$ 205,744 \$ 261,427 \$ 471,915 \$ 409,749 \$ 730,604 \$ 789,662 4,230,192 10,829 \$ 13,759 \$ 80,629 \$ 239,539 Realignment/SAPT - Discretionary 24.561 \$ 22,675 \$ 24,400 \$ 62,686 Realignment/SAPT - Perinatal 115.262 \$ 132.827 248,089 Realignment/SAPT - Adolescent Treatment Realignment/SAPT - Primary Prevention 10.000 20,000 180,000 260,000 5,000 5 000 | 5 40,000 \$ CalWORKS 145.720 \$ 287.436 433,156 Other County Funds 287,436 145,720 20.000 180,000 5.410.976 FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND \$ 491,213 453,507 488,007 216,573 477.435 885.866 932,489 FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND \$ 491,213 453,507 488,007 216,573 \$ 275,186 557,544 477,435 \$ 885,866 932,489 425,256 732,576 20,000 180,000 6,135,652 GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUND \$ 982,426 \$ 907,014 \$ 976,014 \$ 433,146 \$ 550,372 \$ 1,115,088 954,870 \$ 1,771,732 \$ 1,864,978 570.976 S 1,020,012 40,000 \$ 360,000 \$ 11,546,628 CONTRACTOR SIGNATURE: STAFF ANALYST SIGNATURE:

Rate based on approved costs.

FISCAL SERVICES SIGNATURE:

FISCAL

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

^{***}Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.

^{*}Rate based on most recently filed cost report.

	-					Exhibit E	B-1 ADP									,	-
					Schedu	ule of Rates and	d Contract Ma	ximun	n								
														FISCAL			
CONTRACTOR NAME:	G	ood Samarita	n											YEAR:		2020-21	
													Unit of	DMC Service	AoD Cost Report	Projected	Projected
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode				:	Service Descri	iption					Service	Function	Service	Units of	Number of
														Code	Code	Service	Clients
		15 15					S Outpatient T DS Case Mana						15 Minute Unit	91	91	35,003 16.421	547 229
	Outpatient	15					S Physician Co						15 Minute Unit	93	93	876	12
Drug Medi-Cal Billable Services		15				0	DS Recovery S	ervice	:S				15 Minute Unit	95	95	12,329	172
		10					sive Outpatient						15 Minute Unit	105	105	8,467	97
	Residential	5 5					.2 Withdrawal I 3.1 Residentia						Bed Day Bed Day	109 112	109 112	1,971 15,768	187 187
		5				Level	3.1 Residentia	Titeat	unent				Beu Day		AoD Cost	15,766	107
Drug Medi-Cal /Non Drug Medi-Cal	Service Type	Mode	Service Descr	intion									Unit of	DMC Service Function	Report		imum Allowabl
Drug medi-out /Non Drug medi-out	ocivice Type	Mode	Oct vice Desci	iption									Service	Code	Service	F	Rate
		15				0	DS Group Cou	nealin	ıa.				15 Minute Unit	91	Code 91	\$3	33.81
		15				OD	S Individual Co	ounseli	ling				15 Minute Unit	92	92	\$3	33.81
		15				O	DS Case Mana	gemer	nt				15 Minute Unit	93	93	\$3	33.81
	Outpotions	15	 				S Physician Co tecovery Servic						15 Minute Unit	94	94 95		41.59 33.81
Drug Medi-Cal Billable Services	Outpatient	15 15					Recovery Service Recovery Service						15 Minute Unit 15 Minute Unit	95	95		33.81 33.81
Drag mour our Dinable Col 11000		15				ODS Recov	ery Services C	ase Ma	lanagement	!			15 Minute Unit	97	97	\$3	33.81
		15					ecovery Service sive Outpatient						15 Minute Unit	98	98		33.81 31.02
		10 5				Level 3.2 Withdi				Only			15 Minute Unit Bed Day	105 109	105 109		84.84
	Residential	5				Level 3.1 Resid							Bed Day	112	112		43.29
		N/A				Free-Stan	ding Residenti	al Deto	oxification				Bed Day	N/A	50		ıal Cost²
No.	Danislandial	N/A N/A				Residential R Residential Trea	ecovery Long T						Bed Day	N/A N/A	51 58		ial Cost ² ial Cost ²
Non - Drug Medi-Cal Billable Services	Residential	N/A N/A				dential Treatmer							Bed Day Bed Day	N/A N/A	58-1		ial Cost ²
Drug Meul-Out Emable Oct vices		N/A				Alcohol/Drug Fr							Bed Day	N/A	57a		ial Cost ¹
	CalWorks	N/A	ļ			Interim Treat	ment Services	(CalW	ORKS Only	y)			Hours	N/A	35	Actu	ıal Cost²
						<u> </u>	<u> </u>	DE	ROGRAM					<u> </u>			
			1	Casa De		Residential	Residential		esidential	Residential							
			Turning Point	Familia	Lompoc	Treatment at	Treatment at		atment at	Treatment at			Recovery	Recovery			
	Recovery	Project	PN	Treatment	Recovery	Recovery	Another Road		ansitional	Recovery		Prop 47	Residence	Residence		Alcohol Drug	
	Point (Santa Maria)	PREMIE (Santa Maria)	Outpatient	Center (Santa Maria)	Center	Point (Santa	Detox		iter House nta Maria)	Way Home	Prop 47 Step Down Housing	Sobering Center	Centers (Santa Maria)	Centers	CalWorks Counseling	Free	TOTAL
GROSS COST:	\$ 543,213		(Lompoc) \$ 561,657	\$ 227,833	(Lompoc) \$ 307,186	Maria) \$ 635,094	(Lompoc) \$ 501,185			(Lompoc) \$ 933,639		\$ 732,576	(Santa Maria)	(Lompoc)	\$ 20,000	Housing \$ 180,000	
LESS REVENUES COLLECTED BY CONTRACTOR:	Ψ 545,215	φ +35,427	Ψ 301,037	Ψ 221,000	ψ 307,100	Ψ 000,004	φ 301,103	Ψ	032,070	ψ 555,055	Ψ 425,250	Ψ 752,570	Ψ	Ψ	φ 20,000	Ψ 100,000	ψ 0,400,142
PATIENT FEES	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000												\$ 40,000
CONTRIBUTIONS OTHER: CONFERNMENT FUNDING CIVIC	\$ 40.000	₾ 4F.000	£ 25.000	£ 5,000	\$ 22,000	f 0.000	£ 0.000										\$ 133,260
OTHER: GOVERNMENT FUNDING CWS OTHER: GOVERNMENT FUNDING	\$ 40,000	\$ 15,000 \$ 20,920	\$ 35,000 \$ 32,650	\$ 5,260	\$ 22,000	\$ 8,000 \$ 69,550			6,210	\$ 1,150							\$ 133,260 \$ 146,230
OTHER: FUNDRAISING		Ψ 20,320	Ψ 32,000			ψ 05,550	Ψ 10,700	, u	0,210	Ψ 1,130							\$ -
TOTAL CONTRACTOR REVENUES	\$ 52,000	\$ 41,920	\$ 73,650	\$ 11,260	\$ 32,000	\$ 77,550	\$ 23,750	\$	6,210	\$ 1,150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 319,490
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$	885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
						ELLNESS FUN					*		I				
Drug Medi-Cal		\$ 430,832			\$ 261,427		\$ 409,749 \$ 62,686		730,604	\$ 789,662						 	\$ 4,230,192
Realignment/SAPT - Discretionary Realignment/SAPT - Perinatal	\$ 24,561	φ 22,675	\$ 24,400	φ 10,829	\$ 13,759	\$ 80,629	φ 6∠,686	\$	115,262	\$ 132,827						 	\$ 239,539 \$ 248,089
Realignment/SAPT - Adolescent Treatment								Ť									\$ -
Realignment/SAPT - Primary Prevention	1											· · · · · ·					\$ -
CalWORKS ² Other County Funds	 	-				\$ 5,000	\$ 5,000	\$	40,000	\$ 10,000	\$ 425,256	\$ 732,576			\$ 20,000	\$ 180,000	\$ 260,000 \$ 1,157,832
Other County Funds														_			
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUI	\$ 491,213	\$ 453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$	885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
CONTRACTOR SIGNATURE:			ļļ				ļ										_
			7	•	711	1											
			$\mathcal{L}_{\mathcal{Q}}$	nise	1110	rales	_										
STAFF ANALYST SIGNATURE:				// •													
			1000	11.110	111 01	11 111 1	1000										
			me	nise issa	mari	u ma	nzo										_
FISCAL SERVICES SIGNATURE:	and may be res	allocated at Reh															
			navioral Wellnes	ss' discretion ba	ased on availa	able funding sou	uces.	ay vary	y.								
			navioral Wellnes	ss' discretion ba	ased on availa	able funding sou	uces.	ay vary	y.								

Exhibit B-1 ADP Schedule of Rates and Contract Maximum

CONTRACTOR NAME:	-	Goo	od Samarita	in	e.									FISCAI YEAR	R:	2020-21	-
Drug Medi-Cal /Non Drug Medi-Cal	Service Typ	oe .	Mode					Service Descr	ription				Unit of Service	DMC Service Function Code	AoD Cost Report Service Code	Projected Units of Service	Projected Number of Clients
			15					OS Outpatient					15 Minute U		91	35,003	547
		. -	15					DS Case Mana					15 Minute U		93 94	16,421 876	229 12
Drug Medi-Cal Billable Services	Outpatien	-	15 15					S Physician Co DS Recovery S					15 Minute U		95	12,329	172
Drug medi-cai binable del vices			10						t Treatment (IOT)			15 Minute U		105	8,467	97
	Residentia	, _	5				Level 3	.2 Withdrawal	Management				Bed Day		109	1,971	187
	Kesideilis		5				Level	3.1 Residentia	al Treatment				Bed Day	112	112	15,768	187
Drug Medi-Cal /Non Drug Medi-Cal	Service Typ	e	Mode	Service Desc	ription								Unit of Service	DMC Service Function Code	AoD Cost Report Service Code		mum Allowable Rate
			15					DS Group Co					15 Minute U		91		3.81
			15					S Individual C					15 Minute U		92 93		3,81 3,81
			15 15					DS Case Mana S Physician Co					15 Minute U		94		41.59
	Outpatient	t	15					Recovery Service					15 Minute U		95		3.81
Drug Medi-Cal Billable Services	18		15				ODS	Recovery Sen	vices Group				15 Minute U		96		3.81
			15						ase Managemer	nt			15 Minute U		97		3.81
		-	15 10					Recovery Service	es Monitoring t Treatment (IOT	10			15 Minute Ur 15 Minute Ur		98 105		1.02
		_	5	-					ment - Treatment				Bed Day		109		84.84
	Residentia	d	5						ent - Treatment				Bed Day		112		43.29
			N/A						ial Detoxification				Bed Day		50		al Cost ²
1000000	2270012120100000	. –	N/A						Term (over 30 da				Bed Day		51		al Cost ² al Cost ²
Non - Drug Medi-Cal Billable Services	Residentia	4	N/A N/A						s, Room & Board inatal, Room & E				Bed Day Bed Day		58 58-1		al Cost ²
Drug Medi-Cai Billable Services		-	N/A						erinatal/Parolee				Bed Day	N/A	57a		al Cost ¹
	CalWorks	9	N/A				Interim Treat	ment Services	(CalWORKS On	ıly)			Hours	N/A	35		al Cost ²
		Ī		Turning Point	Casa De Familia	Lompoc	Residential Treatment at	Residential Treatment at	PROGRAM Residential Treatment at	Residential Treatment a			Recovery	Recovery			
	Recovery Point (Santa Maria)		Project PREMIE Santa Maria)	PN Outpatient (Lompoc)	Treatment Center (Santa Maria)	Recovery Center (Lompoc)	Recovery Point (Santa Maria)	Another Road Detox (Lompoc)	Transitional Center House (Santa Maria)		Prop 47 Step Down Housing	Prop 47 Sobering Center	Residence Centers (Santa Maria	Centers	CalWorks Counseling	Alcohol Drug Free Housing	TOTAL
GROSS COST:	\$ 543,21					\$ 307,186		\$ 501,185		\$ 933,639				\$ -		\$ 180,000	
LESS REVENUES COLLECTED BY CONTRACTOR:							-		-1								
PATIENT FEES	\$ 12,00	0 \$	6,000	\$ 6,000	\$ 6,000	\$ 10,000											\$ 40,000 \$ -
CONTRIBUTIONS OTHER: GOVERNMENT FUNDING CWS	\$ 40,00	0 8	15,000	\$ 35,000	¢ 5360	\$ 22,000	\$ 8,000	\$ 8,000	_	_			_		+		\$ 133,260
OTHER: GOVERNMENT FUNDING	9 40,00	5			\$ 3,200	, a 22,000	\$ 69,550			\$ 1,150							\$ 146,230
OTHER: FUNDRAISING		-					1	3. 324.22	1								\$ -
TOTAL CONTRACTOR REVENUES	\$ 52,00	0 8	41,920	\$ 73,650	\$ 11,260	\$ 32,000	\$ 77,550	\$ 23,750	\$ 6,210	\$ 1,150	\$ -	\$ -	s -	\$ -	\$ -	s -	\$ 319,490
MAXIMUM (NET) CONTRACT AMOUNT PAYABLE :	\$ 491,21	3 \$	453,507	\$ 488,007	\$ 216,573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ -	\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
							ELL NEGO ELIN	DI 10 FOD 14	XIMUM CONTRA	ACT ALICUINITY							
Device Modificati	\$ 466,65	2 6	430,832			\$ 261,427										1	\$ 4,230,192
Drug Medi-Cal Realignment/SAPT - Discretionary	\$ 466,65					\$ 13,759				9 /05,062							\$ 239,539
Realignment/SAPT - Perinatal									\$ 115,262	\$ 132,827							\$ 248,089
Realignment/SAPT - Adolescent Treatment																	s -
Realignment/SAPT - Primary Prevention CalWORKS ²		-					\$ 5,000	\$ 5,000	\$ 40,000	\$ 10,000				+	\$ 20,000	\$ 180,000	\$ 260,000
Other County Funds							\$ 5,000	Ψ 5,000	40,000	10,000	\$ 425,256	\$ 732,576	5		20,000	100,000	\$ 1,157,832
FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS F	UN \$ 491,21	2 6	453 507	\$ 488,007	\$ 216.573	\$ 275,186	\$ 557,544	\$ 477,435	\$ 885,866	\$ 932,489		\$ 732,576		\$ -	\$ 20,000	\$ 180,000	\$ 6,135,652
F120-21 TOTAL (SOURCES OF BEHAVIORAL WELLINGS)	014 0 401,21	V V	455,551	1 400,007	- 2.0,070	1 0 2/0,100	10 001,011	1	1 000,000	1 4 444,144			.1		1	13	
CONTRACTOR SIGNATURE:	4			1							<u> </u>						ā
STAFF ANALYST SIGNATURE:		_	7														E
FISCAL SERVICES SIGNATURE:		_															
**Funding sources are estimated at the time of contract executions of Service and Projected Number of Clients a Rate based on most recently filed cost report. Rate based on approved costs.	on and may be r are estimated tar	ealloc gets t	cated at Ber to assist CB	navioral Wellne O's in recoveri	ss' discretion b ng full costs. A	ased on availa ctual services	able funding soo provided and cli	urces. ients served m	ay vary.								

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)
			Targeted Case Management	Minutes	01	\$2.51
			Collateral	Minutes	10	\$3.25
			*MHS- Assessment	Minutes	30	\$3.25
Medi-Cal Billable Services	Outpatient	15	MHS - Plan Development	Minutes	31	\$3.25
a	Services		*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.25
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.25
			Crisis Intervention	Minutes	70	\$4.82
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	28.08

				PR	OGRAM					
	omeless Clinician	She	lter Beds						7	OTAL
GROSS COST:	\$ 165,000	\$	82,000						\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:										
PATIENT FEES									\$	-
CONTRIBUTIONS									\$	-
OTHER (LIST):									\$	-
TOTAL CONTRACTOR REVENUES	\$ -	\$	-	\$	-	\$ -	_	•	\$	-
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$	82,000	\$	-	\$ _	\$	-	\$	247,000

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)					
MEDI-CAL (3)	\$ 107,250			\$	107,250
NON-MEDI-CAL	•	\$ 61,500		\$	61,500
SUBSIDY	\$ 57,750			\$	57,750
OTHER (LIST): HMIOT Grant		\$ 20,500		\$	20,500
TOTAL (SOURCES OF FUNDING)	\$ 165,000	\$ 82,000		\$	247.000

CONTRACTOR SIGNATURE:		
STAFF ANALYST SIGNATURE:	Denise Morales	
FISCAL SERVICES SIGNATURE:	Christie Boyer Digitally signed by Christie Boyer Date: 2020.08.24 13:31:01-07:00	

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

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

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

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

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

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

CON	ITP	ACT	OB	NI/	NA.	=.

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)
			Targeted Case Management	Minutes	01	\$2.51
			Collateral	Minutes	10	\$3.25
Medi-Cal Billable Services			*MHS- Assessment	Minutes	30	\$3.25
	Outpatient	15	MHS - Plan Development	Minutes	31	\$3.25
Wilder Call Billable Col Vices	Services	1.55	*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	OGRAM	1				
	Homeless Clinician		She	Shelter Beds						7-	ΓΟΤAL.
GROSS COST:	\$	165,000	\$	82,000						\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	-			.,				
PATIENT FEES										\$	-
CONTRIBUTIONS										\$	-
OTHER (LIST):										\$	
TOTAL CONTRACTOR REVENUES	\$	(#C	\$		\$	(4)	\$	-		\$	*
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$	165,000	\$	82,000	\$, A 1	\$		\$	\$	247,000

SUBSIDY OTHER (LIST): HMIOT Grant	\$ 57,750	\$ 20,500	\$ 57,750 20,500
NON-MEDI-CAL		\$ 61,500	\$ 61,500
MEDI-CAL (3)	\$ 107,250		\$ 107,25

CONTRACTOR SIGNATURE:	
STAFF ANALYST SIGNATURE:	
FISCAL SERVICES SIGNATURE:	

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

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

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

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

⁽⁴⁾ CMA doesn't apply to FY 19-20.

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

CONTRACTOR NAME: Good Samaritan Shelter Services, Inc. FISCAL 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
Medi-Cal Billable Services	Outpatient		*MHS- Assessment	Minutes	30	\$3.33
		15	MHS - Plan Development	Minutes	31	\$3.33
ividal dal Billable del vides	Services	10	*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.33
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.33
			Crisis Intervention	Minutes	70	\$4.95
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	28.08

				PR	OGRAM				
	meless Ilinician	She	Iter Beds					1	rotal.
GROSS COST:	\$ 165,000	\$	82,000					\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:									
PATIENT FEES								\$	-
CONTRIBUTIONS								\$	-
OTHER (LIST):								\$	-
TOTAL CONTRACTOR REVENUES	\$ -	\$	-	\$	-	\$ -		\$	-
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 165,000	\$	82,000	\$	-	\$	\$ -	\$	247,000

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

CONTRACTOR	SIGNATURE:
CONTRACTOR	SIGNATURE.

STAFF ANALYST SIGNATURE: Denise Mora

FISCAL SERVICES SIGNATURE: Christie Boyer Date: 2020.08.24 13:31:24 -07'00'

- (1) Additional services may be provided if authorized by Director or designee in writing.
- (2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.
- * MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waivered Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waivered Mental Health clinician.
- (4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

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

CONTRACTOR NAME:	Good Samaritan Shelter Services, Inc.	FISCAL 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
		1	Collateral	Minutes	10	\$3.33
Medi-Cal Billable Services	See 30 10 0		*MHS- Assessment	Minutes	30	\$3.33
	Outpatient	15	MHS - Plan Development	Minutes	31	\$3,33
Wedi Gai Bilabie Gerviees	Services		*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.33
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.33
			Crisis Intervention	Minutes	70	\$4.95
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	28.08

			I	PROGRAM									
	Homeless Clinician			Shelter Beds		ī	_					1	TOTAL
GROSS COST:	\$	165,000	\$	82,000								\$	247,000
LESS REVENUES COLLECTED BY CONTRACTOR:		***											
PATIENT FEES												\$	
CONTRIBUTIONS												\$	-
OTHER (LIST):												\$	
TOTAL CONTRACTOR REVENUES	\$		\$	-	\$		(#2)	\$				\$	-
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$	165,000	\$	82,000	\$			\$		\$	4 -	\$	247,000

SOURCES OF FUNDING FOR MAXIMUM A CONTRACT AMOUNT (2)	NNUAL				
MEDI-CAL (3)	\$	107,250			107,250
NON-MEDI-CAL			\$ 62,000	\$	62,00
SUBSIDY	\$	57,750		\$	57,75
OTHER (LIST): HEAP Grant			\$ 20,000	\$	20,000
TOTAL (SOURCES OF FUNDING)	\$	165,000	\$ 82,000	\$	247,000

CONTRACTOR SIGNATURE:	
STAFF ANALYST SIGNATURE:	
FISCAL SERVICES SIGNATURE:	

- (1) Additional services may be provided if authorized by Director or designee in writing.
- (2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.
- * MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waivered Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waivered Mental Health clinician.
- (4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

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

						5	Sant	ta Barbara	a Ce		tment of B iget By Pro			line	ess Contra	act	Budget Pa	acke	et						
AG	GENCYNAME:	Good Samarita	ın St	helter																					
CC	DUNTY FISCAL YEAR:	18/19 starting D)ece	ember 1, 20)18																				
Gra	ay Shaded cells contain	formulas, do no	ot ov	erwrite/																					
TIME #	сошми# 1			2		3		4		5	6		7		8		9		10		11		12		13
	I. REVENUE SOURCES:		OR	AL A GENCY/ GANIZATION BUDGET	BE V P	COUNTY EHAVIORAL WELLNESS PROGRAMS TOTALS		covery Point anta Maria)	Pr	Project remie(Santa Maria)	rning Point PN Outpatient (Lompoc)	Trea	a De Familia tment Center anta Maria)		poc Recovery iter (Lompoc)		nt Maria Detox- /RES Treatment		poc Detox- ES Treatment	Trans	a Maria TLC- sitional Center ouse (TCH)	Rec	mpoc TLC - overy Way me (LTCH)	Но	ol Drug Free ousing - ency Shelter
1	Contributions		\$	98,700	\$	-	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
2	Foundations/Trusts		\$	253,593	\$	41,222	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-			\$	22,236	\$	18,986		
3	Miscellaneous Revenue		\$	10,500	\$	-	\$	-	\$	-	\$ -	\$	-	\$	-	\$	=	\$	=	\$	-	\$	-		
4	SB Co Behavioral Wellness	Funding	\$	1,895,354	\$	1,895,354	\$	286,541	\$	264,546	\$ 284,671	\$	126,334	\$	160,525	\$	325,234	\$	278,503	\$	50,000	\$	64,000	\$	55,000
5	Other Government Funding		\$	1,332,407	\$	243,600	\$	37,092	\$	14,837	\$ 14,837	\$	1,484	\$	5,935	\$	60,432	\$	24,432	\$	42,276	\$	42,276		
6	Other (specify)				\$	-																			
7	Other (specify)				\$	-	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
8	Other (specify)				\$	-	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
9	Other (specify)				\$	-																			
10	Total Other Revenue		\$	3,590,555	\$	2,180,176	\$	323,633	\$	279,383	\$ 299,508	\$	127,818	\$	166,460	\$	385,666	\$	302,935	\$	114,512	\$	125,262	\$	55,000
	I.B Client and Third Party R	levenues:																							
	Client Fees		\$	80,000		80,000	\$	12,000	\$	6,000				\$	12,000	\$	12,000	\$	18,000	\$	10,000	\$	10,000		
12	SSI					-																			
13	Other (specify)					-																			
14	Total Client and Third Party (Sum of lines 19 through 23		\$	80,000	\$	80,000	\$	12,000	\$	6,000	\$ -	\$	-	\$	12,000	\$	12,000	\$	18,000	\$	10,000	\$	10,000	\$	
15	GROSS PROGRAM REVE	NUE BUDGET	\$	3,670,555	\$	2,260,176	\$	335,633	\$	285,383	\$ 299,508	\$	127,818	\$	178,460	\$	397,666	\$	320,935	\$	124,512	\$	135,262	\$	55,000

						\$	Sant	a Barbara	a Co			tment of Be dget By Pro			line	ss Contra	ıct	Budget P	acke	et						
AG	ENCYNAME:	Good Samarita	ın Sl	helter																						
CO	OUNTY FISCAL YEAR:	18/19 starting E	Dece	ember 1, 20	18																					
	ay Shaded cells contain																									
LINE #	COLUMN#			2		3		4		5		6		7		8		9		10		11		12		13
	I. REVENUE SOURCES;			TAL A GENCY/ GANIZATION BUDGET	BE V Pi	COUNTY HAVIORAL VELLNESS ROGRAMS TOTALS		overy Point Inta Maria)	Pi	Project Yemie(Santa Maria)	Tu	urning Point PN Outpatient (Lompoc)	Trea	sa De Familia atment Center Santa Maria)		ooc Recovery ter (Lompoc)		t Maria Detox - RES Treatment		npoc Detox- ES Treatment	Trans	a Maria TLC - itional Center use (TCH)	Reco	poc TLC - overy Way ne (LTCH)	Но	I Drug Free using - ncy Shelter
1	Contributions		\$	98,700	\$	-	\$	-	\$	-	\$	i -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
2	Foundations/Trusts		\$	253,593	\$	41,222	\$	-	\$	-	\$	-	\$	i	\$	-	\$	-			\$	22, 236	\$	18,986		
3	Miscellaneous Revenue		\$	10,500	\$	-	\$	-	\$	-	\$	-	\$	ı	\$	-	\$	-	\$	-	\$	-	\$	-		
4	SB Co Behavioral Wellness	Funding	\$	1,895,354	\$	1,895,354	\$	286,541	\$	264,546	\$	284,671	\$	126,334	\$	160,525	\$	325,234	\$	278,503	\$	50,000	\$	64,000	\$	55,000
5	Other Government Funding		\$	1,332,407	\$	243,600	\$	37,092	\$	14,837	\$	14,837	\$	1,484	\$	5,935	\$	60,432	\$	24,432	\$	42,276	\$	42,276		
6	Other (specify)				\$	-																				
7	Other (specify)				\$	-	\$	-	\$	-	\$	i -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
8	Other (specify)				\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
9	Other (specify)				\$	-																				
10	Total Other Revenue		\$	3,590,555	\$	2,180,176	\$	323,633	\$	279,383	\$	299,508	\$	127,818	\$	166,460	\$	385,666	\$	302,935	\$	114,512	\$	125,262	\$	55,000
	I.B Client and Third Party F	Revenues:																								
_	Client Fees		\$	80,000		80,000	\$	12,000	\$	6,000					\$	12,000	\$	12,000	\$	18,000	\$	10,000	\$	10,000		
12	SSI					-																				
13	Other (specify)					-																				
14	Total Client and Third Party (Sum of lines 19 through 23		\$	80,000	\$	80,000	\$	12,000	\$	6,000	\$	-	\$	-	\$	12,000	\$	12,000	\$	18,000	\$	10,000	\$	10,000	\$	-
15	GROSS PROGRAM REVE	NUE BUDGET	\$	3,670,555	\$	2,260,176	\$	335,633	\$	285,383	\$	299,508	\$	127,818	\$	178,460	\$	397,666	\$	320,935	\$	124,512	\$	135,262	\$	55,000

						Sa	nta	a Barbara (County De	-	of Behavior		s Contract	Budget Pa	acket - AD	P & MHS B	32		÷			
				Π								gram										
AGE	NCY	NAME:	Good Samarit	an S	Shelter																	
COL	JNTYI	FISCAL YEAR	R: 19/20 AM5																			
Gray	Shad	led cells conta	ain formulas, do n	ot c	overwrite																	
* B C	OLUMN#		1		2	3		4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
I.	REVENU	JE SOURCES:			DTAL AGENCY/ RGANIZATION 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 (Lompoc)	Residential Treatment at Recovery Point (Santa Maria)	Residential Treatment at Another Road Detox (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)	Residential Treatment at Recovery Way Home (Lompoc)	Prop 47 Step Down Facility (starting Nov.1, 2019)	Prop 47 Sober Center (starting Nov.1, 2019)	CALWORKS Counseling	Alcohol Drug Free Housing - Emergency Shelter	Homeless Clinicians	Mental Heath Beds
1 C	Contribu	utions		\$	41,051	\$	-															
2 F	oundat	tions/Trusts		\$	279,590	\$	-															
3 N	1iscella	aneous Revenue		\$	58,000	\$	-															
4 S	B Co E	Behavioral Wellne	ess Funding	\$	5,657,976	\$ 5,657,9	76	\$ 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	\$ 82,00
5 S	B Co (CWS		\$	287,655	\$ 133,2	60	\$ 40,000	\$ 15,000	\$ 35,000	\$ 5,260	\$ 22,000	\$ 8,000	\$ 8,000								
6 C	ther G	overnment Fundi	ng	\$	3,081,293	\$ 146,2	30		\$ 20,920	\$ 32,650)		\$ 69,550	\$ 15,750	\$ 6,210	\$ 1,150						
7 R	tental Ir	ncome		\$	504,997	\$	-															
8 C	Other (s	specify)				\$	-															
9 C	Other (s	specify)				\$	-															
10 T	otal Ot	ther Revenue		\$	9,910,562	\$ 5,937,4	66	\$ 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
l.	B Clie	ent and Third Part	y Revenues:																			
11 C	lient F	ees		\$	40,000	40,0	00	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000	\$ -	\$ -								
12 S	SI						-															
13 C	other (s	specify)					-															
14		ient and Third Pa lines 19 through	•	\$	40,000	\$ 40,0	000	\$ 12,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 10,000	\$ -	\$ -	\$ -	\$ -			\$	- \$ -	\$ -	\$
15 G	ROSS	PROGRAM RE	VENUE BUDGET	\$	9,950,562	\$ 5,977,4	66	\$ 543,213	\$ 495,427	\$ 561,657	\$ 227,833	\$ 307,186	\$ 635,094	\$ 501,185	\$ 892,076	\$ 933,639	\$ 145,720	\$ 287,436	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000

16 Salaries (Co. 17 Employee B 18 Consultants 19 Payroll Taxe 20 Salaries and III.B Service 21 Auto Exper 22 Contracted 23 Depreciation 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Exper 32 Program S 33 Program S 34 Rental of B 35 Rental of E	es and Supplies enses d/Professional cion/Occupancy ing a & Training es & Charges	g Schedule) total s Object Level Services	\$ 1,096,06 \$ 1,096,06 \$ 438,42 \$ 5,918,76 94,029 525,600 414,200 82,911 25,300 95,99 4,750 2,400	77 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	285,789 3,858,154 52,480 321,600 218,700 67,999 23,000 28,500 34,702	\$ 28, \$ 381, \$ 1, \$ 37, \$ 3, \$ 25, \$ 2,	,000 ,000 ,000 ,000 ,000 ,000 ,000	\$ 245,70 \$ 61,42 \$ 24,57 \$ 331,70 \$ 4,20 \$ 37,40 \$ 10,80 \$ 7,00 \$ 2,00	27 \$ 71 \$ 806 \$	277,035 69,259 27,704 373,997 3,500 37,400 31,000	\$ 117,86 \$ 29,460 \$ 11,78 \$ 159,111 \$ 500 \$ 20,400 \$ 5,000	5 \$ 15,768 6 \$ 212,868	\$ 10,000	\$ 68,271	\$ 448,014 \$ 112,003 \$ 44,801 \$ 604,818		\$ 14,958 \$ 3,739 \$ 1,496 \$ 20,193	\$ 28,497 \$ 11,399	9 \$ 1,28	B \$ 4,372	\$ 78,572 \$ 19,643 \$ 7,857 \$ 106,072	\$ - \$ - \$ -
17 Employee B 18 Consultants 19 Payroll Taxe 20 Salaries and III.B Service 21 Auto Exper 22 Contracted 23 Depreciatic 24 Drug Testir 25 Education 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Exper 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (Benefits ts xxes and Benefits Sub tes and Supplies enses d/Professional tion/Occupancy ting a & Training as & Charges d Accounting and Seminars	total s Object Level Services	\$ 1,096,06 \$ 438,42 \$ 5,918,76 94,029 525,600 414,200 82,911 25,300 95,99 4,750	77 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	714,473 285,789 3,858,154 52,480 321,600 218,700 67,999 23,000 28,500 34,702	\$ 70, \$ 28, \$ 381, \$ 1, \$ 37, \$ 3, \$ 25, \$ 2,	,000 ,000 ,000 ,000 ,000 ,000 ,000	\$ 61,42 \$ 24,57 \$ 331,70 \$ 4,20 \$ 37,40 \$ 10,80 \$ 7,00	27 \$ 71 \$ 806 \$	373,997 3,500 37,400 31,000	\$ 29,460 \$ 11,780 \$ 159,110 \$ 500 \$ 20,400	5 \$ 39,420 6 \$ 15,768 6 \$ 212,868	\$ 79,862 \$ 31,945 \$ 431,256	\$ 68,271	\$ 112,003 \$ 44,801 \$ 604,818	\$ 118,030 \$ 47,212 \$ 637,360	\$ 3,739 \$ 1,496 \$ 20,193	\$ 28,497 \$ 11,399	7 \$ 3,22	1 \$ 10,930 B \$ 4,372	\$ 19,643 \$ 7,857 \$ 106,072	\$ -
18 Consultants 19 Payroll Taxe 20 Salaries and III.B Service 21 Auto Exper 22 Contracted 23 Depreciation 25 Education 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Exper 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (es and Supplies enses d/Professional cition/Occupancy ing a & Training es & Charges d Accounting and Seminars	S Object Level Services	\$ 438,42 \$ 5,918,76 94,025 525,600 414,200 82,911 25,300 95,99 4,750	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	285,789 3,858,154 52,480 321,600 218,700 67,999 23,000 28,500 34,702	\$ 28, \$ 381, \$ 1, \$ 37, \$ 3, \$ 25, \$ 2,	,000 ,000 ,400 3,000 5,000	\$ 24,57 \$ 331,70 \$ 4,20 \$ 37,40 \$ 10,80 \$ 7,00	71 \$	27,704 373,997 3,500 37,400 31,000	\$ 11,780 \$ 159,110 \$ 500 \$ 20,400	5 \$ 15,768 6 \$ 212,868	\$ 31,945 \$ 431,256 \$ 10,000	\$ 27,308	\$ 44,801 \$ 604,818	\$ 47,212 \$ 637,360	\$ 1,496 \$ 20,193	\$ 11,399	9 \$ 1,28	8 \$ 4,372	\$ 7,857 \$ 106,072	\$ -
20 Salaries and 21 Auto Exper 22 Contracted 23 Depreciatic 24 Drug Testir 25 Education 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Exper 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (nd Benefits Sub res and Supplies enses d/Professional tion/Occupancy ing a & Training es & Charges d Accounting and Seminars	S Object Level Services	\$ 5,918,76 94,025 525,600 414,200 82,911 25,300 95,99 4,750	7 \$ 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	52,480 321,600 218,700 67,999 23,000 28,500 34,702	\$ 381, \$ 1, \$ 37, \$ 3, \$ 25, \$ 2,	,000 7,400 8,000 6,000	\$ 4,20 \$ 37,40 \$ 10,80 \$ 7,00	00 \$	3,500 37,400 31,000	\$ 159,110 \$ 500 \$ 20,400	5 \$ 212,868	\$ 431,256 \$ 10,000	\$ 368,663	\$ 604,818	\$ 637,360	\$ 20,193				\$ 106,072	*
20 Salaries and III.B Service 21 Auto Exper 22 Contracted 23 Depreciatio 24 Drug Testin 25 Education 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Exper 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (nd Benefits Sub res and Supplies renses d/Professional rition/Occupancy ring a & Training res & Charges d Accounting and Seminars	S Object Level Services	\$ 5,918,76 94,025 525,600 414,200 82,911 25,300 95,99 4,750	4 \$	52,480 321,600 218,700 67,999 23,000 28,500 34,702	\$ 381, \$ 1, \$ 37, \$ 3, \$ 25, \$ 2,	,000 7,400 8,000 6,000	\$ 4,20 \$ 37,40 \$ 10,80 \$ 7,00	00 \$	3,500 37,400 31,000	\$ 159,110 \$ 500 \$ 20,400	5 \$ 212,868	\$ 431,256 \$ 10,000	\$ 368,663	\$ 604,818	\$ 637,360	\$ 20,193				\$ 106,072	*
III.B Service 21 Auto Exper 22 Contracted 23 Depreciation 24 Drug Testin 25 Education 9 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 9 30 Meetings a 31 Office Exper 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (es and Supplies enses d/Professional eion/Occupancy ing n & Training es & Charges d Accounting and Seminars	S Object Level Services	94,025 525,600 414,200 82,915 25,300 35,800 95,99 4,750	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	52,480 321,600 218,700 67,999 23,000 28,500 34,702	\$ 1, \$ 37, \$ 3, \$ 25, \$ 2,	,000 7,400 8,000 6,000	\$ 4,20 \$ 37,40 \$ 10,80 \$ 7,00	00 \$	3,500 37,400 31,000	\$ 500 \$ 20,400) \$ 1,000	\$ 10,000	\$ 5,000				\$ 153,882	2 \$ 17,39	1 \$ 59,022		\$ -
21 Auto Exper 22 Contracted 23 Depreciatic 24 Drug Testir 25 Education 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Exper 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (enses d/Professional tion/Occupance ing a & Training as & Charges d Accounting and Seminars	Services	525,600 414,200 82,915 25,300 35,800 95,99°	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	321,600 218,700 67,999 23,000 28,500 34,702	\$ 37, \$ 3, \$ 25, \$ 2,	7,400 8,000 6,000	\$ 37,40 \$ 10,80 \$ 7,00	00 \$	37,400 31,000	\$ 20,40	 			\$ 10,000	\$ 10,000	\$ 5,980				\$ 1,300	
22 Contracted 23 Depreciatio 24 Drug Testir 25 Education 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (d/Professional tion/Occupancy ting the Training the See Charges the Accounting and Seminars		525,600 414,200 82,915 25,300 35,800 95,99°	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	321,600 218,700 67,999 23,000 28,500 34,702	\$ 37, \$ 3, \$ 25, \$ 2,	7,400 8,000 6,000	\$ 37,40 \$ 10,80 \$ 7,00	00 \$	37,400 31,000	\$ 20,40	 			\$ 10,000	\$ 10,000	\$ 5,980				\$ 1,300	
23 Depreciation 24 Drug Testir 25 Education 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (ion/Occupancy ing a Training as & Charges d Accounting and Seminars		414,200 82,911 25,300 35,800 95,99	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	218,700 67,999 23,000 28,500 34,702	\$ 3, \$ 25, \$ 2,	3,000 5,000 2,000	\$ 10,80 \$ 7,00	00 \$	31,000		\$ 19,400							1			
24 Drug Testir 25 Education 26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (ing a & Training es & Charges d Accounting and Seminars	y	82,915 25,300 35,800 95,99 4,750	\$ \$ \$	67,999 23,000 28,500 34,702	\$ 25, \$ 2, \$ 3,	2,000	\$ 7,00			£ 500		\$ 27,400	\$ 27,400	\$ 52,400	\$ 52,400					\$ 10,000	
25 Education . 26 Gov't Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat of	a & Training as & Charges b d Accounting and Seminars		25,300 35,800 95,99 4,750	\$ \$	23,000 28,500 34,702	\$ 2, \$ 3,	2,000		00 \$	= 000	\$ 5,00)	\$ 17,500	\$ 1,500	\$ 32,400	\$ 31,000				\$ 45,000	\$ -	\$ 41,500
26 Gov'tl Fees 27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (es & Charges d Accounting and Seminars		35,800 95,99 4,750	\$	28,500 34,702	\$ 3,	,	¢ 0.00		7,000	\$ 2,50	\$ 7,500	\$ 4,000	\$ 2,000	\$ 5,000	\$ 5,000		\$ 1,499	9	\$ 1,500		
27 Insurance 28 Laundry 29 Legal and 30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (d Accounting		95,99° 4,750	\$	34,702			φ 2,00	00 \$	2,000	\$ 1,00)	\$ 2,000	\$ 1,000	\$ 5,000	\$ 5,000					\$ 3,000	
28 Laundry 29 Legal and 30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (d Accounting and Seminars		4,750	•		Φ ^	3,000	\$ 3,00		3,000	\$ 2,00		\$ 3,000		\$ 5,000	\$ 5,000						
29 Legal and 30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (and Seminars		,	\$		\$ 2,	2,500	\$ 3,30	00 \$	6,000	\$ 1,00	\$ 2,000	\$ 2,500	\$ 2,000	\$ 6,000	\$ 6,000	\$ 301	\$ 301	1	\$ 2,000	\$ 800	
30 Meetings a 31 Office Expe 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (and Seminars		2,400		4,750	\$	-						\$ 1,000	\$ 750	\$ 1,500	\$ 1,500						
31 Office Expa 32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (\$	-																	
32 Program S 33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (pense/Supplie		6,106	\$	6,006	\$	500	\$ 50	00 \$	500	\$ 50	\$ 500	\$ 500	\$ 500	\$ 1,000	\$ 1,000					\$ 506	
33 Program S 34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone. 38 Travel Exp 39 Util - Electr 40 Util - Heat (s	33,362	\$	23,137	\$ 2,	2,000	\$ 2,50	00 \$	2,000	\$ 1,50	\$ 1,500	\$ 2,000	\$ 1,000	\$ 2,000	\$ 2,000	\$ 1,537			\$ 2,000	\$ 3,100	
34 Rental of B 35 Rental of E 36 Repairs & I 37 Telephone. 38 Travel Exp 39 Util - Electr 40 Util - Heat (Supplies Food		91,480	\$	50,366								\$ 15,000	\$ 8,000	\$ 10,000	\$ 10,000	\$ 2,059	\$ 2,307	7	\$ 3,000		
35 Rental of E 36 Repairs & I 37 Telephone. 38 Travel Exp 39 Util - Electr 40 Util - Heat (Supplies		143,820	\$	92,576	\$ 4,	,000	\$ 9,50	00 \$	4,500	\$ 1,50	\$ 3,000	\$ 8,000	\$ 4,000	\$ 7,000	\$ 7,000	\$ 23,573	\$ 5,203	3	\$ 12,000	\$ 3,300	
36 Repairs & I 37 Telephone 38 Travel Exp 39 Util - Electr 40 Util - Heat (Buildings		166,400	\$	114,665							\$ 12,000			\$ -	\$ -	\$ 72,052	\$ 18,614	1		\$ 12,000	
38 Travel Exp 39 Util - Electr 40 Util - Heat (Equipment		13,000	\$	9,624		,300	\$ 1,30	00 \$	1,500	\$ 50	<u> </u>	\$ 1,000		\$ 1,500	\$ 1,500		\$ 24	4			
38 Travel Exp 39 Util - Electr 40 Util - Heat (Maintenance		145,573	\$	78,000	\$ 2,	2,500	\$ 7,00	00 \$	4,000	\$ 50	 	\$ 6,000	\$ 2,500	\$ 10,000	\$ 15,000				\$ 10,000		\$ 20,000
39 Util - Electr 40 Util - Heat (e/Internet		60,675	\$	25,020	\$ 2,	2,400	\$ 2,10		1,600	\$ 1,000		\$ 2,600		\$ 3,600	\$ 3,600	\$ 1,018				\$ 1,400	
40 Util - Heat (pense		16,800	\$	14,646		,000	\$ 1,00				\$ 1,000	\$ 1,000		\$ 2,500	\$ 2,500		\$ 2,146	3		\$ 1,500	
			105,668		44,750	\$ 2,	2,200	\$ 3,00			\$ 50		\$ 8,000		\$ 6,000	\$ 6,000				\$ 8,000	\$ 500	\$ 5,000
Utii - Water		+	33,412		16,100 48,254	\$	750	\$ 2,00 \$ 2,50	-	800 5,000	\$ 350 \$ 250		\$ 1,000 \$ 8,500	\$ 1,200 \$ 1,700	\$ 2,000 \$ 8,000	\$ 2,000 \$ 8,000			1	\$ 6,000 \$ 8,000		\$ 4.804
			106,280	, .	40,204	φ	130	φ ∠ ,30	υ φ	5,000	φ 25	y /50	φ 0,500	, φ 1,700	\$ 8,000	\$ 8,000			+	φ 0,000		φ 4,004
	housing and of		346,917		73,352							1			\$ -	\$ -		\$ 73,352		1		
	Prep/Furn, Fix nd Supplies Sul		430,842 \$ 2,981,32			\$ 90.	0,550	\$ 99,10	00 \$	114,400	\$ 39,000	\$ 54,250	\$ 121,000	\$ 67,150	Ť		\$ 106,520			- \$ 97,500	\$ 37,406	\$ 71,304
		ct Level Total (Not	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	- '' -			,		, , , ,						, ,,,,,						
46		2. 2010. Total (110t		ų.																		
47							4		1													
49 SUBTOTAL	L DIRECT COS	TS	\$ 8,900,08	4 \$	5,206,382	\$ 472,	2,359	\$ 430,80	06 \$	488,397	\$ 198,110	\$ 267,118	\$ 552,256	\$ 435,813	\$ 775,718	\$ 811,860	\$ 126,713	\$ 258,530	\$ 17,39	1 \$ 156,522	\$ 143,478	\$ 71,304
50 IV. INDIREC																						
Administrati	ECT COSTS		1,230,31	4 \$	771,083	\$ 70.	,854	\$ 64,62	21 \$	73,260	\$ 29,71	7 \$ 40,068	\$ 82,838	\$ 65,372	\$ 116,358	\$ 121,779	\$ 19,007	\$ 28,906	\$ 2,60	9 \$ 23,478	\$ 21,522	\$ 10,696
(Reimburser	ative Indirect Cos		1,200,01		,000	Ų 10,		\$ 495,42			, ,,	Ψ -10,000	Ψ 02,000	\$ 00,072	, 10,000	.21,770	\$ 10,007	20,000		20,470	Ψ 21,02Z	J 10,000

							Exhib	it B 2	Santa	Barba	ra Co				ehavioral V Program	/ellness C	ontra	ict Budg	et Packet A	ADP & MHS	I	I				
AG	ENCY	'NAME:	Good Samari	tan S	Shelter																					
			2: FY 20/21 Amo																							
			nin formulas, do i		overwrite																					
# HINE	COLUMN #		1	Ī	2		3		4	5		6	7		8	9		10	11	12	13	14	15	16	17	18
	I. REVEN	IUE SOURCES:			DTAL AGENCY/ PRGANIZATION BUDGET	BEHA WEI PRO	OUNTY IAVIORAL ELLNESS OGRAMS OTALS		ery Point a Maria)	Project Project No. (Santa M		Turning Point PN Outpatient (Lompoc)	Casa De F Treatm Center (S Maria	ent Santa	Lompoc Recovery Center (Lompoc)	Residential Treatment at Recovery Poir (Santa Maria)	Tre	esidential eatment at other Road ox (Lompoc)	Residential Treatment at Transitional Center House (Santa Maria)	Residential Treatment at Recovery Way Home (Lompoc)		Prop 47 Sober Center	CALWORKS Counseling	Alcohol Drug Free Housing - Emergency Shelter	Homeless Clinicians	Mental Heath Beds
1	Contrib	utions		\$	41,051	\$	-																			
2	Founda	ations/Trusts		\$	279,590	\$																				
3	Miscell	aneous Revenue		\$	58,000	\$	-																			
4	SB Co	Behavioral Wellne	ess Funding	\$	6,382,652	\$ 6	6,382,652	\$ 4	491,213	\$ 45	3,507	\$ 488,007	\$ 216	5,573	\$ 275,186	\$ 557,54	14 \$	477,435	\$ 885,866	\$ 932,489	\$ 425,256	\$ 732,576	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000
5	SB Co	CWS		\$	287,655	\$	133,260	\$	40,000	\$ 1	5,000	\$ 35,000	\$ 5	5,260	\$ 22,000	\$ 8,00	00 \$	8,000								
6	Other G	Government Fundir	ng	\$	3,081,293	\$	146,230			\$ 2	0,920	\$ 32,650)			\$ 69,55	50 \$	15,750	\$ 6,210	\$ 1,150						
7	Rental	Income		\$	504,997	\$	-																			
8	Other (specify)				\$																				
9	Other (specify)				\$	-																			
10	Total O	ther Revenue		\$	10,635,238	\$ 6	6,662,142	\$ 5	531,213	\$ 489	,427	\$ 555,657	\$ 221	,833	\$ 297,186	\$ 635,09	4 \$	501,185	\$ 892,076	\$ 933,639	\$ 425,256	\$ 732,576	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000
	I.B Clie	ent and Third Part	y Revenues:																							
11	Client F	ees		\$	40,000		40,000	\$	12,000	\$	6,000	\$ 6,000	\$ 6	6,000	\$ 10,000	\$	- \$	-								
12	SSI																									
	Other (
14		lient and Third Par of lines 19 through	•	\$	40,000	\$	40,000	\$	12,000	\$	6,000	\$ 6,000	\$ 6	6,000	\$ 10,000	\$	- \$	-	\$ -	\$ -			\$ -	\$ -	\$ -	\$
15	GROSS	S PROGRAM RE\	/ENUE BUDGET	\$	10,675,238	\$ 6	6,702,142	\$ 5	543,213	\$ 495	,427	\$ 561,657	\$ 227	,833	\$ 307,186	\$ 635,09	4 \$	501,185	\$ 892,076	\$ 933,639	\$ 425,256	\$ 732,576	\$ 20,000	\$ 180,000	\$ 165,000	\$ 82,000

	III. DIRECT COSTS		ORC	AL AGENCY/ GANIZATION BUDGET	BEH WE	COUNTY HAVIORAL ELLNESS OGRAMS TOTALS		very Point ita Maria)		ect Premie nta Maria)	O	ng Point PN utpatient .ompoc)	T Cer	a De Familia reatment nter (Santa Maria)	Re	ompoc covery Center ompoc)	Trea Reco	sidential atment at very Point nta Maria)	Treat Anoth	idential tment at ner Road (Lompoc)	Trea Tra	esidential eatment at ansitional nter House inta Maria)	Trea Reco	esidential atment at overy Way e (Lompoc)	p 47 Step rn Facility		0 47 Sober Center	WORKS Inseling	Free Eme	hol Drug Housing - ergency helter		neless icians	Mental Be	Heath
	III.A. Salaries and Benefits	Object Level																																
16	Salaries (Complete Staffing	Schedule)		4,591,450	\$	3,211,570	\$	282,822	\$	245,708	\$	277,035	\$	117,863	\$	157,680	\$	319,449	\$	273,084	\$	448,014	\$	472,119	\$ 89,960	\$	392,663	\$ 12,882	\$	43,720	\$	78,572	\$	-
17	Employee Benefits		\$	1,147,863	\$	802,892	\$	70,705	\$	61,427	\$	69,259	\$	29,466	\$	39,420	\$	79,862	\$	68,271	\$	112,003	\$	118,030	\$ 22,490	\$	98,166	\$ 3,221	\$	10,930	\$	19,643	\$	-
18	Consultants			-	\$																													
19	Payroll Taxes		\$	459,145	\$	321,157	\$	28,282	\$	24,571	\$	27,704	\$	11,786	\$	15,768	\$	31,945	\$	27,308	\$	44,801	\$	47,212	\$ 8,996	\$	39,266	\$ 1,288	\$	4,372	\$	7,857	\$	-
20	Salaries and Benefits Subto	otal	\$	6,198,458	\$	4,335,619	\$	381,809	\$	331,706	\$	373,997	\$	159,116	\$	212,868	\$	431,256	\$	368,663	\$	604,818	\$	637,360	\$ 121,446	\$	530,095	\$ 17,391	\$	59,022	\$	106,072	\$	-
	III.B Services and Supplies	Object Level																																
21	Auto Expenses			100,877	\$	67,500	\$	1,000	\$	4,200	\$	3,500	\$	500	\$	1,000	\$	10,000	\$	5,000	\$	10,000	\$	10,000	\$ 14,000	\$	7,000				\$	1,300		
22	Contracted/Professional S	Services		530,400	\$	326,400	\$	37,400	\$	37,400	\$	37,400	\$	20,400	\$	19,400	\$	27,400	\$	27,400	\$	52,400	\$	52,400	\$ 2,400	\$	2,400				\$	10,000		
23	Depreciation/Occupancy			414,200	\$	218,700	\$	3,000	\$	10,800	\$	31,000	\$	5,000			\$	17,500	\$	1,500	\$	32,400	\$	31,000					\$	45,000	\$	-	\$	41,500
24	Drug Testing			83,400	\$	68,500	\$	25,000	\$	7,000	\$	7,000	\$	2,500	\$	7,500	\$	4,000	\$	2,000	\$	5,000	\$	5,000	\$ 500	\$	1,500		\$	1,500				
25	Education & Training			25,300	\$	23,000	\$	2,000	\$	2,000	\$	2,000	_	1,000			\$	2,000	\$	1,000	\$	5,000	\$	5,000							\$	3,000		
26	Gov'tl Fees & Charges			40,300	\$	33,000	\$	3,000	\$	3,000	\$	3,000	\$	2,000	\$	1,500	\$	3,000	\$	3,000	\$	5,000	\$	5,000	\$ 4,500									
27	Insurance			94,146	\$	36,600	\$	2,500	\$	3,300	\$	6,000	\$	1,000	\$	2,000	\$	2,500	\$	2,000	\$	6,000	\$	6,000	\$ 1,000	\$	1,500		\$	2,000	\$	800		
28	Laundry			4,750	\$	4,750	\$	-									\$	1,000	\$	750	\$	1,500	\$	1,500										
29	Legal and Accounting			2,400	\$	-																												
30	Meetings and Seminars			6,106	\$	6,006	\$	500	\$	500	\$	500	\$	500	\$	500	\$	500	\$	500	\$	1,000	\$	1,000							\$	506		
31	Office Expense/Supplies			35,234	\$	26,600	\$	2,000	\$	2,500	\$	2,000	\$	1,500	\$	1,500	\$	2,000	\$	1,000	\$	2,000	\$	2,000	\$ 5,000				\$	2,000	\$	3,100		
32	Program Supplies Food			100,161	\$	67,000											\$	15,000	\$	8,000	\$	10,000	\$	10,000	\$ 15,000	\$	6,000		\$	3,000				
33	Program Supplies			159,320	\$	106,800	\$	4,000	\$	9,500	\$	4,500	\$	1,500	\$	3,000	\$	8,000	\$	4,000	\$	7,000	\$	7,000	\$ 25,000	\$	18,000		\$	12,000	\$	3,300		
34	Rental of Buildings			270,040	\$	231,200									\$	12,000					\$	-	\$	-	\$ 168,000	\$	39,200				\$	12,000		
35	Rental of Equipment			13,000	\$	9,600	\$	1,300	\$	1,300	\$	1,500	\$	500	\$	500	\$	1,000	\$	500	\$	1,500	\$	1,500										
36	Repairs & Maintenance			148,573	\$	87,000	\$	2,500	\$	7,000	\$	4,000	\$	500	\$	500	\$	6,000	\$	2,500	\$	10,000	\$	15,000	\$ 9,000				\$	10,000			\$	20,000
37	Telephone/Internet			63,783	\$	29,042	\$	2,400	\$	2,100	\$	1,600	\$	1,000	\$	1,600	\$	2,600	\$	2,900	\$	3,600	\$	3,600	\$ 3,942	\$	2,300				\$	1,400		
38	Travel Expense			16,800	\$	12,500	\$	1,000	\$	1,000	\$	1,000	ı		\$	1,000	\$	1,000	\$	1,000	\$	2,500	\$	2,500							\$	1,500		
39	Util - Electricity			105,668	\$	44,750	\$	2,200	\$	3,000	\$	3,600			\$	750	\$	8,000	\$	1,200	\$	6,000	\$	6,000					\$	-7	\$	500	\$	5,000
	Util - Heat (Gas)			33,412	\$	16,100	•	750	\$	2,000	\$	800	_	350 250	\$	750 750	\$	1,000	\$	1,200	\$	2,000	\$	2,000					\$	6,000			\$	4,804
	Util - Water/Sewer			106,280	\$	48,254	Þ	750	Ф	2,500	Ф	5,000	Þ	250	Ф	750	Ф	8,500	Þ	1,700	\$	8,000	\$	8,000					\$	8,000			Þ	4,804
	Rapid Rehousing and oth			346,917	D	33.382															\$		\$			\$	33,382							
	Facil.Site Prep/Furn, Fixt			383,291	.	,															Ť	-		-		·								
	Services and Supplies Subt		\$	3,084,358	\$	1,496,684	\$	90,550	\$	99,100	\$	114,400	\$	39,000	\$	54,250	\$	121,000	\$	67,150	\$	170,900	\$	174,500	\$ 248,342	\$	111,282	\$ -	\$	97,500	\$	37,406	\$	71,304
45	III.C. Client Expense Object	t Level Total (Not			\$	-								-																				
47																																		
48																																		
49	SUBTOTAL DIRECT COSTS	S	\$	9,282,816	\$	5,832,304	\$	472,359	\$	430,806	\$	488,397	\$	198,116	\$	267,118	\$	552,256	\$	435,813	\$	775,718	\$	811,860	\$ 369,788	\$	641,377	\$ 17,391	\$	156,522	\$	143,478	\$	71,304
	IV. INDIRECT COSTS																																	
51	Administrative Indirect Cost (Reimbursement limited to	15%)		1,392,422	\$	869,838	\$	70,854	\$	64,621	\$	73,260	\$	29,717	\$	40,068	\$	82,838	\$	65,372	\$	116,358	\$	121,779	\$ 55,468	\$	91,199	\$ 2,609	\$	23,478	\$	21,522	\$	10,696
52	GROSS DIRECT AND INDII (Sum of lines 47+48)	RECT COSTS	\$	10,675,238	\$	6,702,142	\$	543,213	\$	495,427	\$	561,657	\$	227,833	\$	307,186	\$	635,094	\$ 5	501,185	\$	892,076	\$	933,639	\$ 425,256	\$	732,576	\$ 20,000	\$	180,000	\$ -	165,000	\$	82,000

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

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

ANNUAL GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

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

MONTHLY GROSS FAMILY INCOME

NUMBER OF DEPENDENTS

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

^{*} 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.

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

21 7 11

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: MONA MIYASATO	CONTRACTOR: GOOD SAMARITAN SHELTER
COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	
By: Shilo MaGuera Deputy Clerk	By: Authorized Representative
Date: 9-15-20	Name:
-	Title:
	Date:
APPROVED AS TO FORM:	APPROVED AS TO ACCOUNTING FORM:
MICHAEL C. GHIZZONI COUNTY COUNSEL	BETSY M. SCHAFFER, CPA AUDITOR-CONTROLLER
By: Deputy County Counsel	By: 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

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:
ATTEST:	CONTRACTOR:
MONA MIYASATO COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	GOOD SAMARITAN SHELTER
Ву:	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 (Aug 31 2020 13:29 PDT)	By: C. Edithur
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:	By: Fry Danfand
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 Director Date: 8/25/20
APPROVED AS TO FORM:	APPROVED AS TO ACCOUNTING FORM:
MICHAEL C. GHIZZONI	
COUNTY COUNSEL	BETSY M. SCHAFFER, CPA AUDITOR-CONTROLLER
Ву:	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