

**AMENDMENT NO. 11 TO THE AGREEMENT
FOR SERVICES OF INDEPENDENT CONTRACTOR (CONTRACT NO. BC 19-212)**

THIS AMENDMENT NO. 11 hereby amends the Agreement for Services of Independent Contractor (hereafter Agreement) dated May 7, 2019 between the County of Santa Barbara a political subdivision of the State of California (hereafter COUNTY), and **KPMG LLP** (here after CONTRACTOR), as previously amended.

The Agreement is amended as follows:

1. Exhibits A.13 and B.13 are hereby added.
2. The revised total contract amount for services to be rendered under Exhibits A-A.13 and B-B.13 including cost reimbursements is \$388,000, and the total contract amount for the entirety of the Agreement is not to exceed **\$4,249,340**.

All other terms remain in full force and effect.

Counterparts. This Amendment No. 11 may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

(Signatures on following page)

Amendment No. 11 to the Agreement for Services of Independent Contractor between the County of Santa Barbara and KPMG LLP.

IN WITNESS WHEREOF, the parties have executed this Amendment No.11 to the Agreement to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA:

By: [Signature]
STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS

Date: 6-4-24

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: [Signature]
Deputy Clerk

Date: 6-4-24

CONTRACTOR:

KPMG LLP

DocuSigned by:
[Signature]
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By: _____
Authorized Representative
William F Zizic

Name: _____
Title: Partner

Date: 5/22/2024

APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By: [Signature]
126E3B8B27704A2...
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: [Signature]
A99ED5BD71D04FB...
Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

By: [Signature]
2095C5A16FE1474...
Director

APPROVED AS TO FORM:

GREG MILLIGAN, ARM
RISK MANAGER

By: [Signature]
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Risk Manager

EXHIBIT A.13
STATEMENT OF WORK
Implementation Support for Behavioral Wellness Department

1. **PURPOSE/BACKGROUND.** CONTRACTOR shall expand the depth of the Department of Behavioral Wellness review to support implementation of opportunities as identified by Behavioral Wellness Leadership.
2. **PROJECT OUTCOMES AND OBJECTIVES.** CONTRACTOR shall provide services in the following categories:

A. Team: Mobile Crisis Team – Support New Design

1. **Services to be provided.**
 - a. Support the design of the new mobile crisis team based on the Medi-Cal Crisis Benefits requirements.
 - i. Support the development of the new team structure that will service children, adolescents, adults and older adults.
 - ii. Outline team objectives, target population, documentation expectation and handover framework.
 - iii. Analyze the feasibility of incorporating Peer Support Workers in the model.
 - iv. Support the development of roles and responsibilities for each personnel.
 - v. Revise workflows for referrals to and from mobile crisis workers based on new structure.
 - b. Support the development and documentation of Safety Protocol to support alignment of the new Medi-Cal Crisis Benefits requirements.
 - i. Facilitate no more than six (6) workshops with front-line staff, supervisors and management to develop Safety Protocols.
 - ii. Perform an analysis to support evaluation of the implementation effectiveness of the State protocols and algorithms of when law enforcement is engaged.
 - c. Facilitate no more than four (4) engagement sessions with mobile crisis supervisors, and manager as part of the change management process.
2. **Deliverables.** CONTRACTOR shall provide the following deliverables:
 - a. Support documentation of the new Mobile Crisis Team to include team's structure, objective, roles, responsibilities (by position), target population,

documentation requirement and handover framework.

- b. Support documentation of Mobile Crisis Safety Protocol to include law enforcement engagement algorithm.
- c. Revised workflows to and from Mobile Crisis Team with supporting documentation.

3. **Timeframe:** 12 weeks.

B. Team: Crisis Workers

1. **Services to be provided.**

- a. Facilitate one 2-hour workshop between Behavioral Health and Hospital Leadership to define the roles and responsibilities of the Crisis Workers stationed in the emergency departments.
- b. Support the development of roles, responsibilities, and accountability framework that is approved by both leadership and utilized to evaluate the effectiveness of the positions.
- c. Support the development of an evaluation framework that includes indicators to be reviewed monthly to determine utilization of crisis workers.
- d. Revision of client workflows for referrals to and from crisis workers.

2. **Deliverables.** CONTRACTOR shall provide the following deliverables:

- a. Meeting insights from workshops with BWell and hospital personnel.
- b. Documentation of roles and responsibilities for Crisis Workers stationed in each of the Emergency Departments
- c. Documentation of roles and responsibilities of crisis workers during regular check-in with the Jails.
- d. Performance indicators to be collected and analyzed on a weekly/ monthly basis to evaluate effectiveness of crisis workers in both settings.
- e. Revised workflow for client referrals to and from crisis workers.

3. **Timeframe:** 8 weeks

C. Team: Crisis Clinics

1. **Services to be provided.**

- a. Support the redesign for operational structure of the Crisis Clinic that aligns with outreach (meeting consumers where they are at).
 - i. Support the development of protocols for client engagement in the emergency departments.
- b. Analyze each provider/clinician scheduling practices and support

implementation of process improvements to enhance resource allocation. Analyze implementation measures and adjust accordingly.

- c. Analyze and support the implementation of new approaches to improving access to care for clients referred, which includes referrals to and from the clinic.
 - i. Support the establishment of rapid access to care protocols.
 - ii. Revise workflows accordingly.
- d. Analyze average length of service for current clients. Support development of criteria and length of service range within a crisis clinic setting, including supervisor review expectations.
- e. Analyze referral process for ongoing services. Analyze where 'bottlenecks' in referral process are occurring, i.e., at the crisis clinic level and/ or the accepting program.
- f. Analyze processes and protocols for referrals that include the use of technology to track referrals, review process for new referrals, timeframe for review and acceptance/ decline of referrals, documentation requirement and accountability framework. This process can be utilized for all referrals going to and between ambulatory services, i.e., from Psychiatric Health Facility (PHF) to Crisis Clinic, from Full Service Partnership (FSP) to Case Management etc.
- g. Support the development of briefing materials and a communication strategy once the new model of operation is established.
- h. Review current processes for "Hard to Serve/ Complex clientele." Conduct a jurisdictional/ leading practice review for 'Hard to Serve/ Complex cliental' Roundtables, which includes criteria for identification of cliental, key stakeholders to engage, processes, accountability and report out.
- i. Review weekly utilization of clinic staff based on new model and present findings, coaching supervisors/ management.

2. Deliverables.

- a. Team's objective, eligibility criteria, revision of roles and responsibilities, scheduling expectations and documentation requirement.
- b. Revised workflows for crisis team, including referrals to and from crisis services.
- c. Client referrals process, protocol and accountability framework. This can be for Crisis Clinic or across the Behavioral Wellness Department.
- d. Jurisdiction Scan/ Leading practice review of 'Hard to Serve/ Complex cliental' roundtable.

- e. Briefing materials and communication strategy.
 - f. Weekly analysis of clinic staff utilization based on implementation of changes to model of care.
 - g. Presentation and documentation of all work products.
3. **Timeframe:** 16 weeks

3. PROJECT ASSUMPTIONS AND OTHER MATTERS.

- A.** Note that KPMG US does not practice medicine or provide patient care, directly alter the plan of patient care, or otherwise provide medical services, and does not subcontract for such services. Although certain KPMG US personnel may be licensed as medical professionals or have medical backgrounds, their work for KPMG US consists of auditing, tax, or consulting services and not the practice of medicine.
- B. Data.** Data requested and provided to CONTRACTOR will be of an appropriate quality and structure that allows for analysis to be conducted. Data provided in PDF or Word documents may not be analyzed dependent on the effort required to convert the data into a useable format.
- C. Suspension for Convenience.** COUNTY's designated representative may, without cause, order CONTRACTOR in writing to suspend, delay, or interrupt the services under this Agreement in whole or in part for up to 30 days. COUNTY shall incur no liability for suspension under this provision and suspension shall not constitute a breach of this Agreement.
- D. Contracting Authority.** COUNTY represents to CONTRACTOR that the COUNTY has the authority necessary to award this contract to CONTRACTOR without competition, and that award of this contract is made in accordance with all applicable law, regulations, rules, policies, and requirements.
- E. No Lobbying.** CONTRACTORS' role is limited to providing the services and deliverables articulated in this proposal. In so doing, CONTRACTOR will have no contacts with legislative officials or employees at any level of government for any reason that could be fairly interpreted as public policy advocacy, lobbying, or otherwise be perceived as impairing our objectivity or independence. In no event will CONTRACTOR undertake meetings with government officials on behalf of the COUNTY or otherwise appear in a public or private context that could be fairly interpreted as public policy advocacy, lobbying, or otherwise be perceived as impairing our objectivity or independence. In providing our services in general, CONTRACTOR professionals will take no view or cannot undertake any role that could be fairly interpreted as public policy advocacy and the firm's work is not intended to be used as such or in that context. Engagement deliverables will be client-branded or plain-paper and provided as holistic works to be read and interpreted only in their entirety.

EXHIBIT B.13
PAYMENT ARRANGEMENTS
Periodic Compensation at Selected Milestones

1. **Total Amount.** For services to be rendered under Exhibit A.13 of this Agreement, CONTRACTOR shall be paid a total amount, including cost reimbursements, not to exceed **\$388,000**.

Project	Fee
Team: Mobile Crisis Team – Support New Design	\$115,000
Team: Crisis Workers	\$ 78,000
Team: Crisis Clinics	\$195,000
Total:	\$388,000.00

1. **Periodic Compensation.** Upon completion of 50% of each project identified above and documented concurrence of such from BWell Executive, payment shall be made to Contractor.
2. **Proper Invoice.**
 - A. KPMG will submit to BWell fiscal (ap@sbcbswell.org) an invoice requesting payment for 50% of the fee for each project listed above. The invoice will indicate and certify that the project has reached 50% completion, with concurrence of such by BWell Executive, and payment for 50% of project is now due. KPMG will follow the same invoice approval and submission process to initiate payment due at 100% completion.
 - B. CONTRACTOR shall submit to the COUNTY’s representative as specified below an invoice or certified claim on the County Treasury for the service performed in accomplishing each milestone. These invoices or certified claims must cite the assigned Board Contract Number. The COUNTY’s representative shall evaluate the quality of the service performed and item(s) delivered and, if found to meet the deliverables outlined in EXHIBIT A.13 shall initiate payment processing. COUNTY shall pay invoices or claims for completed work within 30 days of receipt of correct and complete invoices or claims from CONTRACTOR.

COUNTY’s representative:
 Santa Barbara County
 Department of Behavioral Wellness
 Attn: Accounts Payable
 429 North San Antonio Road
 Santa Barbara, CA 93110
ap@sbcbswell.org

3. **Correction of Work.** COUNTY’s failure to discover or object to any unsatisfactory work or billings prior to payment will not constitute a waiver of COUNTY’s right to require CONTRACTOR to correct such work or billings or seek any other legal remedy.