

SECOND AMENDMENT 2016-2019

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is a Second amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number BC 17-053, by and between the **County of Santa Barbara** (County) and **PathPoint** (Contractor), wherein Contractor agrees to provide and County agrees to accept the 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; and

Whereas, this Second Amendment incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors June 2016 and the First Amended Contract approved in June 2017, except as modified by this Second Amended Contract;

Whereas, Contractor and County agree to revise the allocation Source of Fund amounts due to increased Medi-Cal penetration rates, to accurately reflect the anticipated ratio of Medi-Cal clients, to provide enhanced language about referral services and to update the Program Goals, Outcomes and Measures for FY 17-19, with no change to the contract maximum amount for this Agreement through June 30, 2019.

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

I. In Exhibit A1 – Statement of Work – MH, Residential Support Housing, delete Subsection 6 A. Referral and replace with the following:

A. Referral. Potential residents shall be referred to the Housing Authority of the City of Santa Barbara (HACSB) to be screened by HACSB and Contractor to determine whether eligibility requirements for residency are met. In addition the Contract shall do the following:

- i. Admit clients referred by Behavioral Wellness who meet the HACSB eligibility criteria;
- ii. Obtain County approval by designated Behavioral Wellness staff for referrals of County clients from sources other than the County;
- iii. Participate in a biannual or more frequent Behavioral Wellness Utilization Management review of Program, and ongoing authorization process to assure that clients served meet the criteria for the Program; and
- iv. Begin the admission process within five (5) days of referral.

II. Delete Attachment E Program Goals, Outcomes and Measures and replace with the following:

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Adult Program Evaluation FY 16-19			
Program Goal	Outcome	Supported Housing	Residential Support Services
❖ Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems.	Maintain the percent of clients that become incarcerated per quarter at X% or less.	5%	1%
	Maintain the average quarterly percentage of psychiatric inpatient admissions at X% or less.	3%	2%
	Maintain the percent of clients hospitalized for physical health reasons per quarter at X% or less.	4%	3%
	Maintain the average quarterly percentage of emergency room visits for physical health care at X% or less.	10%	5%
FY 16-17			
❖ Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community.	Reduce homelessness by maintaining the percent of clients with stable/permanent housing (i.e., were not evicted or lost housing) at X% or more.	98%	95%
	Increase client life skills needed to participate in purposeful activity and increase quality of life:		
	✓ Maintain the percent of clients employed, enrolled in school or training, or volunteering at X% or more.	20%	33%
	✓ X% of clients will demonstrate improvement in their level of recovery, as measured by increased scores on the Milestones of Recovery Scale (MORS).	50%	50%
✓ Maintain the quarterly percentage of clients transitioning to a higher level of care due to psychiatric conditions at X% or lower.	10%	10%	

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Adult Program Evaluation FY 17-19			
Program Goal	Outcome	Supported Housing	Residential Support Services
❖ Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community	Reduce homelessness by maintaining the percent of clients with stable/permanent housing (i.e., were not evicted or lost housing) at X% or more.	98%	95%
	Increase client life skills needed to participate in purposeful activity and increase quality of life:		
	✓ Maintain the percent of clients employed, enrolled in school or training, or volunteering at X% or more.	20%	33%
	✓ X% of clients will remain stable or improve in their level of recovery, as measured by increased scores on the Milestones of Recovery Scale (MORS).	80%	80%
	✓ Maintain the quarterly percentage of clients transitioning to a higher level of care due to psychiatric conditions at X% or lower.	10%	10%
	✓ Maintain the quarterly number of clients graduating to a lower level of care at X or more.	3	3

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III. Exhibit B-1 MH Schedule of Rates and Contract Maximum add the following:

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

CONTRACTOR NAME:

PathPoint

FISCAL YEAR: 2017-2019

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.02
			Collateral	Minutes	10	\$2.61
			*MHS- Assessment	Minutes	30	\$2.61
			MHS - Plan Development	Minutes	31	\$2.61
			*MHS- Therapy (Individual)	Minutes	11, 40	\$2.61
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$2.61
			Medication Support Services	Minutes	61, 62	\$2.61
			Crisis Intervention	Minutes	70	\$3.88
Non-Medi-Cal Billable Services	Outreach Services	45	Community Client Services	N/A	20	Actual Cost

	PROGRAM					TOTAL
	Supportive Community Services (Paths to Recovery)	Residential Support Services				
GROSS COST:	\$ 993,003	\$ 182,845				\$1,175,848
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
OTHER (LIST):						\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -		\$0
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 993,003	\$ 182,845	\$ -	\$ -	\$ -	\$ 1,175,848

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDICAL (3)	\$ 893,703	\$ 155,418				\$ 1,049,121
NON-MEDICAL						\$ -
SUBSIDY	\$ 99,300	\$ 27,427				\$ 126,727
OTHER (LIST):						\$ -
MAXIMUM 16-17 CONTRACT AMOUNT PAYABLE:	\$ 993,003	\$ 182,845				\$ 1,175,848
MAXIMUM 17-18 CONTRACT AMOUNT PAYABLE:	\$ 993,003	\$ 182,845				\$ 1,175,848
MAXIMUM 18-19 CONTRACT AMOUNT PAYABLE:	\$ 993,003	\$ 182,845				\$ 1,175,848
TOTAL CONTRACT AMOUNT PAYABLE:	\$ 2,979,009	\$ 548,535				\$ 3,527,544

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 waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.

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

CONTRACTOR NAME:

PathPoint


FISCAL YEAR: 2017-2019

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LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
OTHER (LIST):						\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -		\$0
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 993,003	\$ 182,845	\$ -	\$ -	\$ -	\$ 1,175,848

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
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TOTAL CONTRACT AMOUNT PAYABLE:	\$ 2,879,009	\$ 549,535				\$ 3,627,544

CONTRACTOR SIGNATURE:



STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

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

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SIGNATURE PAGE

Second Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **PathPoint**.

IN WITNESS WHEREOF, the parties have executed this Second Amendment to be effective on July 1, 2017.

COUNTY OF SANTA BARBARA:

By: _____
JOAN HARTMANN
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

CONTRACTOR:
PathPoint

By: _____
Deputy Clerk
Date: _____

By: _____
Authorized Representative
Name: _____
Title: _____
Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
THEODORE A. FALLATI, CPA
AUDITOR-CONTROLLER

By:  _____
Deputy County Counsel

By:  _____
Deputy

RECOMMENDED FOR APPROVAL:
ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGEMENT

By:  _____
Director

By:  _____
Risk Management

SECOND AMENDMENT 2016-2017

SIGNATURE PAGE

Second Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **PathPoint**.

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective on executed by the County.

COUNTY OF SANTA BARBARA:

By: _____
JOAN HARTMANN
CHAIR, BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

PATHPOINT

By: 
Authorized Representative

Name: CYNTHIA S BURTON

Title: PRES/CEO

Date: 6/26/17

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management