

## FIRST AMENDMENT

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as "First Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 11-013**, by and between the **County of Santa Barbara** (County) and **Mental Health Association in Santa Barbara County** (Contractor), for the continued provision of **Rehabilitation services to Adults with Mental Illness**.

Whereas this First Amended Contract incorporates the terms and conditions approved by the County Board of Supervisors in June 2010, except as modified by this First Amended Contract.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

**I. Delete THIS AGREEMENT INCLUDES from Agreement and replace with the following:**

**THIS AGREEMENT INCLUDES:**

- A. EXHIBIT A, A-1, A-2, A-3, A-4 – Statement of Work
  - 1. Attachment A - SANTA BARBARA COUNTY MENTAL HEALTH PLAN, QUALITY MANAGEMENT STANDARDS
- B. EXHIBIT B - Payment Arrangements
- C. EXHIBIT B-1 – Schedule of Fees
- D. EXHIBIT C – Standard Indemnification and Insurance Provisions
- E. EXHIBIT D – Organizational Service Provider Site Certification
- F. EXHIBIT E – Program Goals, Outcomes and Measures

**II. Delete the following section from Exhibit A, Statement of Work, and replace with the following:**

**The following terms shall apply to all programs operated under this contract, included as Exhibits A-1 through A-4.**

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### III. Add Exhibit A-4, Statement of Work, Mental Health First Aid, as follows:

#### EXHIBIT A-4

##### STATEMENT OF WORK – MENTAL HEALTH FIRST AID

1. **PROGRAM SUMMARY.** The Mental Health First Aid Program (hereafter “the Program”) is designed to give members of the public information about mental health conditions and provide them key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The Program, through the Mental Health Services (MHSA) Prevention and Intervention (PEI) component shall provide a Community Mental Health Educator (CMHE) who will specialize in providing outreach and education regarding mental health issues to community organizations and the general public. This individual will serve as a liaison with CMHEs hired by other community organizations through MHSA – PEI who work directly with unserved or underserved populations. The Program will provide the public with skills to assist individuals experiencing the onset of a mental health condition. The Program shall be headquartered at 617 Garden Street, Santa Barbara, California.
2. **PROGRAM GOALS.**
  - A. Increase mental health literacy by educating the general public regarding mental health issues and services that are available.
  - B. Reduce disparities in availability of mental health support for unserved communities.
  - C. Provide training to help participants provide appropriate assistance to individuals in need of mental health services.
  - D. Decrease the negative stigma associated with mental health conditions.
3. **SERVICES.** Contractor shall provide the following services to community members, community leaders and organizations who have contact with unserved and underserved members of the populations described in Section 4 which may include Primary Care Clinics, childcare staff, teachers and representatives of faith based/spiritual communities.
  - A. Outreach and Education. Contractor shall conduct outreach and education activities including educational workshops, discussion groups regarding mental illness, to a minimum of 40 organizations and 200 individuals annually.
  - B. Community Engagement. Contractor shall provide culturally appropriate general training sessions for community members, community leaders and to service providers that focus on the identification of early signs of mental illness and how to link the individual or family member to local mental health or other appropriate resources.

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- C. 12-hour Mental Health First Aid. Contractor shall provide at least 12 12-hour Mental Health First Aid trainings annually, four in each region of Santa Barbara County (Santa Barbara, Santa Maria and Lompoc). These trainings will help individuals who do not have clinical training assist someone experiencing a mental health crisis by teaching a single strategy including assessing risk, respectfully listening to and supporting the individual in crisis, and identifying and contacting appropriate professional help. The audience will be the general public, including friends and family of individuals with mental illness or addiction, professionals (such as police officers and primary care workers), school and college leadership, faith communities or anyone interested in learning more about mental illness and addiction, Alcohol, Drug and Mental Health Services (ADMHS) and other community-based organizations (CBO) staff who have direct contact with the public. Contractor shall train a minimum of 300 people per year in the 12-hour Mental Health First Aid training.
  - D. Contractor shall create and promote literature (i.e. brochures, flyers, posters) regarding mental health conditions in collaboration with CMHEs working for other organizations through MHSA-PEI in a bilingual and biculturally appropriate manner to ensure consistency and accuracy. The literature shall be supportive of the Community Mental Health Education and Mental Health First Aid projects in informing community members and organizational staff about mental health, including recognition of mental health problems and resources.
  - E. Contractor shall work collaboratively with ADMHS and CMHEs working for other organizations through MHSA-PEI to develop an evaluation to measure the outcomes of the Community Mental Health Education and Mental Health First Aid programs.
  - F. Host semi-annual meetings with CMHE staff working for other organizations through MHSA-PEI to share updates, develop collaborative materials and evaluation tools.
4. **TARGET POPULATION.** Contractor shall work with organizations and individuals within the community to provide the skills to help assist individuals experiencing a mental health condition and education regarding mental health issues. Individuals who come into regular contact with and can have a positive impact on the individuals described below shall be prioritized for participation in the Mental Health First Aid Training:
- A. Spanish-speaking individuals who are primarily uninsured/underinsured;
  - B. Mixtec or other Oaxaquen-speaking individuals;
  - C. Individuals of Native American descent;
  - D. Individuals who are members of the Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) community;

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- E. Individuals in crisis without a prior mental health diagnosis;
- F. Individuals experiencing an emerging mental health condition;
- G. Families with children who are school age and/or at risk of multiple systems involvement;
- H. Families with children who may have experienced trauma or who are at risk of suicide;
- I. Older adults experiencing mental health conditions.

### 5. STAFFING.

- A. Contractor shall employ 1.0 FTE Community Mental Health Educator (CMHE) who shall be bicultural and bilingual Spanish-speaking. The CMHE shall be certified as a Mental Health First Aid instructor, have at minimum a background in mental health services, experience in providing training to groups and/or individuals and strong communication skills. Desirable qualifications include experience in working with families and individuals in community settings, experience in health education and health promotion, connection with service providers and community agencies.
- B. Training.
  - 1. Staff providing services under this contract shall complete the 40-hour Mental Health First Aid Instructor Program to be certified as a Mental Health First Aid instructor, as required by ADMHS.
  - 2. Staff providing services under this contract shall participate in all trainings identified by ADMHS as necessary to provide quality services to the identified community.
- C. Contractor shall notify County of any staffing changes as part of the monthly Staffing Report. Contractor shall notify the designated County Liaison and County Quality Assurance Division within one business day when staff is terminated from working on this Contract.
- D. At any time prior to or during the term of this Contract, the County may require that Contractor staff performing work under this Contract undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Contract. 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.

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- E. County may request that Contractor's staff be immediately removed from working on the County Contract for good cause during the term of the Contract.
  - F. 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 does not pass such investigation(s) to the satisfaction of the County whose background or conduct is incompatible with County facility access.
  - G. 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 Contract.
6. **REPORTS.** In addition to the reports required in Exhibit A, Section 3, Contractor shall submit the following Reports to County:
- A. **IMPLEMENTATION PROGRESS REPORTS.** The Program will be required to submit a bi-monthly Implementation Progress Report, which includes information described in Section 8.E, during the first year of implementation. ADMHS will use the reports to:
    - 1. Identify areas within the Program requiring technical assistance and consultation support.
    - 2. Assess Program status changes that put the Program out of compliance with one or more contract standards or that place the Program at risk of non-compliance in any area.
    - 3. Request a Plan for Correction in areas that are not in compliance.
  - B. **PROGRAMMATIC.** After the first year of operation. Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than twenty (20) calendar days following the end of the quarter being reported. Programmatic reports shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, number of individuals and families served, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes in population served and reasons for any such changes. Contractor shall state whether it is or is not progressing satisfactorily in achieving all the terms of this Agreement and if not, shall specify what steps will be taken to achieve satisfactory progress.

**IV. Delete Section II MAXIMUM CONTRACT AMOUNT from Exhibit B, Financial Provisions, and replace with the following:**

**II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount has been calculated based on the total UOS to

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be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed \$591527 Dollars. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. 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.

**V. Delete Section VI, Billing and Payment Procedures and Limitations, of Exhibit B, Financial Provisions, and replace with the following:**

**VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS:**

- A. Submission of Claims and Invoices. Claims for Medi-Cal services are to be entered into the County's Management Information System (MIS) within 10 calendar days of the end of the month in which mental health services are delivered, although late claims may be submitted as needed in accordance with State and federal regulations. In addition to claims submitted into MIS, Contractor shall submit a written invoice within 10 calendar days of the end of the month in which mental health services are delivered that: i) summarizes the information submitted into MIS, including the UOS provided for the month, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered electronically to the County designated representative or to:

Santa Barbara County Alcohol, Drug, and Mental Health Services  
ATTN: Accounts Payable  
300 North San Antonio Road Bldg. 3  
Santa Barbara, CA 93110-1316

Contractor agrees that it shall be solely liable and responsible for all data and information submitted by the County to the State on behalf of Contractor. Payment will be based on the UOS accepted into MIS on a monthly basis.

For all other services, Contractor shall submit a written invoice within 10 calendar days of the end of the month in which services are delivered that: i) states the amount owed by County, and ii) includes the Agreement number and signature of Contractor's authorized representative. Invoices for payments that are based upon Exhibit B-1 must contain sufficient detail and supporting documentation to enable an audit of the charges. Invoices shall be delivered electronically to the County designated representative or to the address above.

Startup Costs. Contractor shall submit a written invoice within 30 calendar days of the end of the month in which startup costs are incurred that: i) states the amount owed by County, and ii) includes the Agreement number and signature of Contractor's authorized representative. Invoices submitted for payments that are based upon Exhibit B-1 must contain sufficient detail and supporting documentation to enable an audit of the charges.

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The Director or designee shall review the monthly claim(s) and invoice to confirm accuracy of the data submitted. With the exception of the final month's payment under this Agreement, County shall make provisional payment for approved claims within thirty (30) calendar days of the receipt of said claim(s) and invoice by County subject to the contractual limitations set forth below.

- B. Monthly Expenditure and Revenue Report and Projection Report. Contractor shall submit a monthly Expenditure and Revenue Report and Projection Report as described in the Reports Section of Exhibit A to this Agreement.
- C. Withholding Of Payment for Non-submission of MIS and Other Information. If any required MIS data, invoice or report(s) is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by Director or designee. Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.
- D. Withholding Of Payment for Unsatisfactory Clinical Documentation. Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum State and County written standards.
- E. Claims Submission Restrictions.
  - 1. Six-Month Billing Limit. For Medi-Cal services, unless otherwise determined by State or federal regulations (e.g. Medi-Medi cross-over), all original (or initial) claims for eligible individual persons under this Agreement must be received by County within six (6) months from the date of service to avoid possible payment reduction or denial for late billing. Original (or initial) claims received after this six month billing limit without an acceptable delay reason code are subject to reduction and/or denial by either the State or County. Exceptions to the six month billing limit can be made for months seven through twelve following the month in which the services were rendered if the reason for the late billing is allowed by WIC Section 14115 and Title 22, California Code of Regulations section 51008.5.
  - 2. For all other services, claims must be received by County within 30 days from the end of the month in which services were provided to avoid possible denial of reimbursement for late billing.
  - 3. No Payment for Services Provided Following Expiration/ Termination of Agreement. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment, it shall

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immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

- F. Claims Certification and Program Integrity. Contractor shall certify that all UOS entered by Contractor into MIS for any payor sources covered by this Agreement are true and accurate to the best of Contractor's knowledge.
- G. Tracking of Expenses. Contractor shall inform County when seventy-five percent (75%) of the Maximum Contract Amount has been incurred based upon Contractor's own billing records. Contractor shall send such notice to those persons and addresses which are set forth in the Agreement, Section 2 (NOTICES).



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## VI. Delete Exhibit B-1, Schedule of Rates, and replace with the following:

### EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

**CONTRACTOR NAME:** Mental Health Association in Santa Barbara      **FISCAL YEAR:** 2010-2011

DESCRIPTION/MODE/SERVICE FUNCTION:	PROGRAM					TOTAL
	Casa Juana Maria	Family Advocate	Santa Barbara Consumer-Led Program (Recovery Learning Center)	Mental Health First Aid	Mental Health First Aid Start-Up	
	NUMBER OF UNITS PROJECTED (based on history):					
Outpatient - Placement/Brokerage (15/01-09)	853	-	-	-	-	853
Outpatient Mental Health Services (15/10-59)	328,509	-	-	-	-	328,509
Outpatient Crisis Intervention (15/70-79)	224	-	-	-	-	224
SERVICE TYPE: M/C, NON M/C	M/C	NON M/C	NON M/C	NON M/C	NON M/C	
UNIT REIMBURSEMENT	minute	cost	cost	cost	cost	
COST PER UNIT/PROVISIONAL RATE:						
Outpatient - Placement/Brokerage (15/01-09)	\$0.61					
Outpatient Mental Health Services (15/10-59)	\$0.79					
Outpatient Crisis Intervention (15/70-79)	\$1.16					

<b>GROSS COST:</b>	\$ 324,803	\$ 64,524	\$ 288,941	\$ 64,150	\$ 4,550	\$ 746,968
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)						
A PATIENT FEES						\$ -
B PATIENT INSURANCE						\$ -
C CONTRIBUTIONS			\$ 78,941	\$ 12,000		\$ 90,941
D FOUNDATIONS/TRUSTS						\$ -
E SPECIAL EVENTS						\$ -
F OTHER (LIST): BOARD & CARE	\$ 64,500					\$ 64,500
<b>TOTAL CONTRACTOR REVENUES</b>	\$ 64,500	\$ -	\$ 78,941	\$ 12,000		\$ 155,441
<b>MAXIMUM CONTRACT AMOUNT:</b>	\$ 260,303	\$ 64,524	\$ 210,000	\$ 52,150	\$ 4,550	\$ 591,527

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT						
A MEDI-CAL/FFP	\$ 130,152					\$ 130,152
B OTHER FEDERAL FUNDS						\$ -
C REALIGNMENT/VLF FUNDS	\$ 130,152					\$ 130,152
D STATE GENERAL FUNDS						\$ -
E COUNTY FUNDS		\$ 32,262				\$ 32,262
F HEALTHY FAMILIES						\$ -
G TITLE 4E						\$ -
H AB 3632						\$ -
I EPSDT						\$ -
J FIRST 5 GRANT						\$ -
K MHSA		\$ 32,262	\$ 210,000	\$ 52,150	\$ 4,550	\$ 298,962
L OTHER (LIST):						\$ -
<b>TOTAL (SOURCES OF FUNDING)</b>	\$ 260,303	\$ 64,524	\$ 210,000	\$ 52,150	\$ 4,550	\$ 591,527

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

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## VII. Delete Exhibit B-2, Contractor Budget, and replace with the following:

**Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet  
Entity Budget By Program**

AGENCY NAME: Mental Health Association in Santa Barbara  
 COUNTY FISCAL YEAR: 2010-11

Gray Shaded cells contain formulas, do not overwrite

LINE	COLLINE#	1	2	3	4	5	6	7	8
I. REVENUE SOURCES:			TOTAL AGENCY ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Enter PROGRAM NAME Recovery Learning Center	Enter PROGRAM NAME Casa Juan Maria	Enter PROGRAM NAME Family Advocats	Enter PROGRAM NAME (Mental Health First Aid 11 months)	Enter PROGRAM NAME (Mental Health First Aid Staff-Up)
1		Contributions	\$ 250,000	\$ 90,941	\$ 78,941			\$ 12,000	
2		Foundations/Trusts	\$ 250,000	\$ -					
3		Special Events		\$ -					
4		Legacies/Bequests		\$ -					
5		Associated Organizations		\$ -					
6		social & Recreation		\$ -					
7		Sales of Materials		\$ -					
8		Investment Income		\$ -					
9		Miscellaneous Revenue		\$ -					
10		ADMHS Funding		\$ -					
11		Other Government Funding	\$ 591,527	\$ 591,527	\$ 210,000	\$ 260,303	\$ 64,524	\$ 52,150	\$ 4,550
12		Other Board and Care	\$ 64,500	\$ 64,500		\$ 64,500			
13		Other Rental Income	\$ 98,005	\$ -					
14		Other GS Apt. Service coord	\$ 15,000	\$ -					
15		Other Developer Fee	\$ 110,448	\$ -					
16		Other Misc.	\$ 504	\$ -					
17		Other (specify)		\$ -				\$ -	\$ -
18		Total Other Revenue (Sum of lines 1 through 17)	\$ 1,379,984	\$ 746,968	\$ 288,941	\$ 324,803	\$ 64,524	\$ 64,150	\$ 4,550
I.B Client and Third Party Revenues:									
19		Medicare		-					
20		Client Fees		-			\$ -		
21		Insurance		-					
22		SSI		-					
23		Other (specify)		-					
24		Total Client and Third Party Revenues (Sum of lines 19 through 23)		-	-	-	-	-	-
25		GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	1,379,984	746,968	288,941	324,803	64,524	64,150	4,550

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LINE	COLUMN #	1	2	3	4	5	6	7	8
		<b>III. DIRECT COSTS</b>	<b>TOTAL AGENCY/ ORGANIZATION BUDGET</b>	<b>COUNTY ADMHS PROGRAMS TOTALS</b>	Enter PROGRAM NAME Recovery Learning Center	Enter PROGRAM NAME Casa Juan Maria	Enter PROGRAM NAME Family Advocate	Enter PROGRAM NAME (Mental Health First Aid 11 months)	Enter PROGRAM NAME (Mental Health First Aid Start-Up)
26		Salaries (Complete Staffing Schedule)	562,140	\$ 368,881	\$ 121,632	\$ 171,516	\$ 39,528	\$ 36,205	
27		Employee Benefits	110,820	\$ 78,391	\$ 24,996	\$ 40,800	\$ 7,500	\$ 5,095	
28		Consultants		\$ -					
29		Payroll Taxes		\$ -					
30		Personnel Costs Total (Sum of lines 26 through 29)	\$ 672,960	\$ 447,272	\$ 146,628	\$ 212,316	\$ 47,028	\$ 41,300	\$ -
31		Professional Fees	40,008	\$ -					
32		Supplies	53,352	\$ 28,500	\$ 12,000	\$ 15,504	\$ 396	\$ 600	
33		Telephone	12,168	\$ 6,838	\$ 3,996	\$ 2,172	\$ 670		
34		Postage & Shipping	8,520	\$ 1,800			\$ 300	\$ 1,500	
35		Occupancy (Facility Lease/Rent/Costs)	182,448	\$ 115,652	\$ 79,234	\$ 27,238	\$ 5,180	\$ 4,000	
36		Rental/Maintenance Equipment	24,984	\$ 7,092	\$ 2,496	\$ 4,596			
37		Printing/Publications	17,196	\$ 2,079	\$ 396		\$ 1,683		
38		Transportation	6,348	\$ 5,352		\$ 2,004	\$ 348	\$ 3,000	
39		Conferences, Meetings, Etc	69,996	\$ 4,550				\$ -	\$ 4,550
40		Insurance	27,264	\$ 7,500	\$ 5,004	\$ 2,496			
41		Other license & affiliations & dues	7,656	\$ 1,452	\$ 996	\$ 456			
42		Other training	2,004	\$ 6,558		\$ 504	\$ 504	\$ 5,550	\$ -
43		Other miscellaneous	4,656	\$ 1,656	\$ 504	\$ 1,152			
44		Other interest	38,748	\$ 14,004		\$ 14,004			
45		Other operating reserves	2,496	\$ -					
46		<b>SUBTOTAL DIRECT COSTS</b>	<b>\$ 1,170,804</b>	<b>\$ 650,305</b>	<b>\$ 251,254</b>	<b>\$ 282,442</b>	<b>\$ 56,109</b>	<b>\$ 55,960</b>	<b>\$ 4,550</b>
		<b>III. INDIRECT COSTS</b>							
47		Administrative Indirect Costs		\$ 96,668	\$ 37,687	\$ 42,366	\$ 8,415	\$ 8,200	
48		<b>GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)</b>	<b>\$ 1,170,804</b>	<b>\$ 746,973</b>	<b>\$ 288,941</b>	<b>\$ 324,808</b>	<b>\$ 64,524</b>	<b>\$ 64,160</b>	<b>\$ 4,550</b>

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### VIII. Add the following to Exhibit E, Program Goals, Outcomes and Measures:

<b>MHSA Program Evaluation Mental Health First Aid</b>		
Program Goals	Outcomes	Measures
<ul style="list-style-type: none"> <li>○ Increased knowledge regarding mental health issues and available services</li> <li>○ Increased confidence in providing help to others in need of mental health services</li> <li>○ Decreased stigmatizing attitudes regarding mental health</li> <li>○ Improved mental health by participants who receive training</li> </ul>	<ul style="list-style-type: none"> <li>○ Greater collaboration among organizations</li> <li>○ Enhanced capacity of collaborating organizations to identify and respond to the needs of persons who may be at risk of or experiencing mental health conditions</li> <li>○ Increased capacity of community members to identify and respond to the needs of persons who may be at risk of or experiencing mental health conditions</li> <li>○ Increased community awareness of mental illness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of Mental Health First Aid Trainings Provided</li> <li>➤ Number of individuals trained in Mental Health First Aid</li> <li>➤ Number of organizations and individuals reached</li> <li>➤ Number of individuals reporting increased knowledge of mental health issues and services</li> <li>➤ Number of literature materials developed (i.e. brochures, posters, etc) and distributed</li> <li>➤ Number of collaborative meetings with Promotores/CMHEs from other MHSA-PEI funded agencies, ADMHS staff and other key collaborators</li> </ul>

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Agreement for Services of Independent Contractor between the County of Santa Barbara and Mental Health Association in Santa Barbara County.

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

County of Santa Barbara

By: \_\_\_\_\_  
JANET WOLF  
CHAIR, BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
MICHAEL F. BROWN  
CLERK OF THE BOARD

CONTRACTOR

By: \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Tax Id No 95-1962659.  
Date: \_\_\_\_\_

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By \_\_\_\_\_  
Deputy County Counsel  
Date: \_\_\_\_\_

By \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

APPROVED AS TO FORM :  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
ANN DETRICK, PH.D.  
DIRECTOR

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK PROGRAM ADMINISTRATOR

By \_\_\_\_\_  
Director  
Date: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

