

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
"CalMHSA"
MEMORANDUM OF UNDERSTANDING
AMENDMENT #2
BETWEEN
SANTA BARBARA COUNTY
AND
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
FOR
ADMINISTRATIVE AND PROGRAM MANAGEMENT
OF THE LOAN REPAYMENT PROGRAM
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AGREEMENT No. 20-10018
SOUTHERN COUNTIES REGIONAL PARTNERSHIP**

This Second Amendment to the Memorandum of Understanding No.1034-WET-2020-SRA-A02 ("Second Amendment") is entered into by and between the County of Santa Barbara, a political subdivision of the State of California ("County"), as the fiscal and administrative agent for the Southern Counties Regional Partnership ("SCRP") and California Mental Health Services Authority ("CalMHSA") to extend the term of the agreement. This Amendment shall be effective upon execution of this Amendment by both parties.

RECITALS

With reference to the following:

WHEREAS, California Office of Statewide Health Planning and Development (OSHPD) oversees the Mental Health Service Act (MHSA) Workforce Education and Training Programs (WET), to promote the expansion of postsecondary education and training and requires Regional Partnerships (RP) as set forth in Section 5822 of the Welfare and Institutions Code to assist the Public Mental Health System (PMHS) in its efforts to meet mental health workforce shortage needs;

WHEREAS, through June 30, 2026, the County of Santa Barbara Department of Behavioral Wellness (BWell), is the Fiscal and Administrative Agent for WET Southern Counties Regional Partnership (SCRP) consisting of the following counties' public mental health departments: Imperial, Kern Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Tri-City (Claremont, La Verne, and Pomona), and Ventura;

WHEREAS, the State Budget Act of 2019 (SB109) allocated funding to OSHPD and authorized OSHPD to award grants to WET RPs with a requirement that RPs provide a 33 percent match;

WHEREAS, on May 13, 2020, the SCRPP members approved BWell to submit an OSHPD WET RP Grant application for a 6-year grant of \$15,340,829 to fund programs that oversee training and support the PMHS workforce;

WHEREAS, BWell, as SCRPP grantee, was awarded the OSHPD WET SCRPP Agreement No. 20-10018 for the period of February 15, 2021 through June 30, 2026, in the amount of \$15,340,829, consisting of grant funds of \$11,534,457 and a match by the SCRPP members in the amount of \$3,806,372;

WHEREAS, the OSHPD WET SCRPP Agreement No. 20-10018 requires administration of all components of the Loan Repayment Program to develop and implement mental healthcare workforce development strategies that align with the 2020-2025 WET Five-Year Plan by supporting the workforce needs in the region;

WHEREAS, in July 2021, AB 133 Section 31 added §127002 to the Health and Safety code wherein "Any reference to the Office of Statewide Health Planning and Development shall be deemed a reference to the Department of Health Care Access and Information." Any reference to the Office of Statewide Health Planning and Development ("OSHPD") in this MOU shall be deemed a reference to the Department of Health Care Access and Information ("HCAI");

WHEREAS, as the SCRP Fiscal and Administrative Agent for the WET SCRP, BWell, through the County of Santa Barbara Board of Supervisors wishes to retain the services of the California Mental Health Services Authority ("CalMHSA"), a joint powers authority formed by counties pursuant to Government Code section 6500 et seq., and CalMHSA wishes to provide the services for the administration, program management, and fiscal services for the Loan Repayment Program; and

WHEREAS, the County of Santa Barbara as the Fiscal and Administrative Agent for the WET SCRP, through the County of Santa Barbara Board of Supervisors wishes, to amend the Agreement No. 1034-WET-2020- SRA to update the agreement language in collaboration with the Statewide WET Coordinators and in accordance with the SCRP recommended changes approved February 15, 2023, and to add \$3,076 to the agreement not to exceed \$6,856,875 inclusive of an administrative fee of \$894,375.

WHEREAS, County as the Fiscal and Administrative agent for the SCRP executed the first amendment to the CalMHSA MOU No. 1034-WET-2020-SRA authorized on June 6, 2023;

This Second Amendment ("Amendment") amends the Memorandum of Understanding ("MOU") No. 1034-WET-2020-SRA ("Agreement"), an MOU between County of Santa Barbara ("County") as the Fiscal and Administrative agent for the Southern Counties Regional Partnership ("SCRP") and the California Mental Health Services Authority ("CalMHSA"), to provide program administration, management and fiscal services for the period from the execution of the MOU extending the termination date to June 30, 2026.

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

- I. The existing MOU SECTION A TERM is replaced with the below SECTION A TERM to extend the term of the agreement through June 30, 2026.

A. TERM.

This Memorandum of Understanding (MOU) shall be effective on the date of execution by Count of Santa Barbara (County) and CalMHSA to provide program administration, management, and fiscal services for the Loan Repayment Programs on behalf of the grantee in the Southern Region through June 30, 2026 as described herein.

- II. The existing MOU SECTION F BUDGET is replaced with the below SECTION F, BUDGET to update the final line in the table to read "FY 21-22 through FY 25-26 Maximum Contract Amount," with no change to the amounts in the Total Cost column.

F. BUDGET.

By County	Total Cost
Imperial	\$176,590
Kern	\$405,417
Orange	\$1,215,636
Riverside	\$1,058,449
San Bernardino	\$825,414
San Diego	\$1,230,646
San Luis Obispo	\$202,552
Santa Barbara	\$270,092
Tri-City	\$187,544
Ventura	\$390,160

Award budget	\$5,962,500
Administrative Costs (15%)	\$894,375
FY 21-22 through FY 25-26 Maximum Contract Amount	\$6,856,875

***Award funding may be allocated in one year or spread out over several years, but must not exceed the individual County's maximum allocated amount.

- III. Effectiveness.** The terms and provisions set forth in this Amendment shall modify and supersede all inconsistent terms and provisions set forth in the original Agreement. The terms and provisions of the original Agreement, except as expressly modified and superseded by the First and Second Amendments, is ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.
- IV. Execution of Counterparts.** This Amendment may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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SIGNATURE PAGE FOLLOWS.

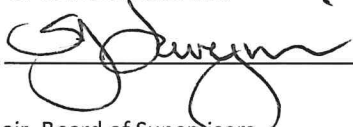
Agreement No.1034-WET-2020-SRA-A02
Program: Workforce Education and Training
County: Santa Barbara County
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SIGNATURE PAGE

Second Amendment to the Memorandum of Understanding between the County of Santa Barbara and the California Mental Health Services Authority.

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective upon execution by the parties.

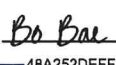
COUNTY OF SANTA BARBARA:

Signed:  Name: Steve Lavignino
Title: Chair, Board of Supervisors Date: 12-3-24

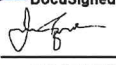
ATTEST: COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD

Signed:  Name: Mona Miyasato
Title: County Executive Officer, Clerk of the Board Date: 12-3-24

APPROVE AS TO FORM: COUNTY COUNSEL

Signed:  Name: Rachel Van Mullem
Title: Deputy County Counsel Date: 11/20/2024

APPROVE AS TO ACCOUNTING FORM: AUDITOR-CONTROLLER

Signed:  Name: Betsy M. Schaffer, CPA
Title: Deputy Auditor-Controller Date: 11/20/2024

RECOMMENDED FOR APPROVAL:

Signed:  Name: Antonette Navarro, LMFT
Title: Director, Department of Behavioral Wellness Date: 11/19/2024

APPROVE AS TO FORM: RISK MANAGEMENT

Signed:  Name: Gregory Milligan, ARM

Title: Risk Manager _____ Date: 11/19/2024 _____

CalMHSA

Signed: _____ Name (printed): Dr. Amie Miller, Psy.D., MFT _____

Title: Executive Director _____ Date: _____