

**FIRST AMENDMENT
TO THE SUBRECIPIENT AGREEMENT FOR SERVICES**

THIS FIRST AMENDMENT to the Subrecipient Agreement for Services, referenced as **BC #22-100** (hereafter First Amended Agreement), is made by and between the **County of Santa Barbara** (County or Department) and **Transitions-Mental Health Association** (Subrecipient), for the continued provision of services specified herein.

WHEREAS, Subrecipient 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 Subrecipient pursuant to the terms, covenants, and conditions herein set forth;

WHEREAS, Subrecipient agrees, and has the organizational capacity, to meet reporting and compliance responsibilities relating to American Rescue Plan Act (ARPA) and the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) as defined by guidance and policy set forth by the U.S. Department of the Treasury;

WHEREAS, the County Board of Supervisors authorized the County to enter into a Subrecipient Agreement for Services with **Transitions-Mental Health Association** on July 12, 2022 (hereafter Agreement) (BC 22-100) for the provision of the LEAD the Conversation program, an outreach, education, and community wellness program to implement the community pandemic impact partnership project, funded by ARPA SLFRF, for a Maximum Contract Amount not to exceed **\$182,400** for the period of July 12, 2022 through September 30, 2023; and

WHEREAS, this First Amended Agreement extends the Agreement term through December 31, 2023 with no change to the Maximum Contract Amount of **\$182,400** for the period of July 12, 2022 through December 31, 2023.

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

I. Delete Section 4 (Term) of the Standard Terms and Conditions and replace with the following:

4. TERM.

Subrecipient shall commence performance on **7/12/2022** and end performance upon completion, but no later than **12/31/2023** unless otherwise directed by County or unless earlier terminated.

II. Delete Exhibit B-1, Schedule of Rates and Contract Maximum in its entirety and replace with the following:

**EXHIBIT B-1
SCHEDULE OF RATES AND CONTRACT MAXIMUM**
(Applicable to program(s) described in Exhibit A-1)

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

CONTRACTOR NAME:

Transitions Mental Health Association

FISCAL YEAR: FY22-24
(July 12, 2022-
December 31, 2023)

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate
Non-Medi-Cal Services	Outreach Services	45	Mental Health Promotion	N/A	10	N/A

	PROGRAM						TOTAL
	Community Pandemic Impact Partnership Project						
GROSS COST:	\$ 182,400						\$ 182,400
LESS REVENUES COLLECTED BY CONTRACTOR:							
PATIENT FEES							\$ -
CONTRIBUTIONS							\$ -
Other (LIST):DOR							\$ -
OTHER (LIST): Foundations and Trusts							\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MAXIMUM CONTRACT AMOUNT PAYABLE:	\$ 182,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 182,400

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)							
MEDI-CAL (3)							\$ -
NON-MEDI-CAL							\$ -
SUBSIDY							\$ -
OTHER: ARPA FEDERAL GRANT CFDA 21.027	\$ 182,400						\$ 182,400
MAXIMUM 22-24 CONTRACT AMOUNT PAYABLE:	\$ 182,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 182,400

CONTRACTOR SIGNATURE:

DocuSigned by:
Christina Harney

FISCAL SERVICES SIGNATURE:

DocuSigned by:
Josie Sanchez

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

III. Delete Exhibit B-2, Entity Budget by Program in its entirety and replace with the following:

**EXHIBIT B-2
ENTITY BUDGET BY PROGRAM**

**Santa Barbara County Department of Behavioral
Wellness Contract Budget Packet
Entity Budget By Program**

AGENCY NAME: Transitions-Mental Health Association

FY 22-24

COUNTY FISCAL YEAR: July 12, 2022 - Dec 31, 2023

LINE #	COLUMN #	1	2
	I. REVENUE SOURCES:		Community Pandemic Impact Partnership Project
1	Contributions		
2	Foundations/Trusts		
3	Miscellaneous Revenue		
4	Behavioral Wellness Funding		\$ 182,400
5	Total Other Revenue		\$ 182,400
	II. Client and Third Party Revenues:		
6	Client Fees		
7	SSI		
8	Total Client and Third Party Revenues		\$ -
9	GROSS PROGRAM REVENUE BUDGET		\$ 182,400

	III. DIRECT COSTS	Community Pandemic Impact Partnership Project
	III.A. Salaries and Benefits Object Level	
10	Salaries (Complete Staffing Schedule)	\$ 75,226
11	Employee Benefits	\$ 7,899
12	Payroll Taxes	\$ 16,966
13	Salaries and Benefits Subtotal	\$ 100,091
	III.B Services and Supplies Object Level	
14	Office Rent	\$ 15,300
15	Office Supplies	\$ 4,500
16	Insurance	\$ 1,720
17	Staff Development & Training	\$ 15,800
18	Telephone	\$ 2,400
19	Mileage Reimbursement	\$ 1,875
20	Marketing/Public Relations	\$ 1,875
21	Dues & Subscriptions	\$ 3,380
22	Professional Fees	\$ 2,800
23	Printed Material & Postage	\$ 1,500
24	Stipends	\$ 2,700
25	Services and Supplies Subtotal	\$ 53,850
26	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	
27	Client Expenses	
28	SUBTOTAL DIRECT COSTS	\$ 153,941
	IV. INDIRECT COSTS	
29	Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 19,159
30	GROSS DIRECT AND INDIRECT COSTS	\$ 173,100
31	One-time Start-up (laptops/office furniture)	\$ 9,300
32	GROSS COSTS	\$ 182,400

IV. Delete Table 1: Federal Award Identification Table in its entirety and replace with the following:

**TABLE 1
FEDERAL AWARD IDENTIFICATION TABLE**

The following Federal Award Information is provided in accordance with 2 C.F.R. § 200.332.

Federal Award Identification	
Subrecipient Name	Transitions-Mental Health Association
Subrecipient Unique Entity Number (DUNS; UEI Number)	QWZ6GNUR3PM7
Federal Award Identification Number (FAIN)	SLFRP5502
Federal Award Date	September 2021
Subaward Period of Performance & Budget Period- Start Date	July 12, 2022
Subaward Period of Performance & Budget Period- End Date	December 31, 2023
Amount of Federal Funds Obligated by this Action by Pass Through to Subrecipient	\$182,400
Total Amount of Federal Funds Obligated to Subrecipient by Pass Through Including Current Financial Obligation	\$182,400
Total Amount of Federal Award Committed to the Subrecipient by the Pass Through Entity	\$182,400
Federal Award Project Description	COMMUNITY PANDEMIC IMPACT PARTNERSHIP PROJECTS
Federal Awarding Agency	Department of the Treasury
Pass Through Entity	County of Santa Barbara
Contact Information for Awarding Official of Pass Through Entity	Mona Miyasato, County Executive Officer, (805) 568-3400
CFDA Number	21-027
CFDA Name	Coronavirus State and Local Fiscal Recovery Funds
Is Award for Research and Development?	No
Indirect Cost Rate for Award	Federal negotiated rate - varies by year
Requirements Imposed by Pass Through Entity	See Exhibit F (Special Provisions: SLFRF Requirements) of this Agreement, Section 1 (Coronavirus State and Local Fiscal Recovery Funds Requirements)
Additional requirements- Financial and Performance Reports	See Exhibit F (Special Provisions: SLFRF Requirements) of this Agreement, Section 1 (Coronavirus Local Fiscal Recovery Fund Requirements), including subsection C (Reporting)
Access to Subrecipient Records	See Exhibit F (Special Provisions: SLFRF Requirements) of this Agreement, Section 1 (Coronavirus Local Fiscal Recovery Fund Requirements), including subsection D (Maintenance of and Access to Records).
Closeout Terms and Conditions	See Exhibit F (Special Provisions: SLFRF Requirements), Section 2 (Other Federal Requirements and Conditions), subsection C.1 (Closeout).

- V. **Effectiveness.** The terms and provisions set forth in this First Amended Agreement shall modify and supersede all inconsistent terms and provisions set forth in the original Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by this First Amended Agreement, are 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.
- VI. **Execution of Counterparts.** This First Amended Agreement 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.

(This section intentionally left blank.)

SIGNATURE PAGE

First Amendment to the Subrecipient Agreement for Services between the **County of Santa Barbara and Transitions-Mental Health Association.**

IN WITNESS WHEREOF, the parties have executed this First Amended Agreement to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA:

By:

[Handwritten Signature]

DAS WILLIAMS, CHAIR
BOARD OF SUPERVISORS

Date:

9-19-23

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By:

[Handwritten Signature]

Deputy Clerk

Date:

9-19-23

CONTRACTOR:

TRANSITIONS-MENTAL HEALTH ASSOCIATION

By:

DocuSigned by:
[Handwritten Signature]

Authorized Representative

Name:

Christina Harney

Title:

Clinical Director

Date:

9/7/2023

APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By:

DocuSigned by:
[Handwritten Signature]

Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:

DocuSigned by:
[Handwritten Signature]

Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

By:

DocuSigned by:
[Handwritten Signature]

Director

APPROVED AS TO INSURANCE FORM:

GREG MILLIGAN, ARM
RISK MANAGER

By:

DocuSigned by:
[Handwritten Signature]

Risk Manager