



County of Santa Barbara BOARD OF SUPERVISORS

Minute Order

November 5, 2019

Present: 5 - Supervisor Williams, Supervisor Hart, Supervisor Hartmann, Supervisor Adam, and Supervisor Lavagnino

BEHAVIORAL WELLNESS

File Reference No. 19-00950

RE: Consider recommendations regarding a Second Amended Agreement with Family Service Agency of Santa Barbara County, Fiscal Year (FY) 2018-2021, as follows:

a) Approve and authorize the Chair to execute a Second Amendment to the Agreement for Services of Independent Contractor with Family Service Agency of Santa Barbara County (a local vendor) (BC 19-153) that includes:

i) Terminating the Alcohol and Drug Program (ADP) Outpatient and Intensive Services and Additional Medication Assisted Treatment (MAT) services effective November 30, 2019 resulting in a decrease of \$847,297.00 of ADP funds;

ii) Updating the Mental Health Services (MHS) Statements of Work for Intensive In-Home Services (IIHS) and Pathways to Well Being; and

iii) Adding positions to IIHS resulting in an increase in MHS funds by \$452,975.00 with a total Maximum Contract Amount not to exceed \$4,599,716.00 through June 30, 2021;

b) Approve and authorize the Chair to delegate to the Director of Behavioral Wellness or her designee the authority to reallocate funds between funding sources and change staffing requirements at her discretion during the term of the agreement without altering the Maximum Contract Amount or requiring a formal amendment to the agreements per Exhibit B-1 and Exhibit A-9 Section 11 of the agreement, subject to the Board's ability to rescind this delegated authority at any time; and

c) Determine that the above actions are government fiscal activities that will not result in direct or indirect physical changes in the environment, pursuant to section 15378(b)(4) of the California Environmental Quality Act (CEQA) guidelines.

A motion was made by Supervisor Hart, seconded by Supervisor Hartmann, that this matter be acted on as follows:

a) i) through iii) Approved and authorized; Chair to execute

b) Approved and authorized; Chair to delegate; and

c) Approved.

The motion carried by the following vote:

Ayes: 5 - Supervisor Williams, Supervisor Hart, Supervisor Hartmann, Supervisor Adam, and Supervisor Lavagnino



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name: Behavioral Wellness
Department No.: 043
For Agenda Of: November 5, 2019
Placement: Administrative
Estimated Time: N/A
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors

FROM: Department Alice Gleghorn, PhD, Director
Director(s) Behavioral Wellness, 681-5220
Contact Info: Pam Fisher, PsyD, Deputy Director of Clinical Operations
Behavioral Wellness, 681-5220

SUBJECT: Behavioral Wellness – Second Amended Agreement Family Service Agency of Santa Barbara County, FY 18-21

County Counsel Concurrence

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

Auditor-Controller Concurrence

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- A. Approve and authorize the Chair to execute a **Second Amendment** to the Agreement for Services of Independent Contractor with **Family Service Agency of Santa Barbara County** (a local vendor) for FY 18-21 (**BC 19-153**) that includes:
 - 1. Terminating the Alcohol and Drug Program (ADP) Outpatient and Intensive Services and Additional Medication Assisted Treatment (MAT) services effective November 30, 2019 resulting in a decrease of \$847,297 of ADP funds;
 - 2. Updating the Mental Health Services (MHS) Statements of Work for Intensive In-Home Services (IIHS) and Pathways to Well Being; and
 - 3. Adding positions to IIHS resulting in an increase in MHS funds by \$452,975 with a total Maximum Contract Amount not to exceed **\$4,599,716** through June 30, 2021;
- B. Approve and authorize the Chair to delegate to the Director of Behavioral Wellness or her designee the authority to reallocate funds between funding sources and change staffing requirements at her discretion during the term of the agreement without altering the Maximum Contract Amount or requiring a formal amendment to the agreements per Exhibit B-1 and Exhibit A-9 Section 11 of the agreement, subject to the Board’s ability to rescind this delegated authority at any time; and

- C. Determine that the above actions are government fiscal activities that will not result in direct or indirect physical changes in the environment, pursuant to section 15378(b)(4) of the California Environmental Quality Act (CEQA) guidelines.

Summary Text:

Approval of the recommended actions will allow Behavioral Wellness (BeWell) to terminate Family Service Agency of Santa Barbara County's (FSA) services for Drug Medi-Cal Organized Delivery Services (DMC-ODS) for youth and Transition Age Youth (TAY) in Santa Maria effective November 30, 2019. Due to changing needs for services for this population, there were lower client referrals than previously anticipated. FSA reports that the program is not viable and it cannot sustain staffing for this program. In addition, approval of the recommended actions will allow BeWell to add Mental Health staffing to increase network adequacy for Intensive In-Home Services (IIHS) and updates the Statements of Work for IIHS and Pathways to Well Being.

Background:

BeWell provides a continuum of mental health and substance use disorder services to Santa Barbara County residents, in part through contracted providers including Community-Based Organizations (CBOs). Under FY 18-21 Board Contract 19-153, FSA has several Mental Health and Alcohol and Drug funded programs throughout the County. FSA merged with Santa Maria Youth and Family Service and began providing Adolescent Substance Use Disorder (SUD) prevention services. Since December 2018, FSA provides DMC-ODS, outpatient alcohol, and other drug treatment to adolescents and TAY clients at their Santa Maria site and Primary Prevention Family Support Services countywide at three locations to youth and families.

BeWell received a request from FSA on October 3, 2019 to allow termination of its operation of the DMC-ODS Outpatient and Intensive Outpatient Services for adolescent and TAY DMC-ODS clients due to low client referrals. BeWell recommends that the County terminate the TAY DMC-ODS services provided by FSA pursuant to Section 19.A.1 of the Agreement. FSA's adolescent and TAY DMC-ODS clients will be referred to BeWell's other contracted providers: Coast Valley, CADA, Good Samaritan, and LAGS. These providers have the ability to meet the needs of these clients with no change to their contract amounts.

In addition, FSA also provides Mental Health Services (MHS) to children and youth in Intensive In-Home; Managed Care; School-Based Counseling; Helping Others Parent Effectively (HOPE); and Support, Treatment, Advocacy and Referral Team (START). BeWell recommends amending the agreement to add 2.8 FTE Mental Health Specialists and 0.6 FTEs Supervision staff to the In-Home Therapeutic programs. FSA has ability to shift the staff underutilized under DMC-ODS to meet MHS staffing needs.

Contract Renewals and Performance Outcomes:

ADP: FSA has performed well, reaching three of four SUD Goals, including initiation, engagement and retention in treatment.

MHS: FSA provided services to children and youth in Intensive In-Home; Managed Care; School-Based Counseling; HOPE; and START. FSA has performed very well, consistently achieving and surpassing its program outcomes, including:

1. **New Out-of-Home Placements:** the goal is to prevent/minimize home placement disruptions.
2. **Employed, Enrolled in School, or Volunteering:** the goal is to have clients engage in meaningful activities.

3. **Child and Adolescent Needs and Strengths (CANS):** the goal is completion of the assessment at intake and every 6 months thereafter.
4. **Incarcerated in Juvenile Hall or Jail:** the goal is to prevent/minimize incarceration.
5. **Psychiatric Inpatient Admissions:** the goal is to prevent/minimize inpatient admissions.
6. **Stable/Permanent Housing:** the goal is to maintain stable/permanent housing.

Fiscal and Facilities Impacts:

Budgeted: Yes

Fiscal Analysis:

| Funding Sources | Cost FY 18-19: | Cost FY -19-20 | Cost FY 20-21 |
|------------------------|-----------------------|-----------------------|----------------------|
| General Fund | | | |
| State | \$ 219,581 | \$ 1,060,018 | \$ 1,020,259 |
| Federal | \$ 219,581 | \$ 1,060,018 | \$ 1,020,259 |
| Fees | | | |
| Other: | | | |
| Total | \$ 439,162 | \$ 2,120,036 | \$ 2,040,518 |
| Total FY 18-21 | | | \$ 4,599,716 |

Narrative: The above referenced contract is funded by State and Federal funds. The funding sources are included in the FY 18-19 and FY 19-20 Adopted Budget. For FY 20-21, the budget is contingent on Board approval. Adoption of Recommended Actions does not impact the General Fund budget. Funds are being reallocated from the unused funds of FSA’s underutilized programs.

Key Contract Risks:

As with any contract funded by State and Federal sources, there is a risk of future audit disallowances and repayments. The agreement includes language which requires the contractor to repay any amounts disallowed in audit findings, minimizing financial risks to the County.

Special Instructions:

Please email one (1) complete executed contract and one (1) minute order to Denise Morales: dmorales@co.santa-barbara.ca.us and to bwellcontractsstaff@co.santa-barbara.ca.us.

Attachments:

- Attachment A: FSA FY 18-21 BC 19-153 AM2
- Attachment B: FSA FY 18-21 BC 19-153 AM1
- Attachment C: FSA FY 18-21 BC 19-153

Authored by:

D. Morales

**SECOND AMENDED AGREEMENT
FOR SERVICES OF INDEPENDENT CONTRACTOR**

THIS SECOND AMENDMENT to the AGREEMENT for Services of Independent Contractor, referenced as BC 19-153, by and between the **County of Santa Barbara** (County) and **Family Services Agency of Santa Barbara County**, a California nonprofit public benefit corporation (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;

WHEREAS, the County Board of Supervisors authorized the County to enter into a Board Contract for Services of Independent Contractor, referred to as BC 19-153, on November 13, 2018 for the provisions of alcohol and drug services, for a total Maximum Contract Amount not to exceed \$1,517,062 for the period of December 1, 2018 through June 30, 2021;

WHEREAS, the First Amendment to the Agreement authorized by the County of Supervisors on June 18, 2019 updated language for compliance with state and federal regulations, added mental health services to the contract and increased the contract by \$3,476,976 inclusive of \$3,168,606 in Mental Health Services funds of \$1,584,303 for FY 19-20 and \$1,584,303 for FY 20-21 and \$308,370 in Alcohol and Drug Services funds inclusive of increased funding of \$78,170 in FY 18-19, \$115,100 for FY 19-20 and \$115,100 for FY 20-21, for Maximum Contract Amount not to exceed \$4,994,038 for FY 18-21;

WHEREAS, this Second Amendment to the Agreement terminates the DMC-ODS adolescent and Transitional Age Youth (TAY) program services under Exhibits A-2 (Outpatient Services and Intensive Outpatient Services) and A-3 (Medication Assisted Treatment) effective November 30, 2019 pursuant to Section 19.A.1 of the First Amendment; adds 2.8 FTEs and .6 FTEs Supervisor to Exhibit A-6 (Intensive In-Home); adds updated language to Exhibit A-9 (Pathways to Well-Being); decreases the ADP funds by \$847,297 and increases the MHS funds by \$452,975 with a Maximum Contract Amount not to exceed **\$4,559,716** for FY 18-21; and incorporates the terms and conditions set forth in the First Amended Agreement approved by the Board of Supervisors on June 18, 2019, excepted as modified in this Second Amended Agreement; and

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

I. **Delete Sections 4 (Operations), 5.A (Client and Program Capacity), and 12.B (Staffing Requirements) of Exhibit A-6 (MHS Statement of Work: Intensive In-Home Services) and replace with the following:**

4. OPERATIONS.

A. Service Intensity.

1. Contractor shall provide at least two (2) face-to-face services every week for each client, for an average of four (4) hours of service per client per week, with either four (4) one (1) hour visits or two (2) two (2) hour visits during the course of treatment. Service levels shall be based upon individualized needs of the client and may be adjusted to prevent client's move to a higher level of care.
2. Services provided by Contractor under this agreement shall be authorized by County for up to six (6) months upon client's admission into the Program. Additional Program services will require review and approval by the Behavioral Wellness Treatment Team. Behavioral Wellness Regional Manager will meet monthly to be a liaison and to collaborate with Contractor on mutually shared cases. For the cases that are not mutually shared, the Regional Manager/Supervisor will participate in discussion on the need for potential services, new intakes, and possible discharges, The goal of treatment is to improve the family's functioning and stability so that intensive services are not required beyond the six (6) month authorization.

B. Treatment Location. The primary service location will be community locations best suited for the client and family's needs or in the field (i.e. home, parks, and schools).

C. Staff to Client Caseload Ratios. The Program shall operate with a staff to Intensive in-Home (IIH) client ratio that ranges from seven (7) to ten (10) clients per one (1.0) FTE staff member.

D. Hours of Operation and Staff Coverage. Contractor shall operate a schedule which shall be flexible to accommodate the client and family, and allow Contractor's staff to meet with the client in their treatment location Monday through Friday, including evenings, and weekends as needed. Contractor is not expected to provide 24/7 availability for crisis response.

5. CLIENT AND PROGRAM CAPACITY.

A. Contractor shall provide services described in Section 3 to an average of 63 to 90 clients for Santa Maria and Lompoc at any given time (staff to client ratio 1:7 to 1:10) aged 0 to 21 years, diagnosed with serious emotional disturbance (SED) or Medi-Cal beneficiaries diagnosed as needing specialty mental health services as described in Title 9, Chapter 11, CCR, and to their families.

12. STAFFING REQUIREMENTS.

B. Contractor shall employ staff as described below:

1. 9.0 FTE Counselors/Family Specialist who shall be at minimum licensed, waived, or registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254 with 4 FTE in Lompoc and 5 FTE in Santa Maria to include only the following individuals:

- a. licensed physicians;
 - b. licensed psychologists;
 - c. licensed clinical social workers;
 - d. licensed marriage and family therapists; or
 - e. An individual who has registered with the corresponding state licensing authority for psychologists, marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.
2. A total of 1.83 FTE supervisory staff which includes clinical supervision, a Clinical Director, Program Director, and Program Supervisor. Supervisory staff shall be licensed, waived, or registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254 as described above.

II. Delete Sections 4.C (Operations) and Section 11 (Staffing Requirements) and its subsection C of Exhibit A-9 (MHS Statement of Work: Pathways to Well-Being (CWS Katie A) Mental Health Services) and replace with the following:

4. OPERATIONS.

- C. Staff to Client Caseload Ratios.** The Program shall operate with a client to staff ratio of approximately twenty (20) clients to one (1.0) FTE direct service staff member with a total census of 50 clients for the year.

11. STAFFING REQUIREMENTS. The Program shall be staffed by 1.20 full time equivalent (FTE) direct service staff, as described below. Program staffing levels between the Intensive In-Home and Pathways to Well-Being programs may be adjusted as client volume fluctuates between the two programs but dedicated staff is to remain intact for each program. Contractor shall adhere to the Program staffing requirements outlined below, unless otherwise approved by Behavioral Wellness in writing. Amendments to these requirements do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees.

- C.** Contractor shall provide 1.20 FTE Counselor/Family Therapists who shall be licensed/waivered/registered mental health professionals as described in Title 9, CCR 1810.223 and 1810.254 for an average of twenty (20) clients for one (1.0) FTE to include only the following individuals:
- a. licensed physicians;
 - b. licensed psychologists;
 - c. licensed clinical social workers;
 - d. licensed marriage and family therapists; or
 - e. An individual who has registered with the corresponding state licensing authority for psychologists, marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

III. Delete Exhibit B ADP, Section II (Maximum Contract Amount) and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$4,559,716** inclusive of **\$978,135** in Alcohol and Drug Program funding inclusive of \$439,162 for FY 18-19, \$380,973 for FY 19-20, and \$158,000 for FY 20-21, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-ADP. 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 set forth in Exhibits A-2 through A-4 without a properly executed amendment.

IV. Delete Exhibit B MHS, Section II (Maximum Contract Amount) and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount of this Agreement shall not exceed **\$4,599,716** inclusive of **\$3,621,581** in Mental Health Services funding of \$1,739,063 for FY 19-20 and \$1,882,518 for FY 20-21, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MHS and subject to the provisions in Section I (Payment for Services). 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 set forth in Exhibits A-6 through A-9 without a properly executed amendment.

V. Delete Exhibit B1-ADP FY 19-20 and replace with the following:

Exhibit B-1 ADP
Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Family Service Agency

FISCAL YEAR: 2019-20 & FY 2020-2021

| Drug Medi-Cal /Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | Projected Units of Service*** | Projected Number of Clients*** |
|---------------------------------------|--|----------------|--|-----------------|---------------------------|------------------------------|-------------------------------|--------------------------------|
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Outpatient Treatment | 15 Minute Unit | 91 | 91 | 9,513 | 59 |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | 1,931 | 18 |
| | | 15 | ODS Recovery Services | 15 Minute Unit | 95 | 95 | 1,571 | 14 |
| | | 15 | ODS Non-NTP Medically Assisted Treatment (MAT) | 15 Minute Unit | 99 | 99 | 103 | 2 |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | 2,595 | 84 |
| Drug Medi-Cal /Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | County Maximum Allowable Rate | |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Group Counseling | 15 Minute Unit | 91 | 91 | \$33.81 | |
| | | 15 | ODS Individual Counseling | 15 Minute Unit | 92 | 92 | \$33.81 | |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | \$33.81 | |
| | | 15 | ODS Recovery Services Individual | 15 Minute Unit | 95 | 95 | \$33.81 | |
| | | 15 | ODS Recovery Services Group | 15 Minute Unit | 96 | 96 | \$33.81 | |
| | | 15 | ODS Recovery Services Case Management | 15 Minute Unit | 97 | 97 | \$33.81 | |
| | | 15 | ODS Recovery Services Monitoring | 15 Minute Unit | 98 | 98 | \$33.81 | |
| | | 15 | ODS Non-NTP Medically Assisted Treatment (MAT) | 15 Minute Unit | 99 | 99 | \$141.59 ¹ | |
| | | 15 | ODS Non-NTP MAT - Buprenorphine-Naloxone Combination | Dose | 100 | 100 | \$20.10 | |
| | | 15 | ODS Non-NTP MAT - Disulfiram | Dose | 101 | 101 | \$7.36 | |
| | | 15 | ODS Non-NTP MAT - Acamprosate | Dose | 104 | 104 | \$0.00 ¹ | |
| 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | \$31.02 | | | |
| Non - Drug Medi-Cal Billable Services | Primary Prevention | N/A | Information Dissemination | Cal OMS | N/A | 12 | Actual Cost | |
| | | | Education | Cal OMS | N/A | 13 | Actual Cost | |

| | Program | | | | TOTAL |
|--|--|-------------------------------|--|---|------------|
| | Outpatient Treatment Services - Start Up | Outpatient Treatment Services | ODS Non-NTP Medically Assisted Treatment (MAT) | Primary Prevention Strengthening Families | |
| SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | |
| Drug Medi-Cal | | \$ 206,051 | \$ 6,077 | | \$ 212,128 |
| Realignment/SAPT - Discretionary | | | | | \$ - |
| Realignment/SAPT - Perinatal | | | | | \$ - |
| Realignment/SAPT - Adolescent Treatment | | \$ 10,845 | | | \$ 10,845 |
| Realignment/SAPT - Primary Prevention | | | | \$ 158,000 | \$ 158,000 |
| CalWORKS | | | | | \$ - |
| Other County Funds | | | | | \$ - |
| FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ - | \$ 216,896 | \$ 6,077 | \$ 158,000 | \$ 380,973 |
| FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ - | \$ - | \$ - | \$ 158,000 | \$ 158,000 |
| FY19-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | \$ - | \$ 216,896 | \$ 6,077 | \$ 316,000 | \$ 538,973 |

CONTRACTOR SIGNATURE: _____

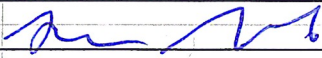
STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

**Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.

***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.

V. Delete Exhibit B1-ADP FY 19-20 and replace with the following:

| Exhibit B-1 ADP Schedule of Rates and Contract Maximum | | | | | | | | | |
|--|--|----------------|--|-----------------|---|-------------------------------|--|---|------------|
| CONTRACTOR NAME: Family Service Agency | | | | | FISCAL YEAR: 2019-20 & FY 2020-2021 | | | | |
| Drug Medi-Cal /Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | Projected Units of Service*** | Projected Number of Clients*** | |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Outpatient Treatment | 15 Minute Unit | 91 | 91 | 9,513 | 59 | |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | 1,931 | 18 | |
| | | 15 | ODS Recovery Services | 15 Minute Unit | 95 | 95 | 1,571 | 14 | |
| | | 15 | ODS Non-NTP Medically Assisted Treatment (MAT) | 15 Minute Unit | 99 | 99 | 103 | 2 | |
| | | 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | 2,595 | 84 | |
| Drug Medi-Cal /Non Drug Medi-Cal | Service Type | Mode | Service Description | Unit of Service | DMC Service Function Code | AoD Cost Report Service Code | County Maximum Allowable Rate | | |
| Drug Medi-Cal Billable Services | Outpatient | 15 | ODS Group Counseling | 15 Minute Unit | 91 | 91 | \$33.81 | | |
| | | 15 | ODS Individual Counseling | 15 Minute Unit | 92 | 92 | \$33.81 | | |
| | | 15 | ODS Case Management | 15 Minute Unit | 93 | 93 | \$33.81 | | |
| | | 15 | ODS Recovery Services Individual | 15 Minute Unit | 95 | 95 | \$33.81 | | |
| | | 15 | ODS Recovery Services Group | 15 Minute Unit | 96 | 96 | \$33.81 | | |
| | | 15 | ODS Recovery Services Case Management | 15 Minute Unit | 97 | 97 | \$33.81 | | |
| | | 15 | ODS Recovery Services Monitoring | 15 Minute Unit | 98 | 98 | \$33.81 | | |
| | | 15 | ODS Non-NTP Medically Assisted Treatment (MAT) | 15 Minute Unit | 99 | 99 | \$141.59 ¹ | | |
| | | 15 | ODS Non-NTP MAT - Buprenorphine-Naloxone Combination | Dose | 100 | 100 | \$20.10 | | |
| | | 15 | ODS Non-NTP MAT - Disulfiram | Dose | 101 | 101 | \$7.36 | | |
| | | 15 | ODS Non-NTP MAT - Acamprosate | Dose | 104 | 104 | \$0.00 ¹ | | |
| 10 | ODS Intensive Outpatient Treatment (IOT) | 15 Minute Unit | 105 | 105 | \$31.02 | | | | |
| Non - Drug Medi-Cal Billable Services | Primary Prevention | N/A | Information Dissemination | Cal OMS | N/A | 12 | Actual Cost | | |
| | | | Education | Cal OMS | N/A | 13 | Actual Cost | | |
| | | | | | Program | | | | |
| | | | | | Outpatient Treatment Services - Start Up | Outpatient Treatment Services | ODS Non-NTP Medically Assisted Treatment (MAT) | Primary Prevention Strengthening Families | TOTAL |
| SOURCES OF BEHAVIORAL WELLNESS FUNDING FOR MAXIMUM CONTRACT AMOUNT** | | | | | | | | | |
| Drug Medi-Cal | | | | | \$ 206,051 | \$ 6,077 | | \$ 212,128 | |
| Realignment/SAPT - Discretionary | | | | | | | | \$ - | |
| Realignment/SAPT - Perinatal | | | | | | | | \$ - | |
| Realignment/SAPT - Adolescent Treatment | | | | | \$ 10,845 | | | \$ 10,845 | |
| Realignment/SAPT - Primary Prevention | | | | | | | \$ 158,000 | \$ 158,000 | |
| CalWORKS | | | | | | | | \$ - | |
| Other County Funds | | | | | | | | \$ - | |
| FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | | | | | \$ - | \$ 216,896 | \$ 6,077 | \$ 158,000 | \$ 380,973 |
| FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | | | | | \$ - | \$ - | \$ - | \$ 158,000 | \$ 158,000 |
| FY19-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING) | | | | | \$ - | \$ 216,896 | \$ 6,077 | \$ 316,000 | \$ 538,973 |
| CONTRACTOR SIGNATURE: | | | | |  | | | | |
| STAFF ANALYST SIGNATURE: | | | | | | | | | |
| FISCAL SERVICES SIGNATURE: | | | | | | | | | |

**Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.

***Projected Units of Service and Projected Number of Clients are estimated targets to assist CBO's in recovering full costs. Actual services provided and clients served may vary.

VI. Delete Exhibit B1-MHS and replace with the following:

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

CONTRACTOR NAME: Family Service Agency (FSA) FISCAL YEAR: 2019-2021

| Contracted Services(1) | Service Type | Mode | Service Description | Unit of Service | Service Function Code | County Maximum Allowable Rate (4) |
|----------------------------|---------------------|------|------------------------------------|-----------------|-----------------------|-----------------------------------|
| Medi-Cal Billable Services | Outpatient Services | 15 | Targeted Case Management | Minutes | 01 | \$2.51 |
| | | | Intensive Care Coordination | Minutes | 07 | \$2.51 |
| | | | Collateral | Minutes | 10 | \$3.25 |
| | | | *MHS- Assessment | Minutes | 30 | \$3.25 |
| | | | MHS - Plan Development | Minutes | 31 | \$3.25 |
| | | | *MHS- Therapy (Family, Individual) | Minutes | 11, 40 | \$3.25 |
| | | | MHS - Rehab (Family, Individual) | Minutes | 12, 41 | \$3.25 |
| | | | MHS - IHBS | Minutes | 57 | \$3.25 |
| | | | Crisis Intervention | Minutes | 70 | \$4.82 |

| | PROGRAM | | | | | TOTAL |
|---|-------------------|--------------------|-------------------------|-------------------|--|--------------|
| | Intensive In-Home | Managed Care (FFS) | School Based Counseling | Carpenteria START | Pathways to Well Being (Formerly HOPE) | |
| GROSS COST: | \$ 903,363 | \$ 247,123 | \$ 284,595 | \$ 108,982 | \$ 195,000 | \$ 1,739,063 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | |
| PATIENT FEES | | | | | | \$ - |
| CONTRIBUTIONS | | | | | | \$ - |
| OTHER (LIST): School District Funding | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ - | \$ - | \$ - | \$ - | | \$ - |
| MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE: | \$ 903,363 | \$ 247,123 | \$ 284,595 | \$ 108,982 | \$ 195,000 | \$ 1,739,063 |

| SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2) | | | | | | |
|---|---------------|------------|------------|------------|------------|--------------|
| MEDI-CAL (3) | \$ 858,195 | \$ 234,767 | \$ 270,366 | \$ 65,389 | \$ 185,250 | \$ 1,613,966 |
| NON-MEDI-CAL | | | | | | \$ - |
| SUBSIDY | \$ 45,168 | \$ 12,356 | \$ 14,230 | \$ 43,593 | \$ 9,750 | \$ 125,097 |
| OTHER (LIST): | | | | | | \$ - |
| MAXIMUM 19-20 CONTRACT AMOUNT PAYABLE: | \$ 903,363 | \$ 247,123 | \$ 284,595 | \$ 108,982 | \$ 195,000 | \$ 1,739,063 |
| MAXIMUM 20-21 CONTRACT AMOUNT PAYABLE: | \$1,046,818** | \$ 247,123 | \$ 284,595 | \$ 108,982 | \$ 195,000 | \$ 1,882,518 |
| TOTAL CONTRACT AMOUNT PAYABLE: | \$ 1,950,181 | \$ 494,246 | \$ 569,190 | \$ 217,964 | \$ 390,000 | \$ 3,621,581 |

CONTRACTOR SIGNATURE: _____
 STAFF ANALYST SIGNATURE: Denise Morales
 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.
 - (4) County reserves the right to increase the CMA by the home health care index if determined to be appropriate in year 2 of contract.
- * 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
 ** Intensive In Home subsidy is 5% or \$52,341 in year 2.

VI. Delete Exhibit B1-MHS and replace with the following:

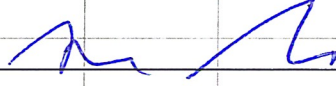
**EXHIBIT B-1 MH
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

| | | | |
|-------------------------|-----------------------------|---------------------|-----------|
| CONTRACTOR NAME: | Family Service Agency (FSA) | FISCAL YEAR: | 2019-2021 |
|-------------------------|-----------------------------|---------------------|-----------|

| Contracted Services(1) | Service Type | Mode | Service Description | Unit of Service | Service Function Code | County Maximum Allowable Rate (4) |
|----------------------------|---------------------|------|------------------------------------|-----------------|-----------------------|-----------------------------------|
| Medi-Cal Billable Services | Outpatient Services | 15 | Targeted Case Management | Minutes | 01 | \$2.51 |
| | | | Intensive Care Coordination | Minutes | 07 | \$2.51 |
| | | | Collateral | Minutes | 10 | \$3.25 |
| | | | *MHS- Assessment | Minutes | 30 | \$3.25 |
| | | | MHS - Plan Development | Minutes | 31 | \$3.25 |
| | | | *MHS- Therapy (Family, Individual) | Minutes | 11, 40 | \$3.25 |
| | | | MHS - Rehab (Family, Individual) | Minutes | 12, 41 | \$3.25 |
| | | | MHS - IHBS | Minutes | 57 | \$3.25 |
| Crisis Intervention | Minutes | 70 | \$4.82 | | | |

| | PROGRAM | | | | | TOTAL |
|--|-------------------|--------------------|-------------------------|-------------------|--|--------------|
| | Intensive In-Home | Managed Care (FFS) | School Based Counseling | Carpenteria START | Pathways to Well Being (Formerly HOPE) | |
| GROSS COST: | \$ 903,363 | \$ 247,123 | \$ 284,595 | \$ 108,982 | \$ 195,000 | \$ 1,739,063 |
| LESS REVENUES COLLECTED BY CONTRACTOR: | | | | | | |
| PATIENT FEES | - | | | | | \$ - |
| CONTRIBUTIONS | | | | | | \$ - |
| OTHER (LIST): School District Funding | | | | | | \$ - |
| TOTAL CONTRACTOR REVENUES | \$ - | \$ - | \$ - | \$ - | | \$ - |
| MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE: | \$ 903,363 | \$ 247,123 | \$ 284,595 | \$ 108,982 | \$ 195,000 | \$ 1,739,063 |

| SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2) | | | | | | |
|---|----------------|------------|------------|------------|------------|--------------|
| MEDI-CAL (3) | \$ 858,195 | \$ 234,767 | \$ 270,366 | \$ 65,389 | \$ 185,250 | \$ 1,613,966 |
| NON-MEDI-CAL | | | | | | \$ - |
| SUBSIDY | \$ 45,168 | \$ 12,356 | \$ 14,230 | \$ 43,593 | \$ 9,750 | \$ 125,097 |
| OTHER (LIST): | | | | | | \$ - |
| MAXIMUM 19-20 CONTRACT AMOUNT PAYABLE: | \$ 903,363 | \$ 247,123 | \$ 284,595 | \$ 108,982 | \$ 195,000 | \$ 1,739,063 |
| MAXIMUM 20-21 CONTRACT AMOUNT PAYABLE: | \$ 1,046,818** | \$ 247,123 | \$ 284,595 | \$ 108,982 | \$ 195,000 | \$ 1,882,518 |
| TOTAL CONTRACT AMOUNT PAYABLE: | \$ 1,950,181 | \$ 494,246 | \$ 569,190 | \$ 217,964 | \$ 390,000 | \$ 3,621,581 |

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.
- (4) County reserves the right to increase the CMA by the home health care index if determined to be appropriate in year 2 of contract.
- * 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
- ** Intensive In Home subsidy is 5% or \$52,341 in year 2.

VII. Delete Exhibit B-2 ADP & MHS 2019-2020 and replace it with the following:

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

AGENCY NAME: Family Service Agency of Santa Barbara County

COUNTY FISCAL YEAR: 2019-20 Amended

(round amounts the nearest dollar)

Gray Shaded cells contain formulas, do not overwrite

| LINE # | COLUMN# | 1 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|--|---|--|-------------------|--------------|-----------------------|-------------------------|------------|----------------|-------------------------------|----------|
| I. REVENUE SOURCES: | | | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Intensive In Home | Managed Care | Pathways to Wellbeing | School Based Counseling | Carp Start | ADP Prevention | ADP Outpatient Drug Treatment | MAT |
| 1 | Contributions | | \$ - | | | | | | | | |
| 2 | Foundations/Trusts | | \$ - | | | | | | | | |
| 3 | Miscellaneous Revenue | | \$ - | | | | | | | | |
| 4 | Behavioral Wellness Funding | | \$ 2,120,036 | \$ 903,363 | \$ 247,123 | \$ 195,000 | \$ 284,595 | \$ 108,982 | \$ 158,000 | \$ 216,896 | \$ 6,077 |
| 5 | Other Government Funding | | \$ - | | | | | | | | |
| 6 | School District Funding | | \$ - | | | | | | | | |
| 7 | Events (net) | | \$ - | | | | | | | | |
| 8 | Private Contracts | | \$ - | | | | | | | | |
| 9 | Draws | | \$ - | | | | | | | | |
| 10 | Total Other Revenue | | \$ 2,120,036 | \$ 903,363 | \$ 247,123 | \$ 195,000 | \$ 284,595 | \$ 108,982 | \$ 158,000 | \$ 216,896 | \$ 6,077 |
| I.B. Client and Third Party Revenues: | | | | | | | | | | | |
| 11 | Client Fees | | \$ - | | | | | | | | |
| 12 | SSI | | \$ - | | | | | | | | |
| 13 | Other (specify) | | \$ - | | | | | | | | |
| 14 | Total Client and Third Party Revenues (Sum of lines 11 through 13) | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 15 | GROSS PROGRAM REVENUE BUDGET | | \$ 2,120,036 | \$ 903,363 | \$ 247,123 | \$ 195,000 | \$ 284,595 | \$ 108,982 | \$ 158,000 | \$ 216,896 | \$ 6,077 |
| III. DIRECT COSTS | | | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Intensive In Home | Managed Care | Pathways to Wellbeing | School Based Counseling | Carp Start | ADP Prevention | ADP Outpatient Drug Treatment | MAT |
| III.A. Salaries and Benefits Object Level | | | | | | | | | | | |
| 16 | Salaries (Complete Staffing Schedule) | | \$ 1,270,895 | \$ 570,192 | \$ 150,648 | \$ 122,554 | \$ 177,006 | \$ 67,366 | \$ 64,084 | \$ 119,046 | \$ - |
| 17 | Employee Benefits (includes Payroll Taxes) | | \$ 343,142 | \$ 153,952 | \$ 40,675 | \$ 33,090 | \$ 47,792 | \$ 18,189 | \$ 17,303 | \$ 32,142 | \$ - |
| 20 | Salaries and Benefits Subtotal | | \$ 1,614,037 | \$ 724,143 | \$ 191,323 | \$ 155,643 | \$ 224,798 | \$ 85,555 | \$ 81,387 | \$ 151,189 | \$ - |
| III.B Services and Supplies Object Level | | | | | | | | | | | |
| 21 | Program Consultants | | \$ 47,092 | \$ 12,290 | \$ 3,867 | \$ 3,322 | \$ 7,344 | \$ 2,772 | \$ 1,885 | \$ 10,328 | \$ 5,285 |
| 22 | Program Mileage/Travel | | \$ 23,650 | \$ 12,400 | \$ 2,500 | \$ 2,000 | \$ 1,500 | \$ 1,000 | \$ 1,750 | \$ 2,500 | \$ - |
| 23 | Program Supplies | | \$ 50,484 | \$ 15,000 | \$ 4,500 | \$ 1,200 | \$ 3,833 | \$ 640 | \$ 15,000 | \$ 10,312 | \$ - |
| 25 | Program Utilities | | \$ 13,117 | \$ 5,600 | \$ 3,500 | \$ 900 | \$ 750 | \$ 200 | \$ 500 | \$ 1,667 | \$ - |
| 26 | Program Trainings | | \$ 10,643 | \$ 1,000 | \$ 700 | \$ 500 | \$ 3,000 | \$ 400 | \$ 1,600 | \$ 3,443 | \$ - |
| 27 | Program Telephone/Internet | | \$ 20,250 | \$ 5,500 | \$ 2,500 | \$ 3,000 | \$ 2,000 | \$ 500 | \$ 500 | \$ 6,250 | \$ - |
| 28 | Program Bldg Maintenance | | \$ 21,617 | \$ 8,000 | \$ 6,000 | \$ 1,500 | \$ 1,500 | \$ 900 | \$ 800 | \$ 2,917 | \$ - |
| 29 | Program Rent | | \$ 13,300 | \$ 1,600 | \$ - | \$ 1,500 | \$ 2,000 | \$ 2,700 | \$ 5,500 | \$ - | \$ - |
| 30 | Program Outreach | | \$ 1,100 | | | | \$ 750 | \$ 100 | \$ 250 | \$ - | \$ - |
| 31 | Services and Supplies Subtotal | | \$ 229,473 | \$ 61,390 | \$ 23,567 | \$ 13,922 | \$ 22,676 | \$ 9,212 | \$ 56,005 | \$ 37,416 | \$ 5,285 |
| 32 | SUBTOTAL DIRECT COSTS | | \$ 1,843,510 | \$ 785,533 | \$ 214,890 | \$ 169,565 | \$ 247,474 | \$ 94,767 | \$ 137,392 | \$ 188,605 | \$ 5,285 |
| IV. INDIRECT COSTS | | | | | | | | | | | |
| 33 | Administrative Indirect Costs (Reimbursement limited to 15%) | | \$ 276,527 | \$ 117,830 | \$ 32,233 | \$ 25,435 | \$ 37,121 | \$ 14,215 | \$ 20,609 | \$ 28,291 | \$ 793 |
| 34 | GROSS DIRECT AND INDIRECT COSTS | | \$ 2,120,037 | \$ 903,363 | \$ 247,123 | \$ 195,000 | \$ 284,595 | \$ 108,982 | \$ 158,000 | \$ 216,896 | \$ 6,077 |

VIII. Add Exhibit B-2 ADP & MHS 2020-2021 with the following:

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

AGENCY NAME: Family Service Agency of Santa Barbara County
 COUNTY FISCAL YEAR: 2020-21 Amended

(round amounts the nearest dollar)

Gray Shaded cells contain formulas, do not overwrite

| LINE # | COLUMN # | 1 | 3 | 5 | 6 | 7 | 8 | 9 | |
|---|--|---|--|-------------------|--------------|-----------------------|-------------------------|------------|----------------|
| I. REVENUE SOURCES: | | | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Intensive In Home | Managed Care | Pathways to Wellbeing | School Based Counseling | Carp Start | ADP Prevention |
| 1 | Contributions | | \$ - | | | | | | |
| 2 | Foundations/Trusts | | \$ - | | | | | | |
| 3 | Miscellaneous Revenue | | \$ - | | | | | | |
| 4 | Behavioral Wellness Funding | | \$ 2,040,518 | \$ 1,046,818 | \$ 247,123 | \$ 195,000 | \$ 284,595 | \$ 108,982 | \$ 158,000 |
| 5 | | | \$ - | | | | | | |
| 6 | School District Funding | | \$ - | | | | | | |
| 7 | Events (net) | | \$ - | | | | | | |
| 8 | Private Contracts | | \$ - | | | | | | |
| 9 | Draws | | \$ - | | | | | | |
| 10 | Total Other Revenue | | \$ 2,040,518 | \$ 1,046,818 | \$ 247,123 | \$ 195,000 | \$ 284,595 | \$ 108,982 | \$ 158,000 |
| I.B. Client and Third Party Revenues: | | | | | | | | | |
| 11 | Client Fees | | - | | | | | | |
| 12 | SSI | | - | | | | | | |
| 13 | Other (specify) | | - | | | | | | |
| 14 | Total Client and Third Party Revenues (Sum of lines 19 through 23) | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 15 | GROSS PROGRAM REVENUE BUDGET | | \$ 2,040,518 | \$ 1,046,818 | \$ 247,123 | \$ 195,000 | \$ 284,595 | \$ 108,982 | \$ 158,000 |
| III. DIRECT COSTS | | | COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS | Intensive In Home | Managed Care | Pathways to Wellbeing | School Based Counseling | Carp Start | ADP Prevention |
| III.A. Salaries and Benefits Object Level | | | | | | | | | |
| 16 | Salaries (Complete Staffing Schedule) | | \$ 1,250,072 | \$ 668,414 | \$ 150,648 | \$ 122,554 | \$ 177,006 | \$ 67,366 | \$ 64,084 |
| 17 | Employee Benefits (includes Payroll Taxes) | | \$ 337,519 | \$ 180,472 | \$ 40,675 | \$ 33,090 | \$ 47,792 | \$ 18,189 | \$ 17,303 |
| 20 | Salaries and Benefits Subtotal | | \$ 1,587,591 | \$ 848,886 | \$ 191,323 | \$ 155,643 | \$ 224,798 | \$ 85,555 | \$ 81,387 |
| III.B Services and Supplies Object Level | | | | | | | | | |
| 21 | Program Consultants | | \$ 31,480 | \$ 12,290 | \$ 3,867 | \$ 3,322 | \$ 7,344 | \$ 2,772 | \$ 1,885 |
| 22 | Program Mileage/Travel | | \$ 21,150 | \$ 12,400 | \$ 2,500 | \$ 2,000 | \$ 1,500 | \$ 1,000 | \$ 1,750 |
| 23 | Program Supplies | | \$ 40,173 | \$ 15,000 | \$ 4,500 | \$ 1,200 | \$ 3,833 | \$ 640 | \$ 15,000 |
| 25 | Program Utilities | | \$ 11,450 | \$ 5,600 | \$ 3,500 | \$ 900 | \$ 750 | \$ 200 | \$ 500 |
| 26 | Program Trainings | | \$ 7,200 | \$ 1,000 | \$ 700 | \$ 500 | \$ 3,000 | \$ 400 | \$ 1,600 |
| 27 | Program Telephone/Internet | | \$ 14,000 | \$ 5,500 | \$ 2,500 | \$ 3,000 | \$ 2,000 | \$ 500 | \$ 500 |
| 28 | Program Bldg Maintenance | | \$ 18,700 | \$ 8,000 | \$ 6,000 | \$ 1,500 | \$ 1,500 | \$ 900 | \$ 800 |
| 29 | Program Rent | | \$ 13,300 | \$ 1,600 | \$ - | \$ 1,500 | \$ 2,000 | \$ 2,700 | \$ 5,500 |
| 30 | Program Outreach | | \$ 1,100 | | | | \$ 750 | \$ 100 | \$ 250 |
| 31 | Services and Supplies Subtotal | | \$ 186,772 | \$ 61,390 | \$ 23,567 | \$ 13,922 | \$ 22,676 | \$ 9,212 | \$ 56,005 |
| 32 | SUBTOTAL DIRECT COSTS | | \$ 1,774,363 | \$ 910,276 | \$ 214,890 | \$ 169,565 | \$ 247,474 | \$ 94,767 | \$ 137,392 |
| IV. INDIRECT COSTS | | | | | | | | | |
| 33 | Administrative Indirect Costs (Reimbursement limited to 15%) | | \$ 266,155 | \$ 136,541 | \$ 32,233 | \$ 25,435 | \$ 37,121 | \$ 14,215 | \$ 20,609 |
| 34 | GROSS DIRECT AND INDIRECT COSTS | | \$ 2,040,518 | \$ 1,046,818 | \$ 247,123 | \$ 195,000 | \$ 284,595 | \$ 108,982 | \$ 158,000 |


IX. All other terms shall remain in full force and effect.

Signature Page

Second Amended Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Family Services Agency of Santa Barbara County**.

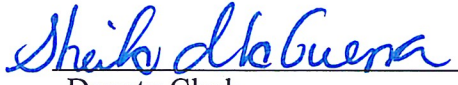
IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA:

By: 
STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS
Date: 11-5-19

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: 
Deputy Clerk
Date: 11-5-19

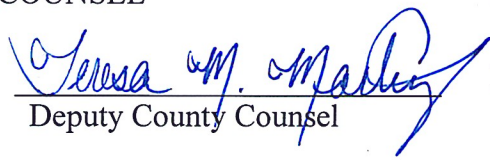
CONTRACTOR:

FAMILY SERVICES AGENCY OF SANTA BARBARA COUNTY

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

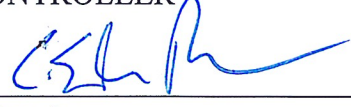
APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: 
Deputy County Counsel

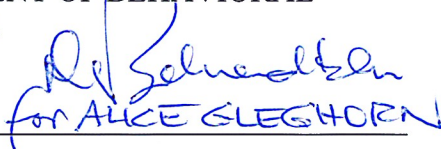
APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, 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

Signature Page

Second Amended Agreement for Services of Independent Contractor between the **County of Santa Barbara and Family Services Agency of 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: _____
STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

FAMILY SERVICES AGENCY OF SANTA BARBARA COUNTY

By:  _____
Authorized Representative

Name: LISA BRABO

Title: Executive Director

Date: 10-28-19

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, 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