

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

**THIS THIRD 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 Service 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 (BOS) 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 BOS 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**, the Second Amendment to the Agreement authorized by the BOS on November 5, 2019 terminated 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; added 2.8 FTEs and .6 FTEs Supervisor to Exhibit A-6 (Intensive In-Home); added updated language to Exhibit A-9 (Pathways to Well-Being); decreased the ADP funds by \$847,297 and increased the MHS funds by \$452,975 with a Maximum Contract Amount not to exceed **\$4,599,716** for FY 18-21 and incorporated all other terms and conditions set forth in the First Amended Agreement;

**WHEREAS**, this Third Amendment to the Agreement adds Exhibit A-10 (ADP Step Down Housing Case Management Services) for the provision of case management supportive services and increases the ADP funding by \$140,471 inclusive of \$60,320 for FY 19-20 and \$80,151 for FY 20-21 due to Bureau of State and Community Corrections Proposition 47 grant funds awarded to the County's Public Defender's Office in collaboration with Behavioral Wellness to be effective January 1, 2020 with a Maximum Contract Amount not to exceed **\$4,740,187**, and incorporates the terms and condition set forth and incorporates the terms and conditions set forth

in the First Amended Agreement approved by the BOS on June 18, 2019, the Second Amended Agreement approved November 5, 2019, except as modified in this Third Amended Agreement; and

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

- I. Add Exhibit A-10 ADP, Statement of Work, Step Down Housing – Case Management Services with the following:**

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**EXHIBIT A-10 ADP**

**Statement of Work**

**Step Down Housing - Case Management Services**

**Effective January 1, 2020**

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**1. PROGRAM SUMMARY:** Contractor will provide case management services to homeless, low income, and low risk clients with mental illness and co-occurring substance abuse disorders who are participating in the Good Samaritan Step Down Housing Program, currently located at 421 Alisos Street, Santa Barbara, California. Services will be provided in coordination with Homeless Shelter or Residential Program staff, and Behavioral Wellness Clinic staff, if applicable (hereafter, the “Treatment Team”). Contractor will also provide residents with referrals to other community resources, assistance with personal needs and health/hygiene, and coordination with other community service providers (all services collectively referred to as the “Program”.) Contractor shall comply with all requirements of the Proposition 47 Grant Agreement between the County and the California Board of State and Community Corrections (Contract Number BSCC 506-19), available at [www.countyofsb.org/behavioral-wellness](http://www.countyofsb.org/behavioral-wellness). Contractor agrees that in the event of any inconsistency between this Agreement and the Proposition 47 Grant Agreement, the latter shall prevail.

**2. PROGRAM GOALS.**

A. Integrate services with Behavioral Wellness clinics, Good Samaritan and other Community Based Organizations and/or Agencies (CBO/CBA) to:

1. Deliver seamless services to avoid gaps in service;
2. Facilitate recovery;
3. Empower residents by providing skill building assistance;
4. Improve independent living skills;
5. Identify, apply, obtain, and maintain stable/permanent housing for clients; and
6. Reduce recidivism into the criminal justice system and acute hospitalization systems.

**3. SERVICES.** Contractor shall provide the following services, as needed, for a particular client in their recovery process and to assist the client retain permanent residency:

- A. Contractor shall provide case management and referral services as a linkage for homeless mentally ill and or co-occurring mental health and substance use disordered clients residing at the Good Samaritan Step Down Housing program, with particular emphasis on supporting clients screened and referred by Sobering Center staff.
- B. Contractor shall provide Case Management (CM) services including but not limited to:
  - 1. Administer professionally indicated evaluation instruments and bring information attained to Treatment Team for Client Service Planning, if applicable;
  - 2. Consult with other members of the Treatment Team, if applicable;
  - 3. Conduct case conferences with all persons involved with client's treatment;
  - 4. Assist clients with linkage to natural community resources;
  - 5. Assist clients with accessing benefits including but not limited to housing and Medi-Cal;
  - 6. Advocacy;
  - 7. Link clients to available community resources, including but not limited to mental health treatment services;
  - 8. Encourage social skills development;
  - 9. Refer clients to in-home supportive care when needed;
  - 10. Assist clients in permanent housing placement; and
  - 11. Work in collaboration with Good Samaritan to obtain necessary documentation from the clients, such as a Release of Information (ROI) form, which will serve as aid to link client to the proper services.
- 4. **CLIENTS.** Contractor shall provide services described in Section 3 to an estimated 20 individuals at any given time residing at the Good Samaritan Step Down Housing program.
- 5. **STAFFING.** Contractor shall provide the following staffing:
  - A. One (1) 1.0 FTE LPHA or LPHA intern who shall provide the services in accordance with this Exhibit A-10 within 72 hours of placement in Good Samaritan's Step Down Housing program.
- 6. **DOCUMENTATION AND REQUIREMENT.**
  - A. Provide a quarterly report to Behavioral Wellness, which shall be received no later than 7 calendar days following the end of each quarter, to include but not be limited to the following:
    - 1. Services provided;
    - 2. Number of clients assisted in obtaining stable/permanent housing;
    - 3. Assistance in helping the Sobering Center document the following services:
      - i. Contractor shall document # of clients referred to SMI/SUD treatment; and
      - ii. Number of clients engaged in SMI/UD treatment.
    - 4. Collect and provide other data requirements for evaluation purposes for

Proposition 47 Grant funding as requested by County.

**II. Delete the following provisions of Exhibit B ADP and replace it with the following:**

**FINANCIAL PROVISIONS**

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**EXHIBIT B-ADP**

**FINANCIAL PROVISIONS**

**(Applicable to ADP Programs)**

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This Agreement provides for reimbursement for Alcohol and Drug Program services up to a Maximum Contract Amount, reflected in Section II below and Exhibit B-1-ADP. For all services provided under this Agreement, Contractor will comply with all requirements necessary for reimbursement in accordance with the regulations applicable to the funding sources identified in the Exhibit B-1 ADP, the Intergovernmental Agreement, Contract Number 18-95148, the Proposition 47 Grant Agreement between the County and the California Board of State and Community Corrections (Contract Number BSCC 506-19), and other applicable Federal, State and local laws, rules, manuals, policies, guidelines and directives.

**II. MAXIMUM CONTRACT AMOUNT**

The Maximum Contract Amount of this Agreement shall not exceed **\$4,740,187** inclusive of \$1,118,606 in Alcohol and Drug Program funding inclusive of \$439,162 for FY 18-19, \$441,293 for FY 19-20, and \$238,151 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 of ADP services without a properly executed amendment.

**III. 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 **\$4,740,187** 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 of Mental Health Services programs without a properly executed amendment.

**IV. References made throughout the First and Second Amended Agreement specific to Exhibits A-2 through A-4 or A-10 shall also be amended to include ADP programs as described in the applicable Exhibit A(s).**

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: 2019-21

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	2,596	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 <sup>1</sup>	
		15	ODS Non-NTP MAT - Buprenorphine-Naloxone Combina	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 <sup>1</sup>			
10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	\$31.02			
Non - Drug Medi-Cal Billable Services	Early Intervention	N/A	Information Dissemination	Cal OWS	N/A	12	Actual Cost	
		N/A	Education	Cal OWS	N/A	13	Actual Cost	

	Program				TOTAL
	Outpatient Treatment Services	ODS Non-NTP Medically Assisted Treatment (MAT)	Prop 47 Step Down Facility (starting Nov. 1, 2019)	Strengthening Families Program	
GROSS COST:	\$ 216,896	\$ 6,077	\$ 60,320	\$ 158,000	\$ 441,293
LESS REVENUES COLLECTED BY CONTRACTOR:					
PATIENT FEES					\$ -
CONTRIBUTIONS					\$ -
OTHER (LIST):					\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -	\$ -
MAXIMUM CONTRACT AMOUNT PAYABLE:	\$ 216,896	\$ 6,077	\$ 60,320	\$ 158,000	\$ 441,293

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			\$ 158,000	\$ 168,845
Realignment/SAPT - Primary Prevention					\$ -
CaWORKS					\$ -
Other County Funds			\$ 60,320		\$ 60,320
<b>FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)</b>	<b>\$ 216,896</b>	<b>\$ 6,077</b>	<b>\$ 60,320</b>	<b>\$ 158,000</b>	<b>\$ 441,293</b>
<b>FY20-21 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 80,151</b>	<b>\$ 158,000</b>	<b>\$ 238,151</b>
<b>GRAND TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)</b>	<b>\$ 216,896</b>	<b>\$ 6,077</b>	<b>\$ 140,471</b>	<b>\$ 316,000</b>	<b>\$ 679,444</b>

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.

<sup>1</sup>Cost of Naltrexone tablets is bundled in the rate for ODS Non-NTP Medically Assisted Treatment (MAT)

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: 2019-21

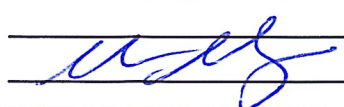
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Other County Funds			\$ 60,320		\$ 60,320
<b>FY19-20 TOTAL (SOURCES OF BEHAVIORAL WELLNESS FUNDING)</b>	<b>\$ 216,896</b>	<b>\$ 6,077</b>	<b>\$ 60,320</b>	<b>\$ 158,000</b>	<b>\$ 441,293</b>
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CONTRACTOR SIGNATURE: \_\_\_\_\_

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

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 \*\*\*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.  
<sup>1</sup>Cost of Naltrexone tablets is bundled in the rate for ODS Non-NTP Medically Assisted Treatment (MAT).

**VI. Delete Exhibit B2-ADP & MHS FY 19-20 and replace 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 Amd 3

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LINE #	COLUMN #	1	3	4	5	6	7	8	9	10	11	11
<b>I. REVENUE SOURCES:</b>			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	Prop 47 Step Down Facility
1	Contributions		\$ -									
2	Foundations/Trusts		\$ -									
3	Miscellaneous Revenue		\$ -									
4	Behavioral Wellness Funding		\$ 2,180,356	\$ 903,363	\$ 247,123	\$ 195,000	\$ 284,595	\$ 108,982	\$ 158,000	\$ 216,896	\$ 6,077	\$ 60,320
5	Other Government Funding		\$ -									
6	School District Funding		\$ -									
7	Events (net)		\$ -									
8	Private Contracts		\$ -									
9	Draws		\$ -									
10	Total Other Revenue		\$ 2,180,356	\$ 903,363	\$ 247,123	\$ 195,000	\$ 284,595	\$ 108,982	\$ 158,000	\$ 216,896	\$ 6,077	\$ 60,320
<b>I.B Client and Third Party Revenues:</b>												
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		\$ 2,180,356	\$ 903,363	\$ 247,123	\$ 195,000	\$ 284,595	\$ 108,982	\$ 158,000	\$ 216,896	\$ 6,077	\$ 60,320
<b>III. DIRECT COSTS</b>			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	Prop 47 Step Down Facility
<b>III.A. Salaries and Benefits Object Level</b>												
16	Salaries (Complete Staffing Schedule)		\$ 1,304,765	\$ 570,192	\$ 150,648	\$ 122,554	\$ 177,006	\$ 67,366	\$ 64,084	\$ 119,046	\$ -	\$ 33,870
17	Employee Benefits (includes Payroll Taxes)		\$ 352,287	\$ 153,952	\$ 40,675	\$ 33,090	\$ 47,792	\$ 18,189	\$ 17,303	\$ 32,142	\$ -	\$ 9,145
20	Salaries and Benefits Subtotal		\$ 1,657,052	\$ 724,143	\$ 191,323	\$ 155,643	\$ 224,798	\$ 85,555	\$ 81,387	\$ 151,189	\$ -	\$ 43,015
<b>III.B Services and Supplies Object Level</b>												
21	Program Consultants		\$ 48,092	\$ 12,290	\$ 3,867	\$ 3,322	\$ 7,344	\$ 2,772	\$ 1,885	\$ 10,328	\$ 5,285	\$ 1,000
22	Program Mileage/Travel		\$ 26,087	\$ 12,400	\$ 2,500	\$ 2,000	\$ 1,500	\$ 1,000	\$ 1,750	\$ 2,500	\$ -	\$ 2,437
23	Program Supplies		\$ 52,484	\$ 15,000	\$ 4,500	\$ 1,200	\$ 3,833	\$ 640	\$ 15,000	\$ 10,312	\$ -	\$ 2,000
25	Program Utilities		\$ 13,617	\$ 5,600	\$ 3,500	\$ 900	\$ 750	\$ 200	\$ 500	\$ 1,667	\$ -	\$ 500
26	Program Trainings		\$ 11,143	\$ 1,000	\$ 700	\$ 500	\$ 3,000	\$ 400	\$ 1,600	\$ 3,443	\$ -	\$ 500
27	Program Telephone/Internet		\$ 22,050	\$ 5,500	\$ 2,500	\$ 3,000	\$ 2,000	\$ 500	\$ 500	\$ 6,250	\$ -	\$ 1,800
28	Program Bldg Maintenance		\$ 21,617	\$ 8,000	\$ 6,000	\$ 1,500	\$ 1,500	\$ 900	\$ 800	\$ 2,917	\$ -	\$ -
29	Program Rent		\$ 14,500	\$ 1,600	\$ -	\$ 1,500	\$ 2,000	\$ 2,700	\$ 5,500	\$ -	\$ -	\$ 1,200
30	Program Outreach		\$ 1,100	\$ -	\$ -	\$ -	\$ 750	\$ 100	\$ 250	\$ -	\$ -	\$ -
44	Services and Supplies Subtotal		\$ 238,910	\$ 61,390	\$ 23,567	\$ 13,922	\$ 22,676	\$ 9,212	\$ 56,005	\$ 37,416	\$ 5,285	\$ 9,437
48	SUBTOTAL DIRECT COSTS		\$ 1,895,962	\$ 785,533	\$ 214,890	\$ 169,565	\$ 247,474	\$ 94,767	\$ 137,392	\$ 188,605	\$ 5,285	\$ 52,452
<b>IV. INDIRECT COSTS</b>												
49	Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 284,394	\$ 117,830	\$ 32,233	\$ 25,435	\$ 37,121	\$ 14,215	\$ 20,609	\$ 28,291	\$ 793	\$ 7,868
50	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 48-49)		\$ 2,180,356	\$ 903,363	\$ 247,123	\$ 195,000	\$ 284,595	\$ 108,982	\$ 158,000	\$ 216,896	\$ 6,077	\$ 60,320

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

<b>Program Evaluation</b>		
<b>Case Management Step-Down Housing</b>		
<b>Program Goals</b>	<b>Outcomes+</b>	<b>Step Down Housing (all outcomes are in %)</b>
1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems.	A. Incarcerations / Juvenile Hall	≤5
	B. Psychiatric Inpatient Admissions	≤5
	C. Physical Health Hospitalizations	≤10
	D. Physical Health Emergency Care	≤10
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community.	A. Stable/Permanent Housing	≥95
	B. Engaged in Purposeful Activity	≥40
	C. <b>Of those who discharged (#dc = denominator):</b> % who transitioned to a higher level of care	≥15
	D. <b>Of those who discharged (#dc = denominator):</b> % who transitioned to a lower level of care (or graduated/discharged from care no longer needed or medical necessity not met)	≥85
3. Provide Case Management Services to assist clients with engagement to self-sufficiency and engagement to treatment services.	A. % clients referred to SUD or MH treatment services	50%
	B. % initiated Treatment	60%
	C. % clients <u>referred</u> to healthcare services	50%
	D. % clients <u>referred</u> to Other** Services	50%
	E. % clients <u>obtained</u> permanent housing	75%
4. Provide staffing to provide on-site recovery assistance and support services.	A. Maintain a 20 client caseload at any one time	100%
+Additional program goals and outcomes may be established as part of the Proposition 47 evaluation process.		
**Other = Vets Services, Food Distribution, Clothing, Personal/Grooming Needs, Household Goods, Local Transportation, Educational Support Services		



**VIII. All other terms shall remain in full force and effect.**

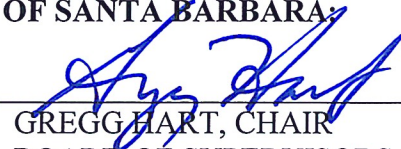
**Signature Page**

Third 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:

  
GREGG HART, CHAIR  
BOARD OF SUPERVISORS

Date:

2-4-20

**ATTEST:**

MONA MIYASATO  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

By:

  
Deputy Clerk

Date:

2-4-20

**CONTRACTOR:**

**FAMILY SERVICE AGENCY OF SANTA BARBARA COUNTY**

By:

\_\_\_\_\_  
Authorized Representative

Name: \_\_\_\_\_

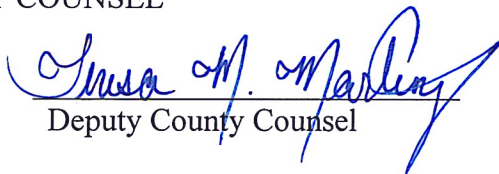
Title: \_\_\_\_\_

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

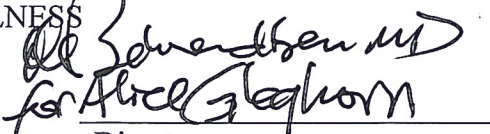
By:

  
Deputy  
On Behalf of

**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**

Third 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: \_\_\_\_\_  
GREGG HART, CHAIR  
BOARD OF SUPERVISORS

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

**ATTEST:**

MONA MIYASATO  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

By: \_\_\_\_\_  
Deputy Clerk

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

**CONTRACTOR:**

**FAMILY SERVICE AGENCY OF SANTA BARBARA COUNTY**

By:  \_\_\_\_\_  
Authorized Representative

Name: Lisa Brabo, Ph.D.

Title: Executive Director

Date: January 23, 2020

**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