

**Attachment A –
FSA FY 2023-27 (BC 23-
125)
Third Amendment**

Board Contract: 23-125

**THIRD AMENDMENT TO THE AGREEMENT
FOR SERVICES OF
INDEPENDENT CONTRACTOR**

BETWEEN

COUNTY OF SANTA BARBARA

AND

FAMILY SERVICE AGENCY
OF SANTA BARBARA COUNTY

FOR
ALCOHOL AND DRUG PROGRAMS
AND
MENTAL HEALTH SERVICES

THIRD AMENDMENT TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS THIRD AMENDMENT to the Agreement for Services of Independent Contractor, **BC No. 23-125**, is made by and between the **County of Santa Barbara** (County) and **Family Service Agency of Santa Barbara County** (Contractor) for the continued provision of services specified herein (hereafter, Third Amendment).

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, County and Contractor (collectively, the parties) entered into an Agreement for Services of Independent Contractor, BC No. 23-125, for the provision of certain mental health and substance use prevention services, for a maximum contract amount not to exceed **\$11,960,920**, inclusive of \$632,000 in Alcohol and Drug Program (ADP) funding (\$158,000 per fiscal year) and \$11,328,920 in Mental Health (MH) funding (\$2,832,230 per fiscal year), for the period of July 1, 2023, through June 30, 2027, (Agreement);

WHEREAS, the parties subsequently entered into a First Amendment to the Agreement to update the contract consistent with state requirements by adding contingency payment and contingency cost settlement provisions and incorporating changes for Medicare practitioner billing and state rate changes with no change to the maximum contract amount and with no change to the contract term (First Amendment);

WHEREAS, the parties subsequently entered into a Second Amendment to the Agreement to update certain standard terms and federal award identification information in compliance with state and federal requirements; terminate the Intensive In-Home Services (Exhibit A-4) and Pathways to Well-Being (Exhibit A-7) Mental Health Services Programs, effective June 30, 2025; update documentation, discharge, and staffing requirements to the Managed Care Mental Health/Brief Therapy Services Program (Exhibit A-5); add the Buellton Union and Goleta Union School Districts as recipients of services of, and update client and program capacity and staffing requirements to, the School Based Mental Health Services Program (Exhibit A-6), as well as terminate program services, effective June 30, 2026; terminate the Wellness Promotion for Seniors Program (Exhibit A-8), effective June 30, 2026; update program budget and service type requirements; and reduce the contract amount by \$3,519,782 for a revised, total maximum contract amount not to exceed **\$8,441,138**, inclusive of \$632,000 in ADP funding (\$158,000 per fiscal year [FY]) and \$7,809,138 in MH funding (\$2,832,230 for FY 2023-24, \$3,084,245 for FY 2024-25, \$1,585,273 for FY 2025-26, and \$307,390 for FY 2026-27), with no change to the contract term (Second Amendment); and

WHEREAS, the parties wish to make certain changes to the Agreement through this Third Amendment to terminate the Managed Care Mental Health/Brief Therapy Services Program (Exhibit A-5), effective June 30, 2026; add the MHS Community Based Access Program (Exhibit A-9) and Behavioral Health Services Act Housing Interventions Rental Assistance Program (Exhibit A-10), effective July 1, 2026; update program budget and service type requirements; add the FY 2026-27 Federal Award Identification table; and reduce the contract amount by \$719,295

for a revised, total maximum contract amount not to exceed **\$7,721,843**, inclusive of \$632,000 in ADP funding (\$158,000 per fiscal year) and \$7,089,843 in MH funding (\$2,832,230 for FY 2023-24, \$3,084,245 for FY 2024-25, \$873,368 for FY 2025-26, and \$300,000 for FY 2026-27), with no change to the contract term of July 1, 2023, through June 30, 2027.

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

- I. Delete the title of Exhibit A-5, Statement of Work: MHS Managed Care Mental Health/Brief Therapy Services of the Agreement, and replace it with the following:**

**EXHIBIT A-5
STATEMENT OF WORK: MHS
MHS MANAGED CARE MENTAL HEALTH/BRIEF THERAPY SERVICES
July 1, 2023 – June 30, 2026**

- II. Add an introductory paragraph to Exhibit A-5, Statement of Work: MHS Managed Care Mental Health/Brief Therapy Services of the Agreement as follows:**

Notwithstanding any other provision of this Agreement, Contractor shall commence performance under this Exhibit A-5 (MHS Managed Care Mental Health/Brief Therapy Services) on July 1, 2023, and end performance upon completion but no later than June 30, 2026, unless otherwise directed by County or unless earlier terminated.

THIS SECTION INTENTIONALLY
LEFT BLANK

III. Add new EXHIBIT A-9, STATEMENT OF WORK: MHS COMMUNITY BASED ACCESS JULY 1, 2026 – JUNE 30, 2027, to the Agreement as follows:

**EXHIBIT A-9
STATEMENT OF WORK: MHS
COMMUNITY BASED ACCESS
JULY 1, 2026 – JUNE 30, 2027**

Notwithstanding any other provision of this Agreement, Contractor shall commence performance under this Exhibit A-9 (MHS Community Based Access) on July 1, 2026, and end performance upon completion but no later than June 30, 2027, unless otherwise directed by County or unless earlier terminated.

- 1. PROGRAM SUMMARY.** Contractor shall provide assessment services to identify the appropriate level of specialty mental health service, and coordinate care, as described in Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 25-020, to children (ages five to 18 years) and adult (defined in Section 6 [Members] of this Exhibit) (hereafter Program) and their families. Individuals in the community shall have access to assessment services through self-referral.

Contractor shall comply with all applicable requirements set forth in Exhibit A-1 MHS General Provisions of this Agreement

- 2. PROGRAM OBJECTIVES.** The Objectives of the Program are:

- A.** Provide timely and culturally appropriate access to mental health services;
- B.** To facilitate and coordinate transition of services to the level of care indicated.

- 3. SERVICES.**

- A.** Contractor shall provide the following services, as needed to Program members:

- 1. Assessment/Reassessment.** “Assessment” means a service activity designed to collect information and evaluate the current status of a member’s mental, emotional, or behavioral health to determine whether Rehabilitative Mental Health Services are medically necessary and to recommend or update a course of treatment for that member. Assessments shall be conducted and documented in accordance with applicable state and federal statutes, regulations, and standards. (State Plan, Supplement 3 to Attachment 3.1-A, page 1 [TN 22-0023].)

- i.** Child and Adolescent Needs & Strengths and Adult Needs and Strengths Assessment. The Child and Adolescent Needs and Strengths (IP-CANS) is a structured assessment for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. The Adult Needs and

Strength Assessment (ANSA) is a multi-purpose tool developed for adult's mental health services to support care planning.

- a. Contractor shall complete the IP-CANS for each member age zero and up to 20 years, and the ANSA for each member age 21 years or older.
- b. The IP-CANS and ANSA shall be administered by a certified provider and through a collaborative process involving at minimum the member and caregiver (as applicable).
- c. The IP-CANS and ANSA shall be completed at intake, every six months after the first administration, and at discharge, as applicable.
- d. When applicable, the IP-CANS and ANSA shall reflect member improvement in three or more of the following domains: functioning, school, behavioral/emotional, strength behavior, risk behavior, and caregiver needs and strengths (the last of which is applicable to IP-CANS only).
- e. If applicable, for members involved with child-services agencies, including Santa Barbara County Child Welfare Services and Probation, Contractor shall provide a copy of the IP-CANS to the child-serving agencies upon completion of each IP-CANS with a valid, written authorization or release of information.

ii. Pediatric Symptom Checklist. The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.

- a. Contractor shall require a parent or caregiver to complete the PSC-35 for their children, age three years and up to 18 years.
- b. The PSC-35 shall be completed at intake, every six months following the first administration, and at discharge, as applicable.

2. Collateral. "Collateral" means a service activity to a significant support person(s) in a member's life for the purpose of meeting the needs of the member in terms of achieving the goals of the member's plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the member, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s). The member may or may not be present for this service activity. (Cal. Code of Regs., tit. 9, § 1810.206.)

- i. **Significant Support Person.** “Significant support person” means a person(s), in the opinion of the member or the person providing services, who has or could have a significant role in the successful outcome of treatment including, but not limited to, the parents or legal guardian of a member who is a minor, the legal representative of a member who is not a minor, a person living in the same household as the member, the member’s spouse, and relatives of the member. (Cal. Code of Regs., tit., § 1810.246.1.)

3. Crisis Intervention. “Crisis Intervention” is an unplanned, expedited service to or on behalf of a member to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a member to cope with a crisis, while assisting the member in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting. It may include contact with significant support person(s) or other collaterals if the purpose of their participation is to focus on the treatment of the member. This service includes one or more of the following service components: assessment, therapy, and referral and linkages. Crisis Intervention services may either be face-to-face or by telephone or telehealth and may be provided in a clinic setting or anywhere in the community. (State Plan, Supplement 3 to Attachment 3.1-A, page 2d [TN 22-0023].)

4. Targeted Case Management. “Targeted case management” is a service that assists a member in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure member access to services and the service delivery system; monitoring of the member’s progress, placement services, and plan development. Targeted case management services may be face-to-face or by telephone with the member or significant support person(s) and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the specialty mental health services program to be qualified to provide the service, consistent with the scope of practice and state law.

4. ADDITIONAL SERVICE REQUIREMENTS. Contractor shall provide additional services that do not alter the maximum contract amount of this Agreement and are authorized by the Director of the Department of Behavioral Wellness or designee in writing in accordance with Section 25 (Entire Agreement and Amendment) of the Standard Terms and Conditions of this Agreement.

5. OPERATIONS.

A. Licensure/Certification. DHCS Specialty Mental Health Services Medi-Cal Licensure and certification required.

B. Location. The Program shall be located at the following location(s):

1. 123 W. Gutierrez Street, Santa Barbara, California;

2. 101 South B. Street, Lompoc, California; and
3. 105 N. Lincoln Street, Santa Maria, California.

C. Treatment Location. Services shall be provided primarily at Contractor's offices. Services may also be provided at the member's home, or in the community as needed.

D. Hours of Operation and Staff Coverage. Program staff be available to provide Program services five (5) days per week and shall operate nine (9) hours per day, or as otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Program hours should be adjusted so that staff members are available when needed by the members.

E. Capacity. (RESERVED)

F. Service Intensity.

1. Screening tools are administered for all Medi-Cal members requesting mental health services in the program.
2. Contractor will conduct an assessment for those members with a screening score of six and higher. Contractor shall document these assessments in the BWell Electronic Health Record (EHR) system, including the level of care and treatment recommendations for ongoing services.
3. Collateral, Crisis Intervention, and Targeted Case Management services are provided as indicated to support transition of ongoing mental health services to appropriate level of care.
4. Members whose assessments recommend ongoing specialty mental health services will be referred to appropriate program through the Community Treatment Services (CTS) process, which follows the current Behavioral Wellness policy and procedure located at [County of Santa Barbara Behavioral Wellness 904 Policies and Procedures](#).

G. Policies and Procedures. Contractor shall develop and maintain written policies and procedures prior to delivering services to members to set expectations for Program staff and establish consistency of effort. The written policies and procedures shall be consistent with all applicable state and federal standards and shall address the following:

1. Informed consent for treatment;
2. Member rights, including the right to treatment with respect and dignity, under the least restrictive conditions, delivered promptly and adequately;
3. Process for member filings of grievances and complaints;

4. Management of member funds, as applicable, including protections and safeguards to maximize members' control of their own money;
5. Admission and discharge (e.g. admission criteria and process; discharge criteria, process and documentation);
6. Personnel (e.g. required staff, staffing ratios, qualifications, orientation and training);
7. Hours of operation and coverage, service intensity, staff communication and planning emphasizing a team approach, and staff supervision;
8. Assessment and documentation (e.g. comprehensive assessment, treatment planning, progress notes);
9. Program evaluation and performance (quality assurance); and
10. Procedures for compliance with applicable State and Federal laws, including all Equal Employment Opportunity (EEO)/Affirmative Action (AA) requirements. Contractors shall comply with the Americans with Disabilities Act.

6. MEMBERS.

- A. Contractor shall provide Program services (defined in Section 3) to children (collectively five to 18 years of age), and adults, who are not currently receiving mental health services, to begin the assessment process to identify the appropriate level of service, and coordinate care, as described in Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 25-020.
 1. Assessment services are available to members in the community through self-referral.
- B. Program admission requirements are fully described in Section 8 (Authorization, Admission, Intake, and Reauthorization) of this Exhibit. (Collectively, members.)
- C. Contractor's provision of services to members under this Program shall not exceed the funding levels projected in Exhibit B-1 MHS.

7. REFERRALS.

- A. **Referral Source and Procedure.** Contractor shall provide program services to members who request services from Contractor directly.
- B. **Referral Documentation.**(RESERVED)
- C. **Referral Packet.** (RESERVED)

8. AUTHORIZATIONS, ADMISSION, INTAKE, AND REAUTHORIZATION.

- A. Medi-Cal Eligibility and Residency or County of Responsibility.** Contractor shall verify each referred member's Medi-Cal eligibility and Santa Barbara County residency or county of responsibility as described in Section IV Administrative Requirements of Exhibit A-1 MHS General Provisions of this Agreement.
- B. Initial Screening.** Contractor shall screen member using the DHCS Youth or Adult Screening Tool for Medi-Cal Mental Health Services to determine level of care indicated for member's assessment for mental health services. Those members screening six and above will receive assessment through this program. Members with scores under six will be referred for services through Managed Care Plan (MCP)/CenCal.
- C. Timely Access to Services.** In accordance with 42 Code of Federal Regulations (C.F.R.) section 438.206, Contractor shall meet standards for timely access to care and services, taking into consideration the urgency of need for services. Contractor shall attempt to provide first service for routine referrals within 10 business days and within 48 hours for referrals determined to be urgent as outlined in *Department Policy # 2.001 Network Adequacy Standards and Monitoring*.
- D. Admit Members Meeting Medical Necessity.** (RESERVED).
- E. Admission Documentation.** At Contractor's intake meeting with each member admitted into the Program, Contractor shall complete admission documentation with the following information:
 - 1. Informed Consent to Treatment form, signed by member or authorized caregiver.
 - 2. Release of Information form, signed by member or authorized caregiver.
- F. Admission.** Contractor shall provide Program services to referred member meeting Program eligibility requirements unless one or more of the conditions specified in Section 9 (Exclusion Criteria) of this Exhibit applies.
- G. Notice of Adverse Benefit Determination.**
 - 1. If Contractor determines that the medical necessity criteria has not been met, then a written Notice of Adverse Benefit Determination (NOABD) shall be issued in accordance with 42 C.F.R. Section 438.404 in compliance with *Department Policy #4.010 Notice of Adverse Benefit Determination*.
- H. Regular Reassessments of Medical Necessity.** (RESERVED)
- I. Submit Reassessment to QCM.** (RESERVED)

9. EXCLUSION CRITERIA.

A. On a case-by-case basis, member requesting admission into the Program or members admitted into the Program may be excluded from the Program. The following may be cause for exclusion from the Program:

1. Threatening or violence towards staff or other members; and
2. Rude or disruptive behavior that cannot be redirected.

B. **Notice of Adverse Benefit Determination.** Contractor shall notify the referred individuals or the admitted members of the exclusion from the Program in compliance with Department Policy #4.010 Notice of Adverse Benefit Determination.

10. DOCUMENTATION REQUIREMENTS. Contractor shall complete the following for each member:

A. **Data Entry and Clinical Documentation.** Contractor shall enter treatment data, other member data, and clinical documentation required by County into Department of Behavioral Wellness Electronic Health Record unless otherwise approved.

B. **Member Service Plan.** Contractor shall complete a Member Service Plan and assessment for each member receiving Program services in accordance with the Behavioral Wellness Clinical Documentation Manual available **County of Santa Barbara Behavioral Wellness**. The Member Service Plan shall provide overall direction for the collaborative work of the member, the Program staff, and the Treatment Team.

C. **Member Documentation.** Contractor shall maintain the following member documentation within the Behavioral Wellness Electronic Health Record (EHR), SmartCare, for each member referred and treated:

1. Member assessment;
2. Supporting progress note documentation.

11. **DISCHARGE.** Contractor shall discharge member from Program EHR once member is successfully enrolled in the recommended program.

12. NON-REIMBURSEMENT. (RESERVED)

13. REPORTING AND MONITORING.

A. **Reporting.** Contractor shall adhere to standard reporting requirements and shall complete additional surveys and reports regarding the Program as requested by County or DHCS.

B. **Monitoring.**

1. Contractor shall provide data related to screenings indicating lower level of care to Behavioral Wellness Access Line, on a monthly basis that shall include:

- i. Referral outcome (CenCal or no services provided);
- ii. Services recommended;
- iii. Date referred;
- iv. Member's CenCal Member ID;
- v. Referral region;
- vi. Member's first and last name;
- vii. Member's phone number;
- viii. Member's date of birth; and
- ix. Authorized representative with relationship.

14. STAFFING. Contractor shall staff the Program with provider types and qualifications in compliance with California State Plan Amendment 23-0026, BHIN 24-023, and Exhibit B-2 MHS Entity Rates and Codes by Service Type. Staffing definitions are set forth in Exhibit A-1 MHS General Provisions of this Agreement.

- A. Program staffing is anticipated to include 1.0 Full Time Equivalent (FTE) position(s), which may be a Therapist (Licensed, Associate, or Trainee) and/or Psychologist.

15. GOALS, OUTCOMES AND MEASURES.

- A. Contractor shall comply with the program goals, outcomes and measures in Subsection B of this section (Goals, Outcomes, and Measures) and comply with modification to the program goals, outcomes, and measures that do not alter the maximum contract amount of this Agreement and are authorized by the Director of the Department of Behavioral Wellness or designee in writing pursuant to Section 25 (Entire Agreement and Amendment) of the Standard Terms and Conditions of this Agreement.

- B. Contractor shall meet the goal of Community Based Access services as identified below:

Community Based Access Program Evaluation		
Program Goals	Outcomes	Goal
Census Information	Unique Clients Served	#
	Enrollments	#
	New Enrollments	#
	Discharges	#
Stabilization in Community. Assist clients in their mental health recovery process and with developing the skills necessary to lead healthy and productive lives in the community.	A. % Successful Discharges	≥85

IV. Add new EXHIBIT A-10, STATEMENT OF WORK: BHSA STATEMENT OF WORK HOUSING INTERVENTIONS RENTAL ASSISTANCE PROGRAM JULY 1, 2026 – JUNE 30, 2027, to the Agreement as follows:

**EXHIBIT A-10
STATEMENT OF WORK: BHSA
HOUSING INTERVENTIONS RENTAL ASSISTANCE PROGRAM
JULY 1, 2026 – JUNE 30, 2027**

Notwithstanding any other provision of this Agreement, Contractor shall commence performance under this Exhibit A-10 (BHSA Housing Interventions Rental Assistance Program) on July 1, 2026, and end performance upon completion, but no later than June 30, 2027, unless otherwise directed by County or unless earlier terminated.

- 1. PROGRAM SUMMARY.** The Contractor shall provide short term rental assistance for Behavioral Health Services Act (BHSA) eligible individuals when their Medi-Cal Transitional Rent benefit expires or they do not qualify for the Transitional Rent benefits through the County of Santa Barbara’s Medi-Cal Managed Care Plan, CenCal, but meet qualifications for BHSA rental assistance.
- 2. PROGRAM OBJECTIVES.**
 - A.** Reduce homelessness amongst BHSA eligible individuals experiencing homelessness, at risk of homelessness or chronically homeless members who are also experiencing homelessness and exiting incarceration, institutionalization or otherwise meet full-service partnership criteria .
- 3. SERVICES.** Contractor shall provide the following services:
 - A.** Coordinate services, including collaboration on the Housing Support Plan, and rental assistance with County of Santa Barbara Department of Behavioral Wellness staff and the MCP to ensure housing interventions are not used for services covered by the MCP.
 - B.** Utilize BHSA Housing Intervention funding for rental assistance for BHSA eligible individuals for up to six months or 12 in interim settings if member is not eligible through the MCP:
 - 1.** Contractor shall issue all rental subsidies and housing support services directly to property owners, managers, utilities, vendors, or housing agencies.
 - C.** Provide utilities payment assistance, if needed.
 - D.** Provide Participant Assistance funding, if needed.
 - E.** Communicate with Behavioral Wellness Staff the following information:
 - 1.** Member’s housing placement;

2. Supportive services once member is housed;
3. Involve BWell staff in creation of the Housing Support Plan;
4. Ongoing updates on member and member's needs once member is housed; and
5. Submit monthly caseload summary of active caseloads to ensure collaboration with BWell of housing placements for members.

4. **ADDITIONAL SERVICES. (RESERVED)**

5. **OPERATIONS.**

A. Rent Calculation. Contractor shall use Department of Housing and Urban Development (HUD) Small Area Fair Market Rent Calculator to identify the upper limit of rental assistance payments. Small Area Fair Market Rent calculator is located at:

[FY2026 Advisory Small Area FMR Lookup System -- Select Geography](#)

B. Habitability Standards. BHSA Housing Interventions shall only be used in connection with housing settings that meet minimum standards for habitability. Contractor shall verify Habitability Standards by doing the following:

1. NSPIRE standards. All units are subject to HUD quality requirements and will be required to meet a new set of [standards](#) titled the National Standards for the Physical Inspection of Real Estate (NSPIRE); or
2. California Code Habitability Standards. Contractor may submit an attestation that the housing is habitable as defined by state law (see, e.g., [California Civil Code sections 1941, 1941.1, 1941.3](#)) and meets applicable state and local building standards as an alternative to NSPIRE standards. Inspection costs associated may be included in the budget for this contract.

C. Minimum Quality Standards. Contractor shall verify that all settings for which Housing Interventions are expended meet minimum quality standards. These standards are in alignment with the standards identified under Transitional Rent.

D. Allowable Settings. Contractor shall only provide rental assistance in the following allowable settings:

1. Department of Health Care Services (DHCS) defines "permanent" settings as those with a renewable lease agreement with a term of at least one month.
 - i. A setting that can be permanent or interim is considered permanent if the member has a renewable lease agreement.
 - ii. Where there is not lease agreement or the lease term is not renewable then the setting is considered interim.

2. Time Limited Interim Settings:

- i. Hotel and motel stays;
- ii. Non-congregate interim housing models;
- iii. Congregate settings that have four or less individuals per room and sufficient common space including kitchens, living rooms and bathrooms (not larger dormitory sleeping halls);
- iv. Tiny homes, emergency sleeping cabins, emergency stabilization units; and
- v. Peer respite.

3. Non-Time-Limited Permanent Settings:

- i. Supportive housing;
- ii. Apartments, including master-lease apartments;
- iii. Single and multi-family homes;
- iv. Housing in mobile home communities;
- v. Single room occupancy units (Can be interim or permanent; if interim, Housing Interventions is limited to 6 months for those who have exhausted Transitional Rent or 12 months for those who are not eligible for Transitional Rent);
- vi. Accessory dwelling units, including Junior Accessory Dwelling Units;
- vii. Tiny Homes (Only considered permanent if the settings have the hallmarks of a permanent setting such as requiring a lease, require payment of rent, has reasonable and ease of access to private bathrooms, kitchen areas, and utilities. Additionally, the settings must not have restrictive rules pertaining to curfews or having guests and has sufficient infrastructure to function as a permanent site.);
- viii. Shared housing; and
- ix. License-exempt room and board.

E. Family Housing. A member should be housed in a setting that is appropriate to accommodate the member's family, which may include, for example, a partner or spouse or one or more children. A member should be housed in a setting that provides the smallest number of bedrooms necessary to house the member's family

without overcrowding and that meets the family needs, including the unique needs of individuals with disabilities and pregnant and postpartum individuals and families.

F. Individual Contribution Towards Rent. Contractor shall utilize 30 percent of member's income, including SSI, and apply it to rent in permanent settings.

1. Contractor shall utilize BHSA Housing Intervention funds only for the portion of rent not covered by members' income as verified through documentation.
2. Eligible individuals will not be denied BHSA Housing Interventions assistance due to lack of income. If income is zero, tenant pays zero.

G. Duration of Rental Assistance.

1. Time Limited Interim Settings.

- i. In interim settings, members are eligible for an additional six months of rental assistance when CenCal Transitional Rent expires; or
- ii. If member has been rejected for Transitional Rent benefit or is ineligible for Transitional Rent benefit, then member **MAY** be eligible for up to 12 months rental assistance in a time-limited interim setting if other eligibility criteria is met to qualify for BHSA Housing Interventions.

2. Non-Time Limited Permanent Settings.

- i. In permanent settings, member is eligible for up to six months rental assistance.

H. Allowable Utilities Services.

1. Contractor may include utilities cost (electricity, natural gas, water, sewer services, trash collection and internet not covered by the rental agreement) in the Rental Assistance requests; and
2. BWell must authorize utility services and may be authorized for up to six months' utilities payments.

I. Participant Assistance Funds. Contractor may also request BHSA member assistance funding only if the cost is not covered through MCP Community Supports, or the benefit has been exhausted and there is no other available funding source. Contractor shall do the following:

1. Determine that the costs cannot be covered through the MCP Community Supports benefit, including rental deposits;
2. Request rental deposits for members not eligible for rental deposits through the MCP Community Supports Benefit;
3. Request pet deposits for members, including members receiving Transitional Rent benefit;
4. Contractor may request funding for the following:
 - i. Housing application fees;
 - ii. Renter's insurance;
 - iii. Fees for credit reports;

- iv. Security deposits;
- v. Utility deposits;
- vi. Storage fees;
- vii. Pet deposits and other pet fees; and
- viii. Move-in costs, including costs associated with establishing a household such as:
 - a. Food;
 - b. Hygiene products; and
 - c. Moderate furnishings (including but not limited to items such as a bed, tables and chairs, cleaning tools, and other supplies that people need to settle into housing).

6. MEMBERS.

A. BHSA Rental Assistance Eligibility. Contractor must contact BWell to confirm BHSA eligibility of the member. To be eligible for Rental Assistance, an individual must meet both of the following factors:

- 1. Eligible populations are those that meet criteria for Medi-Cal specialty mental health services Eligibility criteria for BHSA services are aligned with [Medi-Cal specialty mental health services \(SMHS\) access criteria](#); and/or
- 2. Have at least one diagnosis of a moderate or severe [substance use disorder](#) from the most version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders; and
- 3. Homelessness. As defined in [W&I Code section 5830](#), individuals must meet the BHSA eligibility requirements, identified in this policy manual and meet the definition of:
 - i. [At-Risk of Homelessness](#); or
 - ii. [Experiencing Homelessness](#); or
 - iii. [Chronically Homeless](#), with a focus on those in encampments.
- 4. Have exhausted the Transitional Rent Medi-Cal/Cen-Cal benefit (six months), or
- 5. Have been determined ineligible for Transitional Rent by their MCP.
- 6. All member must be receiving Community Supports including Tenancy Sustaining Services as a part of their requirement as a Community Support provider for MCP and as a requirement to of eligibility for Rental Assistance.

7. REFERRALS. Referrals are limited to those being served by the contractor and receiving MCP Community Supports from the contractor.

8. AUTHORIZATION AND REAUTHORIZAATION, INTAKE AND ADMISSION PROCESS.

- A.** Contractor must receive authorization from BWell before issuing rental assistance.
 - 1. It is at the discretion of BWell whether to fund rental subsidies or interim housing for BHSA eligible members based on funding availability.
- B.** In interim settings, member may be eligible for an additional six months of rental assistance when Transitional Rent expires.

1. Contractor must receive authorization from BWell before issuing rental assistance for an additional month.

9. EXCLUSION CRITERIA.

- A. Members are not permitted to receive rental subsidies under BHSA so long as Transitional Rent through the MCP is available to the member.

10. DOCUMENTATION REQUIREMENTS.

- A. Contractor shall document, in the Smartsheet provided by BWell, the following information for members, to include:

1. Type of setting requesting rental assistance;
2. Small Area Fair Market Value;
3. Requested monthly amount of rental assistance;
4. Number of months BHSA rental assistance is requested including planned transition date when BHSA rental assistance is no longer available;
5. Requested Participant Assistance Funds, if applicable;
6. Number of months requesting rental assistance;
7. Member contribution to the rent;
8. Copy of the tenant's lease if lease is required;
9. Additional utilities coverage or deposits (security or pet) requested;
10. Homelessness Verification and Status (Chronically Homeless, Homeless, At Risk). Homeless verification can be provided by a Third-party with documentation to include the following:
 - i. A written statement from an outreach worker or other direct service provider;
 - ii. Homeless Management Information System record documenting that the individual is homeless, chronically homeless or at risk of homelessness;
 - iii. A written statement from a discharge planner or other staff of an institution documenting the date the individual was discharged and that the individual was experiencing homelessness at the time they entered the institution;
 - iv. An eviction notice or other formal notification from a landlord that the individual has less than 30 days before they will be required to leave their current housing; or
 - v. A written statement from a victim service provider stating that the individual is fleeing domestic violence and has no safe housing options.

11. BHSA Eligibility Verification Request;

12. Verification of Housing Quality Standards;

13. Verification that member is receiving Community Supports;

14. Attach copy of Housing Support Plan; and

15. Updated Housing Support Plan attached within 5 days when a change occurs or within 10 calendar days after the end of the month.

- B. **Homeless Management Information System.** Contractor shall ensure that all documentation used to verify Homelessness and Serious Behavioral Health Conditions is written or accessible in the Homeless Management Information

System (HMIS) and Coordinated Entry System in accordance with guidance provided at <https://www.countyofsb.org/4452/HMIS-and-CES-FAQ>.

C. Fiscal Documentation Requirements.

1. Contractor shall maintain records of all payments made on behalf of members and submit a monthly report detailing such payments. Each report shall include the client name, homeless status (chronic vs. at risk vs. homeless), type of housing payment, client contribution to rent, housing placement name, housing setting type, amount of rental assistance issued, and the cumulative total of all prior payments made on behalf of each member. Reports shall be submitted within thirty (30) days following the end of each month.
2. Contractor shall also track and separately report any pet or housing-related deposits, and shall identify and deduct any refunded deposit amounts from invoiced totals.

11. DISCHARGE. (RESERVED)

12. NON-REIMBURSEMENT. (RESERVED)

13. REPORTING AND MONITORING. (RESERVED)

14. STAFFING. (RESERVED)

15. PROGRAM GOALS, OUTCOMES, AND MEASURES. (RESERVED)

THIS SECTION INTENTIONALLY

LEFT BLANK

- V. Delete Exhibit B, Financial Provisions – 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 **\$7,721,843**, inclusive of **\$7,089,843** (\$2,832,230 for FY 2023-24, \$3,084,245 for FY 2024-25, \$873,368 for FY 2025-26, and \$300,000 for FY 2026-27) in Mental Health funding, and **\$632,000** (\$158,000 per fiscal year for FY 2023-27) in Alcohol and Drug Program funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MHS and subject to the provisions in Section 1 (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 without a properly executed amendment.

- VI. Delete Exhibit B - Financial Provisions – 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 **\$7,721,843**, inclusive of **\$7,089,843** (\$2,832,230 for FY 2023-24, \$3,084,245 for FY 2024-25, \$873,368 for FY 2025-26, and \$300,000 for FY 2026-27) in Mental Health funding, and **\$632,000** (\$158,000 per fiscal year for FY 2023-27) in Alcohol and Drug Program funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MHS and subject to the provisions in Section 1 (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 without a properly executed amendment.

THIS SECTION INTENTIONALLY
LEFT BLANK

VII. Delete Exhibit B-1- MHS (Schedule of Rates and Contract Maximum), for fiscal years 2025-26 and 2026-27 and replace it with the following:

EXHIBIT B-1 – MHS
SCHEDULE OF RATES AND CONTRACT MAXIMUM
 (Applicable to programs described in A-5, A-6, and A-8)

CONTRACTOR NAME: Family Service Agency **FISCAL YEAR:** 2025-2026

Contracted Service	Service Type	Provider Group (5)	Practitioner Type	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Contract Allocation
Medi-Cal Billable Services	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	\$353.07	\$ 357,840
			LPHA / Assoc. LPHA	\$228.48	
			Certified Peer Recovery Specialist	\$180.50	
			Rehabilitation Specialists & Other Qualified Providers	\$171.91	
					\$ 357,840

Contracted Service	Service Type	Program(s)	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Outpatient Non-Medi-Cal Services (1)	Medi-Cal Programs at 2%	\$ 7,160
	Quality Assurance & Utilization Management (2)	Medi-Cal Programs at 4% (2% QA; 2% UM)	\$ 14,315
	Prevention	Wellness Promotion for Seniors	\$ 494,053
			\$515,528
			\$873,368

Contract Maximum by Program & Estimated Funding Sources					Total
Funding Sources (3)	PROGRAM(S)				
	Managed Care	Wellness Promotion for Seniors	School Based Counseling	Carpinteria START	
Medi-Cal Patient Revenue (4)	\$ 357,840	\$ -	\$ -	\$ -	\$ 357,840
Realignment QA / UM Incentive	\$ 14,315	\$ -	\$ -	\$ -	\$ 14,315
Realignment Non-Medi-Cal Services	\$ 7,160	\$ -	\$ -	\$ -	\$ 7,160
MHSA Non-Medi-Cal Program	\$ -	\$ 494,053	\$ -	\$ -	\$ 494,053
TOTAL CONTRACT PAYABLE FY 25-26:	\$ 379,315	\$ 494,053	 DocuSigned by: -	\$ -	\$ 873,368

CONTRACTOR SIGNATURE:

DocuSigned by:

Christie Boyer

DocuSigned by:

Lisa Brabo

5658639A7B50479...

FISCAL SERVICES SIGNATURE:

96D40AB0C0AD408...

(1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Services rates as noted for Medi-Cal clients.

(2) Quality Assurance and Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.

(3) 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. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental Funds and SB 163.

(5) Refer to taxonomy codes in Exhibit B-3 for billable practitioner types within each provider group.

EXHIBIT B-1 – MHS

SCHEDULE OF RATES AND CONTRACT MAXIMUM (Continued)

(Applicable to programs described in A-9 – A-10)

EXHIBIT B-1 MH

DEPARTMENT OF BEHAVIORAL WELLNESS

SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME:

Family Service Agency

FISCAL YEAR: 2026-2027

Contracted Service	Service Type	Provider Group (4)	Practitioner Type	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Contract Allocation
Medi-Cal Billable Services	Outpatient Services Fee-For-Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	\$353.07	\$ 98,040
			LPHA / Assoc. LPHA	\$228.48	
			Certified Peer Recovery Specialist	\$180.50	
			Rehabilitation Specialists & Other Qualified Providers	\$171.91	
					\$98,040

Contracted Service	Service Type	Program(s)	Reimbursement Method	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Outpatient Non-Medi-Cal Services (1)	Managed Care	2% of Medi-Cal Patient Revenue	\$ 1,960
	Rental Assistance	BHSA Housing	Cost Reimbursement	\$ 200,000
				\$ 201,960
				\$300,000

Contract Maximum by Program & Estimated Funding Sources					Total
Funding Sources (2)	PROGRAM(S)				
	Community Based Access	BHSA Housing			
Medi-Cal Patient Revenue (3)	\$ 98,040				\$ 98,040
Realignment Non-Medi-Cal Services	\$ 1,960				\$ 1,960
BHSA	\$ -	\$ 200,000			\$ 200,000
TOTAL CONTRACT PAYABLE FY 26-27:	\$ 100,000	\$ 200,000	DocuSigned by:		\$ 300,000

CONTRACTOR SIGNATURE:

FISCAL SERVICES SIGNATURE:

DocuSigned by:

Christie Boyer

96D40AB0C0AD408...

DocuSigned by:

Lisa Brabo

5658639A7B50479...

(1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Services rates as noted for Medi-Cal clients.

(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. 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, BHSA, General Fund, Grants, Other Departmental Funds and SB 163.

(4) Refer to taxonomy codes in Exhibit B-3 for billable practitioner types within each provider group.

FSA FY 23-27 AM3

Page 22 of 27

VIII. Delete Exhibit B-2-ADP & MHS (Entity Budget by Program), for fiscal years 2024-2027 and replace it with the following:

**EXHIBIT B-2-ADP & MHS
ENTITY BUDGET BY PROGRAM**

AGENCY NAME: Family Service Agency of Santa Barbara County

COUNTY FISCAL YEAR: Annual Budget for Each FY 2024 - 2027

LINE #	COLUMN#	1	2	3	4	5
	I. REVENUE SOURCES:		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Strengthening Families Program	BHSA Housing (FY 26-27 only)	Wellness Promotion for Seniors (FY 23-26 only)
1	Contributions		\$ -			
2	Foundations/Trusts		\$ -			
3	Miscellaneous Revenue		\$ -			
4	Behavioral Wellness Funding		\$ 852,053	\$ 158,000	\$ 200,000	\$ 494,053
5	Other Government Funding		\$ -			
6	Private Insurance		\$ -			
7	Total Other Revenue		\$ 852,053	\$ 158,000	\$ 200,000	\$ 494,053
	II. Client and Third Party Revenues:					
8	Client Fees		\$ -			
9	SSI		\$ -			
10	Total Client and Third Party Revenues		\$ -	\$ -		\$ -
11	GROSS PROGRAM REVENUE BUDGET		\$ 852,053	\$ 158,000	\$ 200,000	\$ 494,053
	III. DIRECT COSTS		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Strengthening Families Program	BHSA Housing (FY 26-27 only)	Wellness Promotion for Seniors (FY 23-26 only)
	III.A. Salaries and Benefits Object Level					
12	Salaries (Complete Staffing Schedule)		\$ 304,971	\$ 68,270		\$ 236,701
13	Employee Benefits		\$ 94,710	\$ 25,942		\$ 68,768
14	Consultants		\$ -			
15	Payroll Taxes (included with benefits)		\$ -			
16	Salaries and Benefits Subtotal		\$ 399,681	\$ 94,212		\$ 305,469
	III.B. Services and Supplies Object Level					
17	Operations (occupancy, IT, program supplies, mileage)		\$ 42,143			\$ 42,143
18	Activities supplies & instructors- 12 properties at \$6,000 each		\$ 72,000			\$ 72,000
19	Outreach - 12 properties at \$500/property		\$ 6,000			\$ 6,000
20	Equipment Rental and Lease		\$ -			
21	Housing Intervention Payments		\$ 173,913		\$ 173,913	
22	Food		\$ -			
23	Laundry Services and Supplies		\$ -			
24	Training		\$ 12,000	\$ 8,000		\$ 4,000
25	Telephone/Communications		\$ 600	\$ 600		
26	Depreciation - Structures and Improvements		\$ -			
27	Insurance		\$ -			
28	Interest Expense		\$ -			
29	Maintenance - Structures, Improvements, and Grounds		\$ 3,500	\$ 3,500		
30	Office Expense		\$ 11,022	\$ 11,022		
31	Publications and Legal Notices		\$ -			
32	Rents & Leases - Land, Structure, and Improvements		\$ 3,500	\$ 3,500		
33	Taxes and Licenses		\$ -			
34	Drug Screening and Other Testing		\$ -			
35	Utilities		\$ 2,000	\$ 2,000		
36	Pharmaceutical		\$ -			
37	Professional and Special Services		\$ 2,000	\$ 2,000		
38	Transportation		\$ -			
39	Travel		\$ 1,350	\$ 1,350		
40	Gas, Oil, & Maintenance - Vehicles		\$ -			
41	Rents & Leases - Vehicles		\$ -			
42	Depreciation - Vehicles		\$ -			
43	Other / Miscellaneous / Subcontracts		\$ 10,850	\$ 10,850		
44	Services and Supplies Subtotal		\$ 340,878	\$ 42,822	\$ 173,913	\$ 124,143
	III.C. Client Expense Object Level Total (Not Medi-Cal)		\$ -			
45			\$ -			
46	SUBTOTAL DIRECT COSTS		\$ 740,559	\$ 137,034	\$ 173,913	\$ 429,612
	IV. INDIRECT COSTS					
47	Administrative Indirect Costs (15% or 15.3% for SUBG)		\$ 111,494	\$ 20,966	\$ 26,087	\$ 64,441
48	GROSS DIRECT AND INDIRECT COSTS		\$ 852,053	\$ 158,000	\$ 200,000	\$ 494,053

IX. Add FY 2026-2027 Federal Award Identification Table to Exhibit B-4 (Federal Award Identification Tables) as follows:

This Agreement is a subrecipient agreement. CONTRACTOR is a subrecipient of SUBG (formerly known as SABG) funds through this Agreement, and this Agreement is a subaward of SUBG funds.

Table 1: FEDERAL AWARD INFORMATION: COUNTY. The following Federal Award Information is provided in accordance with 2. C.F.R. § 200.332.

FY 2026-2027

FY 26-27 Federal Award Identification Table		
1	Subrecipient Name	Family Service Agency
2	Subrecipient Unique Entity Number (DUNS Number)	21867353
3	Federal Award ID	1B08TI088457-01
4	FAIN	B08TI088457
5	Federal Award Date	1/28/2026
6	Subaward Period of Performance - Start Date and End Date	07/01/2026-06/30/2027
7	Subaward Budget Period - Start Date and End Date	07/01/2026-06/30/2027
8	Amount of Federal Funds Obligated by this Action by Pass Through to Subrecipient	\$158,000.00
9	Total Amount of Federal Funds Obligated to Subrecipient by Pass Through Including Current Financial Obligation	\$158,000.00
10	Total Amount of Federal Award Committed to the Subrecipient by the Pass Through Entity	\$158,000.00
11	Federal Award Project Description	Substance Use Prevention, Treatment, and Recovery Block Grant
12	Federal Awarding Agency	Substance Abuse and Mental Health Services Administration (SAMHSA)
13	Pass Through Entity	California Department of Health Care Services & County of Santa Barbara Behavioral Wellness
14	Contact Information for Awarding Official of Pass Through Entity	Director County of Santa Barbara Department of Behavioral Wellness 300 N. San Antonio Rd Santa Barbara, CA 93110
15	CFDA Number	93.959
16	CFDA Name	Block Grants for Prevention and Treatment of Substance Abuse
17	Is Award for Research and Development?	No
18	Indirect Cost Rate for Award	20.4% or less
19	Requirements Imposed by Pass Through Entity	Contractor shall abide by all relevant provisions of law governing the SUBG including but not limited to, the Code of Federal Regulations Title 45 Part 96 and Section 1921 of the Public Health Service Act, Title XIX Part B, and Subpart II and III. Contractor shall also comply with Performance Agreement Number 21-10112 between Department of Behavioral Wellness and DHCS, until such time as the amendment or a new Performance Agreement is entered into between Behavioral Wellness and DHCS. Contractor shall abide by subsequent Performance Agreements executed during the term of this agreement.
20	Additional requirements- Financial and Performance Reports	Contractor shall abide by all relevant provisions listed in the County Contract under Exhibit A's (Statements of Work) and Exhibit B (ADP Financial Provisions)
21	Access to Subrecipient Records	The subrecipient must permit the County and auditors access to subrecipient records and financial statements as necessary for the County to meet requirements of 2 CFR 200.332 and to determine compliance with federal award requirements.
22	Closeout Terms and Conditions	Contractor shall comply with the closeout requirements in 2 CFR § 200.344, as applicable. Contractor shall also provide County documentation to complete its responsibilities per 2 CFR § 200.344. In accordance with the County contract, Contractor shall deliver to County all data, estimates, graphs, summaries, reports, and all other property, records, documents or papers as may have been accumulated or produced by Contractor in performing this Agreement, whether completed or in process, except such items as County may, by written permission, permit Contractor to retain. Notwithstanding any other payment provision of this Agreement, County shall pay Contractor for satisfactory services performed to the date of termination to include a prorated amount of compensation due hereunder less payments, if any, previously made. In no event shall Contractor be paid an amount in excess of the full price under this Agreement nor for profit on unperformed portions of service. Contractor shall furnish to County such financial information as in the judgment of County is necessary to determine the reasonable value of the services rendered by Contractor. In the event of a dispute as to the reasonable value of the services rendered by Contractor, the decision of County shall be final. The foregoing is cumulative and shall not affect any right or remedy which County may have in law or equity.

- X. Effectiveness.** The terms and provisions set forth in this Third Amendment shall modify and supersede all inconsistent terms and provisions set forth in the Agreement, First Amendment, and Second Amendment. The terms and provisions of the Agreement, except as expressly modified and superseded by the First Amendment, Second Amendment and this Third Amendment, 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.
- XI. Execution of Counterparts.** This Third 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.

**THIS SECTION LEFT BLANK INTENTIONALLY
SIGNATURE PAGE FOLLOWS**

SIGNATURE PAGE

Third Amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Family Service Agency of Santa Barbara County**.

IN WITNESS WHEREOF, the parties have executed this Third Amendment to be effective as of the date executed by COUNTY.

COUNTY OF SANTA BARBARA:

Signed by:
By: 
9DD6B7A21EC646A
BOB NELSON, CHAIR
BOARD OF SUPERVISORS
Date: 6/10/2026 | 3:26 PM PDT

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

Signed by:
By: 
0B03F3DDF9EE4AA...
Deputy Clerk
Date: 6/10/2026 | 3:31 PM PDT

CONTRACTOR:

Family Service Agency of Santa Barbara County

DocuSigned by:
By: 
5658639A7B50479...
Authorized Representative
Name: Lisa Brabo
Title: Chief Executive Officer
Date: 5/28/2026

APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

Signed by:
By: 
48A252DEFFD3466...
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFER, CPA
AUDITOR-CONTROLLER

Signed by:
By: 
02BA147EF6A84DE...
Deputy

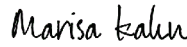
RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

DocuSigned by:
By:  for
2095C5A16FE1474...
Director

APPROVED AS TO FORM:

MARISA KAHN, RISK MANAGER
RISK MANAGEMENT

Signed by:
By: 
DF54F5C86F0C41A...
RISK Manager