

STD 213A (Rev. 4/2020)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 5 PAGES

AGREEMENT NUMBER 17MHSOAC066	AMENDMENT NUMBER 02	Purchasing Authority Number
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1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Mental Health Services Oversight and Accountability Commission

CONTRACTOR NAME

Santa Barbara County Department of Behavioral Wellness

2. The term of this Agreement is:

START DATE

January 29, 2019

THROUGH END DATE

November 30, 2022

3. The maximum amount of this Agreement after this Amendment is:

\$882,415.63 EIGHT HUNDRED EIGHTY TWO THOUSAND FOUR HUNDRED FIFTEEN DOLLARS AND SIXTY THREE CENTS.

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

A. The term of the Agreement is extended through November 30, 2022.

B. Amends Exhibit A and Exhibit B.

The following Exhibits are attached and hereby incorporated and made part of this Agreement:

- Exhibit A--Scope of Work
- Exhibit B--Budget Detail and Payment Provisions

All language that has been added is shown in bold and underlined. All language that has been deleted is shown in strikethrough.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

Santa Barbara County Department of Behavioral Wellness

CONTRACTOR BUSINESS ADDRESS

300 N. San Antonio Rd, Bldg 3

CITY

Santa Barbara

STATE

CA

ZIP

93110

PRINTED NAME OF PERSON SIGNING

Alice Gleghorn

TITLE

Ph.D, Director

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

6/9/2021

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Mental Health Services Oversight and Accountability Commission

CONTRACTING AGENCY ADDRESS

1325 J Street, Suite 1700

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Toby Ewing

TITLE

Executive Director

CONTRACTING AGENCY AUTHORIZED SIGNATURE

Toby Ewing

Digitally signed by Toby Ewing
Date: 2021.06.11 17:43:15 -07'00'

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (if Applicable)

Exhibit A
Scope of Work

1. SANTA BARBARA COUNTY DEPARTMENT OF BEHAVIORAL WELLNESS, hereafter referred to as Grantee, agrees to hire mental health triage personnel to provide a range of triage services to persons with mental illness requiring crisis intervention. As indicated in the Mental Health Wellness Act of 2013 triage personnel may provide targeted case management services face to face, by telephone, or by tele-health.

The scope of work for this contract is contained in the Grant Application submitted by Grantee in response to the MHSOAC’s Request for Applications SB 82_Triage_003_Addendum 2 (hereinafter, “RFA”) as revised by this Amendment 2. Grantee’s Application is incorporated by reference and made part of this contract as if attached hereto. Due to funding reduction, Grantee’s “Addendum 1” to its response to the RFA is incorporated by reference and made a part of this contract as if attached hereto.

2. Contacts

The representatives during the term of this agreement will be:

Direct all Triage Grant inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	Grantee: Santa Barbara County Department of Behavioral Wellness
Name, Title: Andrej Delich, Health Program Specialist	Name, Title: John Winckler, LMFT, Crisis Services Manager
Phone (916) 445-8696	Phone (805) 708-8336
Fax: (916) 445-4927	Fax:
Email: andrej.delich@mhsoac.ca.gov	Email: jwinckler@co.santa-barbara.ca.us

Direct all administrative inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	Grantee: Santa Barbara County Department of Behavioral Wellness
Section/Unit: Administrative Services	Section/Unit:
Attention: Ghelsea Yuen <u>Anissa Padilla</u> , Contract Analyst	Attention: John Winckler, LMFT, Crisis Services Manager
Address: 1325 J Street, Suite 1700 Sacramento, CA 95814	Address: 429 San Antonio Drive Santa Barbara, CA 93110
Phone: (916) 445-8798	Phone: (805) 708-8336

Fax: (916) 445-4927	Fax:
Email: chelsea.yuen@mhsoac.ca.gov Accounting@mhsoac.ca.gov	Email: jwinckler@co.santa-barbara.ca.us

Project representatives may be changed by written notice to the other party. Such notice shall be given within 30 days of the change.

3. Grant Cycle (See *RFA, Section IV.C.*)

This grant is approved for a ~~three~~ **four**-year grant cycle, with funds allocated in quarterly installments.

Contract funding is based on the Grantee's compliance with the RFA requirements as submitted through Grantee's Application, which is incorporated by reference and made a part of this contract as if attached.

The Commission may withhold funds from Grantee if the Grantee fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the program. If Grantee finds itself in this position, the Grantee shall immediately contact the Commission and provide a mitigation plan to address the contractual program deficiency. The Commission may withhold funds until an agreed upon mitigation plan is presented and accepted by the Commission.

4. Reporting (See *RFA, Section V.F.*)

Grantee shall provide information to the Commission on a quarterly basis within 30 days after the end of each reporting period. Quarterly reporting periods are hereby defined as 90 days, 180 days, 270 days, and 360 days after contract execution.

The following reports are required to be submitted:

- a. Triage Hiring Report (See *RFA, Section V.F.1.*), quarterly.
- b. Statewide Evaluation Data (See *RFA, Section V.F.2.*)
 - i. Grantee shall provide data based on the specifications and timelines defined by and agreed to by the Statewide Evaluation Contractor (hereinafter "Evaluation Contractor") and the Commission.
- c. Expenditure Information (See *RFA, Section V.F.3.*)
 - i. Grantee shall report all Grant expenditure information in the Annual Fiscal Report within 30 days of the end of the program year. Annually Grantee is required to remit unexpended grant funds back to the Commission.

5. Allowable Costs (See *RFA, Section IV.E.*)

Grant funds must be used as proposed in the grant Application approved by the Commission as follows:

- a. Allowable costs include triage personnel and administration;

- i. The amount budgeted for administration shall not exceed 15% of the total budget. This includes any administrative costs associated with contracted personnel.
- b. Grant funds may be used to supplement existing programs but may not be used to supplant existing financial and resource commitments of the grantee;
- c. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

6. County Triage Webpage (See RFA, Section V.C.4.b.)

Grantee shall have a link on its home page that connects users to a County Triage Webpage. The link shall be named, "County Mental Health Triage Services". Information on the webpage shall include:

- a. The title of each triage grant program;
- b. A short description of each triage grant program;
- c. Direct contact information for each triage grant program, including phone number, email, and access point location addresses. If available, include walk-in assistance information.

7. Statewide Evaluation (See RFA, Section V.E.)

Grantee shall fully cooperate with the Commission and the Commission's Evaluation Contractor and ensure Grantee's collaborative partners also cooperate. Grantee shall collect relevant individual-level data, including but not limited to, encounter data. Grantee shall grant the Commission and the Evaluation Contractor access to all relevant individual-level data collected and maintained by Grantee. Grantee shall ensure that its collaborative partners grant access to the Commission and the Evaluation Contractor to all relevant individual-level data.

8. Amendments

This contract may be amended upon mutual consent of the parties. All amendments must be in writing and fully executed by authorized representatives of each party.

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

1. INVOICING AND PAYMENT

- A. The amount payable by the Commission to the Grantee is specified in Section 5, Payment Schedule.
- B. Grant Award Claim Form (Attachment B.1) shall be submitted no later than the first week after each quarterly reporting period and is subject to the Commission's review and approval before being paid.

2. INSTRUCTION TO THE GRANTEE

- A. To expedite the processing of the Grant Award Claim Form submitted to the Commission for fund distribution, Grantee shall submit one original and two copies of each Grant Award Claim Form to the Commission Grant Manager at the following address:

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA, 95814

3. BUDGET CONTINGENCY CLAUSE

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.
- C. If this contract overlaps federal and State fiscal years, should funds not be appropriated by or approved by the Legislature for the fiscal year(s) following that during which this grant was executed, the State may exercise its option to cancel this grant.

D. In addition, this grant is subject to any additional restrictions, limitations, or conditions enacted by the Legislature which may affect the provisions or terms of funding of this grant in any manner.

4. BUDGET DETAIL

The total amount of this Agreement shall not exceed **\$882,415.63**. Payment shall be made in accordance with the payment schedule below. The funds used for this Agreement may be used without regard to fiscal year.

5. PAYMENT SCHEDULE

Grantee was approved for a grant cycle that covers ~~three~~ **four** grant years (See Attachment B.2 – Budget Worksheet for approved funding amounts), with funds allocated annually at the beginning of each grant year. Payments will be made quarterly and the total amount of payments made in any grant year is to not exceed the amounts stated below. For each grant year Grantee may not exceed the total funds allocated for that grant year.

Grant Year Disbursement	Grant Funding
Grant Year 1	\$287,727.18
Grant Year 2	\$295,000.27
Grant Year 3	\$299,688.18
Grant Total	\$882,415.63

Grant funding for Grant Year 4 is the amount of total unspent funds for the entire grant at the end of Grant Year 3. The MHSOAC will determine the amount of unspent grant funds available for Grant Year 4 based upon the Grantee's Annual Fiscal Reports. Upon receipt of a Budget Worksheet which reflects Grant Year 4 budget items and approval by the MHSOAC, the Grantee may spend the grant funds to continue the grant in Grant Year 4 as specified in this Agreement. The Grant Year 4 Budget Worksheet is due no later than June 30, 2021.