

**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'	
		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'	
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: _____

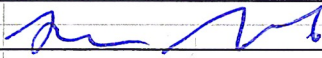
FISCAL SERVICES SIGNATURE: _____

Demise Merrell

**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'		
		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'				
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

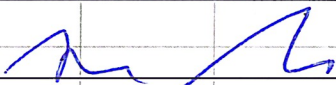
	PROGRAM					TOTAL
	Intensive In-Home	Managed Care (FFS)	School Based Counseling	Carpenteria START	Pathways to Well Being (Formerly HOPE)	
GROSS COST:	\$ 903,363	\$ 247,123	\$ 284,595	\$ 108,982	\$ 195,000	\$ 1,739,063
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
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						
	Intensive In-Home	Managed Care (FFS)	School Based Counseling	Carpenteria START	Pathways to Well Being (Formerly HOPE)	TOTAL
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)						
MEDICAL (3)	\$ 858,195	\$ 234,767	\$ 270,366	\$ 65,389	\$ 185,250	\$ 1,613,966
NON-MEDICAL						\$ -
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)

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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 19 through 23)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	

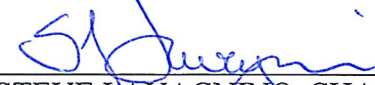
IX. All other terms shall remain in full force and effect.

Signature Page

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

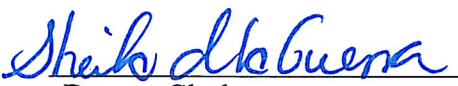
IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the date executed by COUNTY.

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

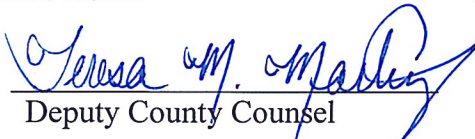
CONTRACTOR:

FAMILY SERVICES AGENCY OF SANTA BARBARA COUNTY

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

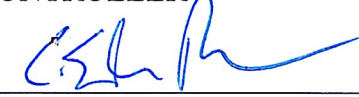
APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: 
Deputy County Counsel

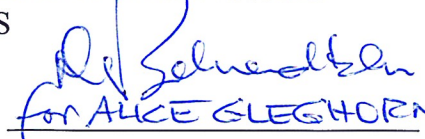
APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: 
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL WELLNESS

By: 
for ALICE GLEGHORN
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