

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is Second amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 18-101**, by and between the **County of Santa Barbara** (County) and **Mental Health Association in Santa Barbara County (DBA Mental Wellness Center)** (Contractor), agrees to provide and County agrees to accept the services specified herein.

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the First Amended Contract executed in September 2017, and the original contract approved by the County Board of Supervisors in June 2017, except as modified by this Second Amended Contract, effective February 15, 2018.

Whereas Contractor agrees to provide staff who will collaborate with County to provide Crisis Counseling Services to Santa Barbara County residents under the California Hope – 805 Immediate Services Program, which Contractor is qualified to provide, and

Whereas, the parties anticipate that these services may be extended for an additional period if the State approves a Regular Services Program, this contract provides increased funding of up to \$719,180 from the prior contract amount, for a new FY 17-18 total contract maximum amount not to exceed \$2,240,285 through June 30, 2018.

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

I. Add Exhibit A-5 – Statement of Work – MH – Crisis Counseling Assistance and Training:

**Exhibit A-5
Statement of Work
Crisis Counseling Assistance and Training**

1. **PROGRAM SUMMARY.** The California Hope – 805 Program (hereafter "Program") is designed to provide supplemental assistance for Santa Barbara Community members affected by the Thomas Fire and Montecito Mudslide. The Program, funded through the Federal Emergency Management Agency (FEMA) grants distributed by the State Department of Healthcare Services (DHCS) to Behavioral Wellness, shall assist individuals and communities in recovering from the effects of these natural disasters by providing community-based outreach and psycho-educational services. The Program has two stages, an immediate and a regular services program. The 30-day Immediate Services Program (ISP) runs from January 15 – March 15, 2018, and has been staffed by County between January 15 and February 15, but will transition to a majority of services being administered by The Mental Wellness Center (hereafter "Contractor") in collaboration with County. If the state approves an extended Regular Services Program, that will extend Program services by an additional period up to 9 months beyond January 15, 2018.
2. **PROGRAM GOALS.**
 - A. Help disaster survivors recover from the adverse reactions to disaster and begin to rebuild their lives;
 - B. Assist survivors in understanding their personal reactions and mitigate stress;

- C. Help survivors review their disaster recovery options and plan action steps and solutions to resolve losses and overcome adversities;
- D. Promote the use and development of coping strategies, providing emotional support;
- E. Help survivors prioritize their needs and connect with organizations or people who can assist them, leaving behind a permanent legacy of more adaptive coping skills, educational and resource materials, and enhanced community linkages.

3. **DISASTER CRISIS COUNSELING**

Crisis Counseling means the application of individual and group treatment procedures which are designed to ameliorate the mental and emotional crises and their subsequent psychological and behavioral conditions resulting from a major disaster or its aftermath.

The key difference between traditional mental health services and crisis counseling is the way services are provided. The traditional model provides assistance to individuals for an existing pathological condition or disorder. Typically, the mental health professional and client will discuss various treatment options and agree to certain interventions and treatment goals.

California Hope – 805 Crisis Counseling services are individual and group encounters that serve to engage people and encourage them to talk about their disaster experiences and teach them how to manage stress. These activities help counselors identify people who may need referrals to behavioral health treatment. Crisis Counseling activities enhance social and emotional connections with community members, promoting effective coping strategies and facilitating resilience. Crisis Counselors work closely with community organizations to familiarize themselves and link survivors with available resources.

4. **SERVICES.** Contractor and County will collaborate to provide primary and secondary services according to the staffing structures described in Section 8 and according to timelines agreed between the parties. Primary services are higher in intensity, as they involve personal contact with individuals, families, or groups. Secondary services have a broader reach and less intensity with a focus of reaching as many people as possible.

A. Primary Services:

- i. *Individual Crisis Counseling:* Helps survivors understand their reactions, improve coping strategies, review their options, and connect with other individuals and agencies that may assist them.
- ii. *Basic Supportive or Educational Contact:* General support and information on resources and services available to disaster survivors.
- iii. *Group Crisis Counseling:* Group sessions led by trained crisis counselors who offer skills to help survivors cope with their situations and reactions.
- iv. *Public Education:* Information and education about typical reactions, helpful coping strategies, and available disaster-related resources.
- v. *Community Networking and Support:* Relationship building with community resource organizations, faith-based groups, and local agencies.
- vi. *Referral, and Resource Linkage:* Adult and child needs referral to additional disaster

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relief services, mental health or substance abuse treatment.

B. Secondary Services:

- i. *Development and Distribution of Educational Materials:* Flyers, brochures, tip sheets, educational materials, and web site information developed and distributed by Program staff.
- ii. *Media and Public Service Announcements:* Media activities and public messaging in partnership with local media outlets, state and local governments, charitable organizations, or other community brokers.

C. Service Locations: County of Santa Barbara as defined by the Immediate Services Program Grant Application.

5. **PROGRAM MODEL.** The California Hope – 805 Crisis Counseling Program is designed to provide immediate behavioral health support, primarily relying on face-to-face contacts with survivors and their communities. Contractor and/or County staff will provide these support-centered services to survivors over a specific period of time. Eight key principles guide the Program's approach.

- A. *Strengths-based:* Crisis counselors assume natural resilience in individuals and communities, and promote independence rather than dependence on the Program, other people, or organizations. Crisis counselors help survivors regain a sense of control.
- B. *Outreach-oriented:* Crisis counselors take services into the communities rather than wait for survivors to come to them.
- C. *More practical than psychological in nature:* Crisis counseling is designed to prevent or mitigate adverse repercussions of disasters rather than to treat them. Crisis counselors provide support and education, listen to survivors, and accept the content at face value. Crisis counselors help survivors to develop a plan to address self-identified needs and suggest connections with other individuals or organizations that can assist them.
- D. *Diagnosis-free:* Crisis counselors do not classify, label, or diagnose people; they keep no records or case files. The Program does not provide mental health or substance use treatment, or critical incident stress debriefing. Services are supportive and educational in nature.
- E. *Conducted in nontraditional settings:* Crisis counselors make contact with survivors in their homes and communities, not in clinical or office settings.
- F. *Culturally aware:* The Program embraces cultural and spiritual diversity as reflected in culturally relevant outreach activities that represent the communities served.
- G. *Designed to strengthen existing community support systems:* Crisis counselors support, but do not organize or manage, community recovery activities. Likewise, the Program supplements, but does not supplant or replace, existing community systems.
- H. *Provided in ways that promote a consistent program identity:* Crisis counselors should work together early to establish a unified identity. The Program strives to be a single, easily identifiable program, with services delivered by various local agencies.

6. **TARGET POPULATION.** Contractor and/or County staff shall provide services as described in Section 4 to approximately 2146 clients during the Immediate Services Program component, with a Program Goal that at least 40% of the target services shall be provided by the midpoint of the service period. Program staff shall utilize a population exposure model outlined below to help identify and prioritize groups who could benefit from crisis counseling services. This model mirrors a "ripple effect," illustrating how the effect of a

disaster expands to wider segments of the community:

- A. Injured survivors, bereaved family members;
- B. Survivors with high exposure to disaster trauma, or evacuated from disaster zones;
- C. Bereaved extended family and friends, first responders;
- D. People who lost homes, jobs, and possessions;
- E. People with preexisting trauma and other dysfunction;
- F. At-risk groups and other disaster responders;
- G. Affected people from the larger community.

7. **MANDATORY TRAINING.** FEMA and SAMHSA have developed a series of standardized Crisis Counseling Assistance training modules for Crisis Counseling Staff. The following in-person trainings are required for the Program:

- A. Core Content Training: a two-day training that covers basic crisis counseling skills and services, data collection, and stress management techniques;
- B. Transition to Regular Services Program (RSP) Training: prepares Program staff to support ongoing behavioral health needs and longer-term recovery;
- C. Online Data Forms Training for Crisis Counselors: Mobile Data Collection Application Training;
- D. Online database training;
- E. Review of the mobile Crisis Counseling Assistance and Training Program mobile application training video;
- F. RSP Mid-program Training: provides crisis counselors with problem-solving techniques for tough situations. It also addresses staff morale and stress management; and
- G. RSP Phasedown Training: covers topics related to planning ahead, leaving a legacy, and maintain community partnerships as the Program ends.

8. **STAFFING.**

A. Contractor Staff

- i. Team Lead (2 FTE): an experienced disaster behavioral health worker or behavioral health professional who supervises paraprofessional or less experienced crisis counselors-
 - a) Collaborates with County Program Manager and team including Administrative Assistant, Data Evaluation Specialist, and Fiscal Specialist;
 - b) Leads a team of crisis counselors in the field;
 - c) Trains, debriefs, and provides supervision for the crisis counselors;
 - d) Provides coordination and oversight of the crisis counselors' plans of service;
 - e) Helps assess people who require traditional mental health or substance use treatment;
 - f) Uses data to conduct ongoing needs assessment;
 - g) Coordinates data collection activities and reviews data form submissions for accuracy;
 - h) Reviews and accepts or rejects forms submitted through the mobile application; and
 - i) Performs crisis counseling as needed.
- ii. Crisis Counselor (up to 12 FTE)

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- a) Works with individuals, families, and groups to provide outreach, emotional support, individual and group counseling, public education, and referrals when needed;
 - b) Represents program in the community and networks with other agencies and partners to ensure needs of survivors are met;
 - c) Provides presentations to community groups on disaster reactions, coping skills, stress management, and the Program; and
 - d) Uses mobile application to complete data forms.
- iii. Administrative Assistant Specialist (.25 FTE)
- a) Provides administrative support including but not limited to collecting and verifying timesheets, collecting data forms, ordering supplies, answering office phone calls, photocopying, faxing, and emailing of Program information;
 - b) Schedules events and related training activities;
 - c) Implements and oversees the Program's data collection activities and is the point of contact for entering data into the Program's web-based system; and
 - d) Supports program manager and team leads and coordinates with County.
- B. County Staff
- i. Program Manager (1 FTE) – County employee during the Immediate Services Program with the option to transition to Contractor if the Program moves into the Regular Services Program phase. Transition as determined by County.
- a) Acts as lead coordinator and manager for the crisis counseling response;
 - b) Oversees staffing, training, reporting, data analysis, and fiscal monitoring;
 - c) Works with other disaster service agencies to ensure coordination of behavioral health response and no duplication of services;
 - d) Conducts regular site visits and accompanies crisis counselors as an observer to ensure appropriate services are delivered; and
 - e) Represents Program at high-level meetings within the community.
- ii. Administrative Assistant/Data Evaluation Specialist (.75 FTE)
- a) Provides administrative support including but not limited to collecting and verifying timesheets, collecting data forms, ordering supplies, answering office phone calls, photocopying, faxing, and emailing of Program information;
 - b) Schedules events and related training activities;
 - c) Implements and oversees the Program's data collection activities and is the point of contact for entering data into the Program's web-based system; and
 - d) Supports Contractor.
- iii. Fiscal Specialist (1 FTE)
- a) Tracks and monitors funds, reviews and submits requests for program budget modifications and prepares fiscal reports;
 - b) Performs quality control and oversight of program purchases;
 - c) Works closely with leadership staff to ensure that funds are accessible and are being appropriately used for crisis counseling services; and
 - d) Processes timesheets and payroll.

9. MOBILE APPLICATION USE AND DATA COLLECTION.

- A. **Mobile Application Overview.** The mobile application for data collection is designed to enhance and streamline the process of data entry and reduce the lag time between data collection and its availability to Program staff and federal partners. The mobile application is intended for use by crisis counselors with access being restricted to those individuals with authorized accounts in the Crisis Counseling Assistance and Training Program Online Data Collection and Evaluation System (ODCES). The mobile application can work with all mobile devices.
- i. The devices must have access to the Internet, either through Wi-Fi or cellular data, in order to download the application.
 - ii. The devices must also be able to access the internet on a regular basis to enable data upload through the mobile application to the ODCES.
 - iii. Use of the mobile app during an encounter will require crisis counselors to explain what data are being collected and for what reason. Users can explain to the survivors that the data are anonymous – no name, addresses, or personally identifiable information are collected. Showing the data collection app to the survivor can also be useful.
 - iv. Completed forms should be uploaded once the counselor who completed the form has access to an Internet connection – either immediately or by the end of the day.
- B. **Technology Needs.** The mobile application requires access to the ODCES for data entry and reporting. It also requires program-provided mobile devices or coverage of service for personal devices in the field. Devices must have access to Wi-Fi or a cellular service plan. County will provide Contractor with 8 cellular phones and County will be responsible for service lines. Contractor shall return cellular phones at the end of the Program.
- C. **User Access and Management.** The mobile application allows staff to manage user access to the mobile application and the ODCES. In order to gain access to the system, all Program staff are required to have an email address (personal or provided by the program) and maintain a secure password. The paper-based format requires that the SAMSHA Disaster Technical Assistance Center (DTAC) manage user access and establish accounts for only those people designated as responsible for data or program reporting.
- D. **Data Entry Responsibility.** Use of the mobile application allows crisis counselors to enter data and upload their forms into the online system. In Programs using paper forms, a data entry assistant will be responsible for data entry in the online system.

- 10. PROGRAM TIMELINE.** The Program will not exceed 60 days from the date of the major disaster declaration (January 15, 2018). If parties submit a Regular Service Program application, the Program may continue for 30 additional days while the RSP application is being reviewed for funding. If approved, the Regular Service Program will not exceed 9 months from the date of the Notice of Award, except upon the request of the state to the FEMA Regional Administrator and the Secretary, the Assistant Administrator for the Recovery Directorate may extend the Program period for more than 90 days where he or she deems it be the public interest. The Program budget for services provided after March

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15, 2018 is dependent on request for and approval of a Regular Service Program and confirmation of award from Regional Administrator. Contractor shall not incur expenditures for Crisis Counseling Services after March 15, 2018 without prior approval from Regional Administrator and/or Behavioral Wellness Director.

- II. Delete Exhibit B-1-MH, Schedule of Rates and Contract Maximum, and replace with the following:**

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

CONTRACTOR NAME: Mental Wellness Center **FISCAL YEAR:** 2017-2018

Contracted Services(4)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.02
			MHS - Plan Development	Minutes	31	\$2.61
			MHS - Rehab (Individual, Group)	Minutes	41, 51	\$2.61
			Crisis Intervention	Minutes	70	\$3.88
Non - Medi-Cal Billable Services	Support Services	60	Life Support: Board and Care	N/A	40	Actual Cost
			Other Case Management	N/A	60	Actual Cost

	PROGRAMS							TOTAL
	Casa Juana Maria	Family Advocate	Consumer-Led Program (RLC) and Computer Labs	Alameda House	CG House	De La Vina House	Crisis Counseling Program	
GROSS COST:	\$ 373,727	\$ 87,688	\$ 500,026	\$ 433,082	\$ 439,982	\$ 167,303	\$ 719,180	\$2,720,988
LESS REVENUES COLLECTED BY CONTRACTOR:								
PATIENT FEES	\$ 70,152			\$ 48,000	\$ 48,000	\$ 47,426		\$ 213,578
CONTRIBUTIONS	\$ 935	\$ 23,164	\$ 243,026					\$ 267,125
OTHER (LIST):								\$ -
TOTAL CONTRACTOR REVENUES	\$ 71,087	\$ 23,164	\$ 243,026	\$ 48,000	\$ 48,000	\$ 47,426	\$ -	\$480,703
MAXIMUM CONTRACT AMOUNT PAYABLE:	\$ 302,640	\$ 64,524	\$ 257,000	\$ 385,082	\$ 391,982	\$ 119,877	\$ 719,180	\$ 2,240,285

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)								
MEDI-CAL (3)	\$ 274,885			\$ 211,795	\$ 215,590			\$ 702,270
NON-MEDI-CAL		\$ 64,524	\$ 257,000	\$ 173,287	\$ 176,392	\$ 119,877		\$ 791,080
SUBSIDY	\$ 27,755							\$ 27,755
OTHER (LIST): FEMA GRANT(5)							\$ 719,180	\$ 719,180
TOTAL (SOURCES OF FUNDING)	\$ 302,640	\$ 64,524	\$ 257,000	\$ 385,082	\$ 391,982	\$ 119,877	\$ 719,180	\$ 2,240,285

CONTRACTOR SIGNATURE: _____
 STAFF ANALYST SIGNATURE: _____
 FISCAL SERVICES SIGNATURE: _____

(1) 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

(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) Other services may be provided if authorized by Behavioral Wellness in writing.

(5) \$316, 843 is available as of contract signing. Additional grant funds are contingent upon state and federal approval of RSP services

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III. Delete Exhibit B-2, Contractor Budget, and replace with the following:

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet												
Entity Budget By Program												
AGENCY NAME:		Mental Health Association in Santa Barbara										
COUNTY FISCAL YEAR:		7/1/2017 6/30/2018										
Gray Shaded cells contain formulas, do not overwrite												
LINE #	COLUMN #	1	2	3	4	5	6	9	10	11	12	13
	I. REVENUE SOURCES:	TOTAL AGENCY / ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Casa Juana Maria	Santa Barbara Consumer-Led Program (Recovery Learning Center)	Family Advocate	Alameda House	CG House	DeLa Vina House	Crisis Counseling	Enter PROGRAM NAME (Fac/Prog)	
1	Contributions	\$ 235,755	\$ 267,125	\$ 935	\$ 243,026	\$ 23,164						
2	Foundations/Trusts	\$ 320,500	\$ -									
3	Miscellaneous Revenue	\$ 5,102	\$ -									
4	Behavioral Wellness Funding	\$ 1,724,482	\$ 1,521,105	\$ 302,640	\$ 257,000	\$ 64,524	\$ 385,082	\$ 391,982	\$ 119,877			
5	Other Government Funding	\$ 158,000	\$ -									
6	Rental Income	\$ 117,097	\$ -									
7	Developer/Partnership Fee	\$ 61,940	\$ -									
8	Management / Administrative Fee	\$ 157,480	\$ -									
9	FEMA Grant		\$ 719,980								\$ 719,980	
10	Total Other Revenue	\$ 2,780,356	\$ 2,508,210	\$ 303,575	\$ 500,026	\$ 87,688	\$ 385,082	\$ 391,982	\$ 119,877	\$ 719,980	\$ -	
I.B Client and Third Party Revenues:												
11	Client Fees	\$ 4,074	-									
12	SSI	\$ 70,000	213,578	\$ 70,152			\$ 48,000	\$ 48,000	\$ 47,426			
13	Other (specify)		-									
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)	74,074	213,578	70,152	-	-	48,000	48,000	47,426	-	-	
15	GROSS PROGRAM REVENUE BUDGET	2,854,430	2,721,788	373,727	500,026	87,688	433,082	439,982	167,303	719,980	-	

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III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Casa Juana Maria	Santa Barbara Consumer-Led Program (Recovery Learning Center)	Family Advocate	Alameda House	CG House	DeLa Vina House	Crisis Counseling	Enter PROGRAM NAME (Fac/Prog)
III.A. Salaries and Benefits Object Level										
16 Salaries (Complete Staffing Schedule)	1,669,075	\$ 1,499,668	\$ 208,378	\$ 253,773	\$ 51,201	\$ 235,674	\$ 235,674	\$ 56,164	\$ 458,804	
17 Employee Benefits	402,344	\$ 449,706	\$ 52,095	\$ 58,453	\$ 12,800	\$ 58,919	\$ 58,919	\$ 11,233	\$ 197,287	
18 Consultants		\$ 9,820		\$ 8,320					\$ 1,500	
19 Payroll Taxes		\$ -								
20 Salaries and Benefits Subtotal	\$ 2,071,419	\$ 1,959,193	\$ 260,473	\$ 320,546	\$ 64,001	\$ 294,593	\$ 294,593	\$ 67,397	\$ 657,590	\$ -
III.B Services and Supplies Object Level										
21 Professional Cleaning / Conferences	77,643	\$ 10,009	\$ 504	\$ 200	\$ 505	\$ 4,400	\$ 4,400			
22 Supplies	140,401	\$ 86,624	\$ 15,654	\$ 12,631	\$ 896	\$ 19,000	\$ 19,000	\$ 5,000	\$ 14,443	
23 Telephone	34,442	\$ 19,072	\$ 2,172	\$ 3,700	\$ 1,200	\$ 4,000	\$ 4,000	\$ 4,000		
24 Utilities		\$ -								
25 Facility Costs (Rent/Lease/Mortgage/Util)	328,992	\$ 290,290	\$ 39,717	\$ 88,993	\$ 9,300	\$ 42,000	\$ 48,000	\$ 62,280		
26 Repairs and Maintenance & Equip	166,022	\$ 12,604	\$ 1,000			\$ 3,600	\$ 3,600	\$ 4,404		
27 Printing/Publications	15,687	\$ -								
28 Transportation and Travel	32,568	\$ 59,824	\$ 2,004	\$ 4,325	\$ 348	\$ 3,000	\$ 3,000		\$ 47,147	
29 Depreciation		\$ -								
30 Insurance	56,171	\$ 17,396	\$ 2,496	\$ 500		\$ 6,000	\$ 6,000	\$ 2,400		
31 Miscellaneous	7,393	\$ 504	\$ 504							
32 Events/Social/Recreational	3,372	\$ 3,200		\$ 3,200						
33 Dues/Subscriptions/Affiliations/License/Fees	12,901	\$ 1,166	\$ 456	\$ 710						
34 Start Up Fees - Licensing	9,917	\$ -								
35 Services and Supplies Subtotal	\$ 885,509	\$ 500,689	\$ 64,507	\$ 114,259	\$ 12,249	\$ 82,000	\$ 88,000	\$ 78,084	\$ 61,590	\$ -
36 III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)		\$ -								
37 SUBTOTAL DIRECT COSTS	\$ 2,956,928	\$ 2,459,883	\$ 324,980	\$ 434,805	\$ 76,250	\$ 376,593	\$ 382,593	\$ 145,481	\$ 719,180	\$ -
IV. INDIRECT COSTS										
38 Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 261,106	\$ 48,747	\$ 65,221	\$ 11,438	\$ 56,489	\$ 57,389	\$ 21,822		
39 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 2,956,928	\$ 2,720,988	\$ 373,727	\$ 500,026	\$ 87,688	\$ 433,082	\$ 439,982	\$ 167,303	\$ 719,180	\$ -

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Second Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Mental Health Association in Santa Barbara County (DBA Mental Wellness Center)**.

IN WITNESS WHEREOF, the parties have executed this Second Amendment to be effective on February 15, 2018.

COUNTY OF SANTA BARBARA:

By: _____
DAS WILLIAMS, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

Mental Health Association in Santa Barbara County (DBA Mental Wellness Center)

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, 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