

FIRST AMENDMENT 2014-2015

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 15-046**, by and between the **County of Santa Barbara** (County) and **Mental Health Association in Santa Barbara County doing business as (DBA) Mental Wellness Center** (Contractor), agrees to provide and County agrees to accept the services specified herein.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2014, except as modified by this First Amended Contract;

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds in the amount of **\$122,463** to the prior Agreement maximum of **\$778,851** so as to compensate Contractor for the additional services to be rendered under this Agreement through June 30, 2015.

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

I. Delete Section II, Maximum Contract Amount, of Exhibit B MH, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount shall not exceed **\$778,851** in Mental Health funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MH. 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.

II. Add EXHIBIT A6 - STATEMENT OF WORK MH – Alameda House

1. **PROGRAM SUMMARY.** Contractor operates a residential program at Alameda House (hereafter "the Program") which provides an adult housing program for individuals with Severe Mental Illness ("SMI") who do not require acute inpatient services but require 24 hour, 7 days per week support to live in a community setting. County and Contractor agree that the Program shall be licensed as an Adult Residential Facility by the California Department of Social Services Community Care Licensing Division (CCLD). The Program is located at 7167 Alameda Drive in Goleta, CA.

2. PROGRAM GOALS.

- A. Restore client competency for trial in a controlled, out-patient setting, as applicable;
- B. Maintain the client at a lower level of care when the criteria for acute inpatient services is no longer satisfied;
- C. Connect clients to social services and community resources;

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- D. Assist clients to develop independent living skills; including support clients to develop skills necessary for self-care, medication management, and use of community transportation;
 - E. Provide 24/7 in-person supports to manage crisis.
3. **SERVICES PROVIDED BY CONTRACTOR.** Contractor shall provide twenty-four (24) hour per day, seven (7) days per week rehabilitation, residential care and room and board for clients placed at the Program as described in Section 10, Referrals, at either the Recovery Learning Center or at Alameda House, as applicable.
- A. **Activities of Daily Living.** Contractor shall provide Activities of Daily Living (ADL) support, including:
 - 1. Accessing and using laundry facilities (both in-home and coin-operated facilities);
 - 2. Maintaining clean and well-kept living quarters, this shall include assigning household chores to be completed weekly;
 - 3. Practicing good personal hygiene; including physical health, such as hygiene, prevention and management of medical condition(s);
 - 4. Scheduling and keeping appointments;
 - 5. Learning and practicing psychosocial skills, such as effective interpersonal communication and conflict resolution.
 - B. **Skill Building.** Contractor shall provide skill building in Social and Recreational Activities, including:
 - 1. Providing structured direction so clients learn how to engage in group activities that can provide meaningful social connections with others;
 - 2. Providing structured direction so clients learn how to engage in community activities to prepare for more independent living;
 - 3. Assisting clients to:
 - a. Identify, access and independently participate in social and/or recreational activities in the community with the goal of encouraging and promoting positive interaction with others, physical exercise and participating in health-related activities;
 - b. Develop conversational skills;
 - c. Access activities that are cost-appropriate to the client's budget.

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4. Instructing clients how to access necessary services for routine, urgent, or emergency needs. Contractor shall assist clients in learning how to access community services for on-going supports (i.e. alcohol and drug programs, outpatient mental health treatment services, routine medical services, etc.), Triage Teams for psychological emergencies, and hospital emergency rooms for medical emergencies.
 5. Assist clients in developing skills to use natural supports for transportation and community recreational resources (e.g. YMCA, Adult Education, etc.) which afford clients opportunities to practice the skills they are developing and/or learning;
 6. Contractor shall provide family psychoeducational activities such as education to the family regarding mental illness, medications, and recognizing symptoms;
- C. **Support Services.** Through use of an assigned van, Contractor shall assist clients to access needed community resources, including, but not limited to:
1. Medical and dental services (e.g. having and effectively using a personal physician and dentist);
- D. **Vocational Skills.** Contractor shall assist clients improve and enhance their vocational skills, such as:
1. Accessing and using public transportation;
 2. Accessing and using public libraries;
 3. Accessing and using educational and vocational resources (i.e. community colleges, Vocational Rehabilitation, etc.)
- E. **Budgeting.** Contractor shall assist client with developing individual budgets based on income and expenses and assisting clients with managing finances,
- F. **Cooking and Meal Planning.** Contractor shall provide food and snacks and assist clients to develop skills related to cooking and meal planning, including:
1. Learning and developing healthy eating habits;
 2. Learning to maintain a safe and sanitary kitchen;
 3. Shopping for and preparing meals with the assistance of Program staff.
- G. **Transportation.** Contractor shall provide transportation for clients to and from the Recovery Learning Center at the Fellowship Club and to behavioral health appointments.

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4. SERVICES PROVIDED BY COUNTY.

A. **Competency Restoration Services.** County Justice Alliance Team members shall provide regular competency restoration services and training to all individuals ordered to competency restoration pursuant to California Penal Code Section 1370.01 on an outpatient basis.

1. County staff shall be responsible for communicating with the courts, including court personnel, and attorneys regarding client treatment status, progress and coordination of services;
2. County staff shall be responsible for transporting clients to and from Court appearances;
3. When County staff determine that trial competence has been restored, County will place the client's case on the Court calendar and submit a certificate of competence to the Court. If County staff determine that the client is unlikely to be restored to competence in the foreseeable future, County will place the client's case on the Court calendar and submit to the Court a written opinion regarding lack of restorability to competence. Upon adjudication from the Court, the County will proceed to discharge the client from the Program, as outlined in Section 10, below.

B. **Specialty Outpatient Mental Health Services.** County shall provide the following services to clients in the Program, either at ADMHS clinics or in the field.

1. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in Title 9 CCR Section 1810.204.
2. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
3. **Client Service Plan Development.** Client Service Plan (CSP) development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in Title 9 CCR Section 1810.232.

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4. **Rehabilitation.** Rehabilitation is defined as a service activity that includes but is not limited to, assistance in improving, maintaining or restoring a client's or a group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources, and/or medication education (excludes services provided under Medication Support, as defined in Title 9 CCR Section 1810.225), as defined in Title 9 CCR Section 1810.243.
 5. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
 6. **Case Management.** Services that assist a beneficiary to access 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 beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
 7. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Service activities include, but are not limited to: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site and staffing requirements as defined in Sections 1840.338 and 1840.348 (CCR). Contractor shall be available 24 hours per day, 7 days per week to provide crisis intervention services.
 8. **Medication Support Services.** Medication support services are services that include prescribing, administering, dispensing and monitoring psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities include but are not limited to, evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the client, as defined in Title 9 CCR Section 1810.225.
- C. **Community Connections.** County will provide linkage to other needed services such as detoxification and substance abuse treatment services, self-help groups, or other community based mental health services, as appropriate.
5. **CLIENTS.** Contractor shall provide the services described in Section 3 to a caseload of six (6) clients at any given point in time who: 1) have been charged with a misdemeanor offense and found incompetent to stand trial (IST) and have been approved by the Superior Court as appropriate for outpatient restorative treatment; 2) adults with SMI who have been placed on LPS Conservatorship, do not require acute inpatient treatment, and are awaiting long-term placement at another facility; 3) conserved individuals with SMI who are transitioning from out-of county LPS facilities, or IMDS or other residential living settings. Contractor acknowledges that multiple barriers to successful functioning are common in this group and may include: co-occurring substance abuse or dependence, homelessness, unemployment,

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out-of-control illness management, frequent and persistent use of hospital emergency departments and inpatient psychiatric treatment, and problems with the legal system.

6. **STAFFING.** Contractor shall abide by CCLD staffing requirements for 24/7 coverage with on-call staff as necessary for emergency situations. Contractor shall establish and employ a 5.9 Full Time Equivalent (FTE) service delivery team for the program, as follows:
 - A. Program Supervision, a Licensed MFT or Designee – FTE .2
 1. Overall Program Supervision
 2. Identify and develop and maintain facility standards of care congruent with the population seeking placement.
 3. Coordinate admissions with administrator including supervising assessments and move-ins
 4. Responsible for oversight of client admission interviews.
 - B. House Manager is the administrative supervisor of the Program - 1.0 FTE. House Manager is the administrative supervisor of the Program. The House Manager shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting and a minimum education of a AA, AS, BA, BS in a related mental health field.
 1. Coordinate and develop facility standards of care congruent with the population seeking placement with Program Supervisor.
 2. Maintain the facility in compliance with all local, state and federal requirements.
 3. Maintain sound practices and procedures for individual client care and individualized plan for client.
 - C. Direct Care workers - 4.20 FTE
 1. Assist with activities of daily living, including passing medication as assigned, following facility protocol, licensing regulation and guidelines for both client and employee safety.
 2. Follow safety guidelines in the facility, including universal precautions when providing care to the clients.
 3. Follow the individual service plan and individual program plan for each client.

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D. Direct Care worker /Transportation Coordinator – FTE .5

1. Follow safety guidelines in the facility
2. Follow the individual service plan and individual plan for each client.
3. Function as a team member, assisting coworkers as the need arises.

7. LENGTH OF STAY/SERVICE INTENSITY.

- A. County shall use its best efforts to ensure that clients referred to the Program stay no longer than six (6) months. Contractor and County shall review cases every 30 days, to include CSP development and amendment, effectiveness of interventions and discharge planning.
- B. Contractor shall work with County to develop goals for encouraging clients to move to lower levels of supportive housing or community support.

8. REFERRALS.

- A. Contractor shall admit clients seven (7) days per week;
- B. **Admission Process.** County ADMHS PHF Medical Director shall provide Contractor Director or designee with a patient referral packet and other available documentation necessary to evaluate the client's appropriateness for the Program.
 1. Contractor shall notify County that a program slot has been vacated as described in Section 10.
 2. County shall thoroughly review open cases to determine those appropriate for placement. IST clients who have been approved by the Superior Court for outpatient competency restoration services shall be prioritized for placement.
 3. County shall send the Referral Packet, described in Section 8.C, for the selected client to Contractor.
 4. Contractor shall respond to referrals within five (5) days from the date of receipt of the referral.
 5. Contractor shall interview client referred by County. In the event a referral is not accepted per Section 8.D, Contractor shall notify County in writing of the reason for not accepting the referral.
- C. **Referral Packet.** Contractor shall maintain a referral packet within its files (hard copy or electronic), for each client referred and treated, which shall contain the following items, as applicable Any items that are available in the in the ADMHS Medical Record system shall be shredded by Contractor upon opening the client to the program. :
 1. A copy of the County referral form;

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2. A client face sheet listing all of the County programs that the client has been admitted to over time, and is currently admitted to, including hospitalizations;
3. Any custody records and any inpatient full commitment packets, including court reports, police reports, psychological evaluations and court orders;
4. A copy of the most recent comprehensive assessment and/or assessment update; including Intake and admissions assessment and psychological assessment DC plan
5. A copy of the most recent medication record and health questionnaire;
6. A copy of the currently valid Client Service Plan (CSP) indicating the goals for client enrollment in the Program and which names Contractor as service provider;
7. Client Program Agreement outlining the terms and conditions of participation in the Program;
8. Other documents as reasonably requested by County.

D. **Exclusion Criteria and Process.** On a case-by-case basis, the following may be cause for client exclusion from the Program, subject to approval by the ADMHS PHF Medical Director in collaboration with Contractor: individual's history of or facing charges of fire setting, violent crime or sexual predation, individuals with restricted health conditions as defined by CCLD and those who are not classified as "ambulatory"; individuals with Anti-Social Personality Disorder and or at risk of self-harm. All clients referred are clients with only nonviolent misdemeanors.

9. DOCUMENTATION REQUIREMENTS.

A. **Client Service Plan.** The County shall be responsible for developing the CSP and related documentation. As CSPs are amended and updated, County will provide the revised CSP to Contractor's staff. The CSP shall provide overall direction for the collaborative work of the client, the Program and the County Justice Alliance Team, as applicable.

10. **DISCHARGE PLAN.** County shall be responsible for discharge planning. ADMHS shall work closely with each client and with Program staff to establish a written discharge plan that is responsive to the client's needs and personal goals. County will begin discharge planning upon a client's admission to the Program.

- A. Upon adjudication by the Superior Court that either: 1) competency has been restored; or 2) that a client cannot be restored to competency within the foreseeable future, the client will be discharged from the Program as soon as possible;
- B. Clients and their families shall be involved as much as possible in the discharge process;
- C. Contractor shall receive a copy of the final discharge plan;
- D. Residential clients may be discharged by Contractor according to CCLD requirements.

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III. Delete Exhibit B-1 MH, and replace with the following:

EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Mental Health Association **FISCAL YEAR:** 2014-2015

| | Alameda House Adult Residential Facility | PROGRAM | | | | | TOTAL |
|---|--|---|---|------------------|------------------|-------------------------|-------------------|
| | | Casa Juana Maria† | Santa Barbara Consumer-Led Program (Recovery Learning Center) | Family Advocate | RLC Computer Lab | Mental Health First Aid | |
| DESCRIPTION/MODE/SERVICE FUNCTION: | | NUMBER OF UNITS PROJECTED (based on history): | | | | | |
| Outpatient - Case Management/Brokerage (15/01-09) | | - | | | | | - |
| Outpatient Mental Health Services (15/10-59) | | 218,146 | | | | | 218,146 |
| Outpatient Crisis Intervention (15/70-79) | | 1,702 | | | | | 1,702 |
| SERVICE TYPE: M/C, NON M/C | | M/C | NON M/C | NON M/C | | NON M/C | - |
| UNIT REIMBURSEMENT | Cost as budgeted | minute | Cost as budgeted | Cost as budgeted | | Cost as budgeted | |
| COST PER UNIT/PROVISIONAL RATE: | | | | | | | |
| Outpatient - Case Management/Brokerage (15/01-09) | | | | | | | - |
| Outpatient Mental Health Services (15/10-59) | | | | \$1.25 | | | |
| Outpatient Crisis Intervention (15/70-79) | | | | \$1.85 | | | |
| | | | | | | | - |
| | | | | | | | |
| GROSS COST: | | \$ 347,790 | \$ 517,307 | \$ 87,688 | \$ 47,573 | \$ 60,141 | \$1,060,499 |
| LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet) | | | | | | | |
| PROGRAM FEES | | | | | | \$ 3,000 | \$3,000 |
| PATIENT INSURANCE | | | | | | | \$0 |
| CONTRIBUTIONS | | \$ 93 | \$ 299,879 | \$ 23,164 | \$ 7,573 | \$ 250 | \$330,959 |
| FOUNDATIONS/TRUSTS | | | | | | | \$0 |
| SPECIAL EVENTS | | | | | | | \$0 |
| OTHER (LIST): BOARD AND CARE | | \$ 70,152 | | | | | \$70,152 |
| TOTAL CONTRACTOR REVENUES | \$ 122,463 | \$ 70,245 | \$ 299,879 | \$ 23,164 | \$ 7,573 | \$ 3,250 | \$404,111 |
| MAXIMUM CONTRACT AMOUNT: | \$ 122,463 | \$ 277,545 | \$ 217,428 | \$ 64,524 | \$ 40,000 | \$ 56,891 | \$ 778,851 |
| SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT* | | | | | | | |
| MEDI-CAL/FFP** | | \$ 124,895 | | | | | \$ 124,895 |
| REALIGNMENT FUNDS | | \$ 152,650 | | | | | \$ 152,650 |
| OTHER COUNTY FUNDS | \$ 122,463 | | | | | | \$ 122,463 |
| MHSA - NON-MEDI-CAL | | | \$ 217,428 | \$ 64,524 | \$ 40,000 | \$ 56,891 | \$ 378,843 |
| TOTAL (SOURCES OF FUNDING) | \$ 122,463 | \$ 277,545 | \$ 217,428 | \$ 64,524 | \$ 40,000 | \$ 56,891 | \$ 778,851 |

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

†Contractor understands the Medi-Cal amounts (FFP and Realignment) specified for this program are for Medi-Cal reimbursable costs for services approved by DHCS; Contractor shall provide other funds to cover any non-Medi-Cal reimbursable costs, whether or not such amounts are reflected in this Exhibit. In the event Contractor's actual Medi-Cal reimbursable costs at the time of Cost Settlement are lower than the Program's Maximum Contract Amount, ADMHS, at its sole discretion, may use remaining Realignment funding originally allocated to match FFP to reimburse Contractor for non-Medi-Cal reimbursable costs, up to 5% of the Program's Maximum Contract Amount.

*Funding sources are estimated at the time of contract execution and may be reallocated at ADMHS' discretion based on available funding sources
 **Medi-Cal services may be offset by Medicare qualifying services (funding) if approved by ADMHS.

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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 Wellness Center | | | | | | | | | |
| COUNTY FISCAL YEAR: | | 2014-2015 AMENDED - ALAMEDA HOUSE 6 WEEKS | | | | | | | | | |
| Gray Shaded cells contain formulas, do not overwrite | | | | | | | | | | | |
| LINE # | COLUMN # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | I. REVENUE SOURCES: | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY ADMHS PROGRAMS TOTALS | Casa Juana Maria | Santa Barbara Consumer-Led Program (Recovery Learning Center) | Family Advocate | RLC Computer Lab | Mental Health First Aid | ALAMEDA HOUSE | Enter PROGRAM NAME (Fac/Prog) | |
| 1 | Contributions | \$ 360,962 | \$ 330,959 | \$ 93 | \$ 299,879 | \$ 23,164 | \$ 7,573 | \$ 250 | | | |
| 2 | Foundations/Trusts | \$ 300,000 | \$ - | | | | | | | | |
| 3 | Special Events | | \$ - | | | | | | | | |
| 4 | Legacies/Bequests | | \$ - | | | | | | | | |
| 5 | Associated Organizations | | \$ - | | | | | | | | |
| 6 | Membership Dues | | \$ - | | | | | | | | |
| 7 | Sales of Materials | | \$ - | | | | | | | | |
| 8 | Investment Income | \$ 1,000 | \$ - | | | | | | | | |
| 9 | Miscellaneous Revenue | \$ 4,040 | \$ - | | | | | | | | |
| 10 | ADMHS Funding | \$ 656,388 | \$ 778,851 | \$ 277,545 | \$ 217,428 | \$ 64,524 | \$ 40,000 | \$ 56,891 | \$ 122,463 | | |
| 11 | Other Government Funding | \$ 177,309 | \$ - | | | | | | | | |
| 12 | Developer Fee | \$ 55,000 | \$ - | | | | | | | | |
| 13 | Management Fee | \$ 50,580 | \$ - | | | | | | | | |
| 14 | Rental Income | \$ 115,500 | \$ - | | | | | | | | |
| 15 | Admin Fee | \$ 87,578 | \$ - | | | | | | | | |
| 16 | | | \$ - | | | | | | | | |
| 17 | | | \$ - | | | | | | | | |
| 18 | Total Other Revenue (Sum of lines 1 through 17) | \$ 1,808,357 | \$ 1,109,810 | \$ 277,638 | \$ 517,307 | \$ 87,688 | \$ 47,573 | \$ 57,141 | \$ 122,463 | \$ - | |
| I.B. Client and Third Party Revenues: | | | | | | | | | | | |
| 19 | Medicare | | - | | | | | | | | |
| 20 | Client Fees | \$ 4,478 | 3,000 | | | | | \$ 3,000 | | | |
| 21 | Insurance | | - | | | | | | | | |
| 22 | SSI | \$ 70,152 | 70,152 | \$ 70,152 | | | | | | | |
| 23 | Other (specify) | | - | | | | | | | | |
| 24 | Total Client and Third Party Revenues (Sum of lines 19 through 23) | | 74,630 | 73,152 | 70,152 | - | - | - | 3,000 | - | |
| 25 | GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24) | | 1,882,987 | 1,182,962 | 347,790 | 517,307 | 87,688 | 47,573 | 60,141 | 122,463 | |

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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 | RLC Computer Lab | Mental Health First Aid | ALAMEDA HOUSE |
|---|---|------------------------------------|------------------|--|-----------------|------------------|----------------------------|---------------|
| III. A. Salaries and Benefits Object Level | | | | | | | | |
| 26 Salaries (Complete Staffing Schedule) | 721,782 | \$ 526,636 | \$ 179,938 | \$ 226,358 | \$ 51,201 | \$ 17,639 | \$ 15,392 | \$ 36,108 |
| 27 Employee Benefits | 182,259 | \$ 135,967 | \$ 53,981 | \$ 52,013 | \$ 12,800 | \$ 3,528 | \$ 4,618 | \$ 9,027 |
| 28 Consultants | 19,520 | \$ 19,520 | | | | \$ 8,320 | \$ 11,200 | |
| 29 Payroll Taxes | | \$ - | | | | | | |
| 30 Salaries and Benefits Subtotal | \$ 923,561 | \$ 682,124 | \$ 233,919 | \$ 278,371 | \$ 64,002 | \$ 29,487 | \$ 31,210 | \$ 45,135 |
| III. B Services and Supplies Object Level | | | | | | | | |
| 31 Professional Fees | 16,749 | \$ - | | | | | | |
| 32 Supplies | 47,515 | \$ 39,136 | \$ 15,504 | \$ 9,861 | \$ 396 | \$ 1,000 | \$ 10,000 | \$ 2,375 |
| 33 Telephone | 10,142 | \$ 10,192 | \$ 2,172 | \$ 5,240 | \$ 1,200 | \$ 1,080 | | \$ 500 |
| 34 Postage & Shipping | 2,690 | \$ 1,150 | \$ 150 | | \$ 500 | | \$ 500 | |
| 35 Occupancy (Facility Lease/Rent/Costs) | 253,544 | \$ 202,051 | \$ 43,717 | \$ 126,221 | \$ 9,300 | \$ 9,300 | \$ 6,450 | \$ 7,063 |
| 36 Rental/Maintenance Equipment | 10,534 | \$ 52,991 | \$ 1,000 | \$ 3,000 | | | \$ 1,200 | \$ 47,791 |
| 37 Printing/Publications | 7,174 | \$ 1,300 | | \$ 300 | | | \$ 1,000 | |
| 38 Transportation | 10,642 | \$ 10,152 | \$ 2,004 | \$ 4,325 | \$ 348 | | \$ 600 | \$ 2,875 |
| 39 Conferences, Meetings, Etc | 1,708 | \$ 2,208 | \$ 504 | \$ 200 | \$ 504 | | \$ 1,000 | |
| 40 Insurance | 13,384 | \$ 8,750 | \$ 2,496 | \$ 5,004 | | \$ 500 | | \$ 750 |
| 41 Miscellaneous Expense | 1,185 | \$ 940 | \$ 504 | \$ 100 | | | \$ 336 | |
| 42 Events/social/recreational | 5,700 | \$ 3,200 | | \$ 3,200 | | | | |
| 43 Dues/Subscription/Affiliations/licenses/fees | 6,382 | \$ 1,166 | \$ 456 | \$ 710 | | | | |
| 44 Food | 25,722 | \$ 13,300 | | \$ 13,300 | | | | |
| 45 Services and Supplies Subtotal | \$ 413,071 | \$ 346,536 | \$ 68,507 | \$ 171,461 | \$ 12,248 | \$ 11,880 | \$ 21,086 | \$ 61,354 |
| 46 III. C. Client Expense Object Level Total | | \$ - | | | | | | |
| 47 SUBTOTAL DIRECT COSTS | \$ 1,336,632 | \$ 1,028,660 | \$ 302,426 | \$ 449,832 | \$ 76,250 | \$ 41,367 | \$ 52,296 | \$ 106,489 |
| IV. INDIRECT COSTS | | | | | | | | |
| 48 Administrative Indirect Costs (Reimbursement limited to 15%) | 546,355 | \$ 154,302 | \$ 45,364 | \$ 67,475 | \$ 11,438 | \$ 6,206 | \$ 7,845 | \$ 15,974 |
| 49 GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48) | \$ 1,882,987 | \$ 1,182,962 | \$ 347,790 | \$ 517,307 | \$ 87,688 | \$ 47,573 | \$ 60,141 | \$ 122,463 |

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SIGNATURE PAGE

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

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

ATTEST:
MONA MIYASATO, COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

COUNTY OF SANTA BARBARA

By: _____
Deputy

By: _____
JANET WOLF, CHAIR
BOARD OF SUPERVISORS

Date: _____

Date: _____

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ALICE A. GLEGHORN, PHD
DIRECTOR

CONTRACTOR:
MENTAL HEALTH ASSOCIATION IN SANTA
BARBARA DBA MENTAL WELLNESS CENTER

By _____
Director

By: _____

Date: _____

Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel

By _____
Deputy

Date: _____

Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: _____

Date: _____