

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

Between

COUNTY OF SANTA BARBARA  
DEPARTMENT OF BEHAVIORAL WELLNESS  
AND

MENTAL HEALTH ASSOCIATION IN  
SANTA BARBARA COUNTY  
(DBA MENTAL WELLNESS CENTER)

FOR

MENTAL HEALTH SERVICES

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

**THIS FIRST AMENDMENT** to the Agreement for Services of Independent Contractor, referenced as BC 21-033, by and between the County of Santa Barbara (County), a political subdivision of the state of California, and **Mental Health Association in Santa Barbara County (DBA Mental Wellness Center)** (Contractor), a California nonprofit, wherein Contractor agrees to provide, and County agrees to accept, the services specified herein (Agreement).

**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 herein set forth;

**WHEREAS**, on June 22, 2021, the County Board of Supervisors authorized the County to enter into an Agreement for Services of Independent Contractor, referred to as BC 21-033, for the provision of adult mental health services for a total contract maximum amount not to exceed **\$6,471,853**, inclusive of \$2,152,751 for FY 21-22, \$2,143,475 for FY 22-23, and \$2,175,627 for FY 23-24, for the period of July 1, 2021 through June 30, 2024, subject to annual budget appropriations; and

**WHEREAS**, through this First Amended Agreement, the County and Contractor wish to modify the staffing requirements for the Intensive Residential Programs and Polly's House to increase the full time equivalent (FTE) allocations for the Residential Administrator and Transportation Coordinator positions; update Exhibits B-1 and B-2 for FYs 22-23 and 23-24; and add \$964,958 to the contract for a new total contract maximum amount not to exceed **\$7,436,811**, inclusive of \$2,152,751 for FY 21-22, \$2,642,030 for FY 22-23, and \$2,642,030 for FY 23-24, for the period of July 1, 2021 through June 30, 2024.

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

**I. Delete Section 11 (Staffing) of Exhibit A-2 (Statement of Work: MHS – Intensive Residential Programs) and replace it with the following:**

11. **STAFFING.** For all programs, Contractor shall abide by CCLD staffing requirements for coverage 24-hours a day, seven (7) days a week with on-call staff as necessary for emergency situations. 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. Contractor shall employ staff in the positions listed following, at the approximate Full Time Equivalent (FTE) levels indicated for each program:

- A. **Alameda House** - Contractor shall establish and employ a service delivery team for the program, with 6.82 Full Time Equivalent (FTE) as follows:
  - i. 0.25 FTE Residential Service Manager, defined in section 11.D
  - ii. 1.0 FTE Residential Administrator, defined in section 11.E
  - iii. 3.75 FTE Direct Care Workers, defined in section 11.F
  - iv. 1.25 FTE Consumer Family Peer Direct Care Workers, defined in section 11.F

- v. 0.50 FTE Transportation Coordinator, defined in section 11.G
  - vi. 0.05 FTE Operations Coordinator, defined in section 11.H
  - vii. 0.02 FTE Clinician defined in section 11.I
- B. Casa Juana Maria** - Contractor shall establish and employ a service delivery team for the program, with 6.57 Full Time Equivalent (FTE) as follows:
- i. 0.25 FTE Residential Service Manager, defined in section 11.D
  - ii. 1.0 FTE Residential Administrator, defined in section 11.E
  - iii. 3.75 FTE Direct Care Workers, defined in section 11.F
  - iv. 1.25 FTE Consumer Family Peer Direct Care Workers, defined in section 11.F.
  - v. 0.25 FTE Transportation Coordinator, defined in section 11.G
  - vi. 0.05 Operations Coordinator, defined in section 11.H
  - vii. 0.02 Clinician, defined in section 11.I
- C. CG House** - Contractor shall establish and employ a service delivery team for the program, with 6.82 Full Time Equivalent (FTE) as follows:
- i. 0.25 FTE Residential Service Manager, defined in section 11.D
  - ii. 1.0 FTE Residential Administrator, defined in section 11.E
  - iii. 3.75 Direct Care Workers, defined in section 11.F
  - iv. 1.25 FTE Consumer Family Peer Direct Care Workers, defined in section 11.F.
  - v. 0.5 FTE Transportation Coordinator/Direct Care Worker, defined in section 11.G.
  - vi. 0.05 FTE Operations Coordinator, defined in section 11.H
  - vii. 0.02 FTE Clinician, defined in section 11.I.
- D. Residential Service Manager:** This position shall act as the Program Supervisor and shall be a licensed/waivered/registered MHRS. The Residential Service Manager shall have a Master's degree in a related field and at least two years of direct experience working with adults with serious mental illness, including at least two years of residential and program management and/or supervisory experience in a mental health setting. In addition, the Residential Service Manager shall perform the following duties:
- i. Provide overall Program Supervision;
  - ii. Develop and maintain facility standards of care congruent with the population seeking placement;
  - iii. Coordinate admissions with administrator and Clinician including supervising assessments, care plans and move-ins; and
  - iv. Oversee client admission interviews.
- E. Residential Administrator** is the Adult Residential Facility (ARF) CCLD Administrator of the Program. The Residential Administrator shall have an ARF certification and at least two years of direct experience working with adults with

serious mental illness. The Residential Administrator shall perform the following duties:

- i. Coordinate and develop facility policies and procedures of care congruent with the population seeking placement with the Residential Service Manager;
  - ii. Maintain the facility in compliance with all CCLD, local, state and federal requirements; and
  - iii. Maintain sound practices and procedures for individual client care and individualized plans for clients.
- F. Direct Care Workers and Consumer Family Peer Direct Care Workers (including Direct Care with CCLD Administrator certification). Direct Care workers shall be at minimum Mental Health Workers, as defined in the Behavioral Wellness Credentialing Policy and Procedure 4.015. Direct Care workers shall perform the following duties:
- i. Assist with activities of daily living, including passing out medication as assigned and following facility protocol, licensing regulation and guidelines for both client and employee safety;
  - ii. Follow safety guidelines in the facility, including universal precautions when providing care to clients; and
  - iii. Follow the individual service plan and individual program plan for each client.
  - iv. Those assigned as Consumer Family Peers should be individuals with lived experience or family/care givers of those with lived experience. Programming should include peer groups and activities that embody recovery, resilience, and wellness principles.
- G. Transportation Coordinator shall perform the following duties:
- i. Provide transportation to clients as delegated by Residential Service Manager
  - ii. Follow safety guidelines in the facility;
  - iii. Follow the individual service plan and individual plan for each client; and
  - iv. Function as a team member, assisting coworkers as the need arises.
- H. Operations Coordinator: Meets criteria for Mental Health Rehabilitation Specialist (MHRS) and provides oversight and guidance to the teams on fulfilling all job duties and required programmatic requirements.
- I. Clinician: Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC) or Clinical Psychologist licensed by state of California, current and in good standing. Minimum of three years working with mentally ill/substance abuse population.

**II. Delete Section 11 (Staffing) of Exhibit A-6 (Statement of Work: MHS – Adult Housing Supports: Polly’s House) and replace it with the following:**

11. **STAFFING.** For all programs, Contractor shall abide by CCLD staffing requirements for coverage 24-hours per day, seven days per week with on-call staff as necessary for emergency situations. 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. Contractor shall employ staff in the positions listed following, at the approximate Full Time Equivalent (FTE) levels indicated for each program:

- A. **Polly's House** - Contractor shall establish and employ a service delivery team for the program, with 7.97 Full Time Equivalent (FTE) as follows:
- i. 0.25 FTE Residential Service Manager, defined in section 11.B
  - ii. 1.0 FTE Residential Administrator, defined in section 11.C
  - iii. 5.0 FTE Direct Care Workers, defined in section 11.D
  - iv. 1.40 FTE Consumer Family Peer Direct Care Workers, defined in section 11.D
  - v. 0.02 FTE Clinician, defined in section 11.E
  - vi. 0.05 FTE Operations Coordinator, defined in section 11.F
  - vii. 0.25 FTE Transportation Coordinator, defined in section 11.G.
- B. Residential Service Manager: This position shall act as the Program Supervisor and shall be a licensed/waivered/registered MHRS. The Program Supervisor shall have a Master's degree in a related field and at least two years of direct experience working with adults with serious mental illness, including at least two years of residential and program management and/or supervisory experience in a mental health setting. In addition, the Program Supervisor shall perform the following duties:
- i. Provide overall Program Supervision;
  - ii. Develop and maintain facility standards of care congruent with the population seeking placement;
  - iii. Coordinate admissions with administrator and Clinician including supervising assessments, care plans and move-ins; and
  - iv. Oversee client admission interviews.
- C. Residential Administrator is the Adult Residential Facility (ARF)CCLD Administrator of the Program. The Residential Administrator shall have an ARF certification and at least two years of direct experience working with adults with serious mental illness. The Residential Administrator shall perform the following duties:
- i. Coordinate and develop facility policies and procedures of care congruent with the population seeking placement with the Residential Service Manager;
  - ii. Maintain the facility in compliance with all CCLD, local, state and federal requirements; and
  - iii. Maintain sound practices and procedures for individual client care and individualized plans for clients.
- D. Direct Care Workers and Consumer Family Peer Direct Care Workers (including Direct Care with CCLD Administrator certification): Direct Care workers shall be

at minimum Mental Health Workers, as defined in the Behavioral Wellness Credentialing Policy and Procedure 4.015.

Direct Care workers shall perform the following duties:

- i. Assist with activities of daily living, including passing out medication as assigned and following facility protocol, licensing regulation and guidelines for both client and employee safety;
  - ii. Coordinate peer activities that include groups, trainings, and networking for the residents and staff;
  - iii. Follow safety guidelines in the facility, including universal precautions when providing care to clients; and
  - iv. Follow the individual service plan and individual program plan for each client.
  - v. Those assigned as Consumer Family Peers should be individuals with lived experience or family/care givers of those with lived experience. Programming should include peer groups and activities that embody recovery, resilience, and wellness principles.
- E. Clinician: Meets criteria as a Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC) or Clinical Psychologist licensed by state of California, current and in good standing. Minimum of three years working with mentally ill/substance abuse population. The Clinician shall perform mental health services, as defined in section 3.
- F. Operations Coordinator: Meets criteria for Mental Health Rehabilitation Specialist (MHRS). The operations coordinator shall provide oversight and guidance to the teams on fulfilling all job duties and required regulatory and programmatic requirements.
- G. Transportation Coordinator shall perform the following duties:
- i. Provide transportation to clients as delegated by Residential Service Manager
  - ii. Follow safety guidelines in the facility;
  - iii. Follow the individual service plan and individual plan for each client; and
  - iv. Function as a team member, assisting coworkers as the need arises.

**III. Delete Section II (Maximum Contract Amount) of Exhibit B (Financial Provisions – MHS) and replace it with the following:**

**II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount of this Agreement shall not exceed \$2,152,751 for FY 21-22, \$2,642,030 for FY 22-23, and \$2,642,030 for FY 23-24 for a total contract amount not to exceed \$7,436,811 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 without a properly executed amendment.

**IV. Delete Exhibit B-1 – MHS: Schedule of Rates and Contract Maximum applicable to FY 22-23 and replace it with the following:**

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

**CONTRACTOR NAME:** Mental Wellness Center **FISCAL YEAR:** 2022-2023

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	(Individual)	Minutes	41	\$3.47
			Crisis Intervention	Minutes	70	\$5.17
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	Recovery Learning Center, Family Advocate	Peer Technology Suite	Alameda House	CG House	De La Vina House	Polly's House	
GROSS COST:	\$ 582,721	\$ 362,275	\$ 18,083	\$ 624,319	\$ 634,195	\$ 148,316	\$ 759,447	\$3,129,356
LESS REVENUES COLLECTED BY CONTRACTOR:								
PATIENT FEES								\$ -
CONTRIBUTIONS	\$ 88,632			\$ 88,632	\$ 88,632	\$ 58,938	\$ 162,492	\$ 487,326
OTHER (LIST):								\$ -
<b>TOTAL CONTRACTOR REVENUES</b>	<b>\$ 88,632</b>		<b>\$ -</b>	<b>\$ 88,632</b>	<b>\$ 88,632</b>	<b>\$ 58,938</b>	<b>\$ 162,492</b>	<b>\$487,326</b>
<b>MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE</b>	<b>\$ 494,089</b>	<b>\$ 362,275</b>	<b>\$ 18,083</b>	<b>\$ 535,687</b>	<b>\$ 545,563</b>	<b>\$ 89,378</b>	<b>\$ 596,955</b>	<b>\$ 2,642,030</b>

CONTRACT AMOUNT (2)								
	MEDI-CAL (3)	NON-MEDI-CAL	SUBSIDY	OTHER (LIST): MHS funded client flex funding (5)				
	\$ 449,621	\$ 362,275			\$ 286,378	\$ 231,810	\$ 537,260	\$ 1,565,068
					\$ 234,309	\$ 238,753	\$ 89,378	\$ 942,799
	\$ 44,468						\$ 59,695	\$ 104,163
					\$ 15,000	\$ 15,000		\$ 30,000
<b>MAXIMUM 22-23 CONTRACT AMOUNT PAYABLE</b>	<b>\$ 494,089</b>	<b>\$ 362,275</b>	<b>\$ 18,083</b>	<b>\$ 535,687</b>	<b>\$ 545,563</b>	<b>\$ 89,378</b>	<b>\$ 596,955</b>	<b>\$ 2,642,030</b>

CONTRACTOR SIGNATURE:

DocuSigned by:  
*Aunmarie Cameron*

FISCAL SERVICES SIGNATURE:

DocuSigned by:  
*Christie Boyer*

- (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) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.
- (5) The contract provides for flexible funds to cover client board and care costs for indigent clients. Contractor shall confirm client indigent status with County prior to placement in an indigent bed for costs to be reimbursable. Director or designee has the right to reallocate flexible funds between adult residential facilities and/or reallocate additional funds from other funding sources, subject to the contract maximum, should board and care costs exceed the amount estimated in the Exhibit B-1.

**V. Delete Exhibit B-1 – MHS: Schedule of Rates and Contract Maximum applicable to FY 23-24 and replace it with the following:**


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

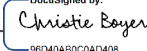
CONTRACTOR NAME: Mental Wellness Center FISCAL YEAR: 2023-2024

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	(Individual)	Minutes	41	\$3.54
			Crisis Intervention	Minutes	70	\$5.27
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	Recovery Learning Center, Family Advocate	Peer Technology Suite	Alameda House	CG House	De La Vina House	Polly's House	
GROSS COST:	\$ 582,721	\$ 362,275	\$ 18,083	\$ 624,319	\$ 634,195	\$ 148,316	\$ 759,447	\$3,129,356
LESS REVENUES COLLECTED BY CONTRACTOR:								
PATIENT FEES								\$ -
CONTRIBUTIONS	\$ 88,632			\$ 88,632	\$ 88,632	\$ 58,938	\$ 162,492	\$ 487,326
OTHER (LIST):								\$ -
TOTAL CONTRACTOR REVENUES	\$ 88,632		\$ -	\$ 88,632	\$ 88,632	\$ 58,938	\$ 162,492	\$487,326
<b>MAXIMUM ANNUAL CONTRACT AMOUNT P</b>	<b>\$ 494,089</b>	<b>\$ 362,275</b>	<b>\$ 18,083</b>	<b>\$ 535,687</b>	<b>\$ 545,563</b>	<b>\$ 89,378</b>	<b>\$ 596,955</b>	<b>\$ 2,642,030</b>

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)								
MEDI-CAL (3)	\$ 449,621			\$ 286,378	\$ 291,810		\$ 537,260	\$ 1,565,068
NON-MEDI-CAL		\$ 362,275	\$ 18,083	\$ 234,309	\$ 238,753	\$ 89,378		\$ 942,739
SUBSIDY	\$ 44,468						\$ 59,696	\$ 104,164
OTHER(LIST): MHSA funded client flex funding (5)				\$ 15,000	\$ 15,000			\$ 30,000
<b>MAXIMUM 23-24 CONTRACT AMOUNT PAY</b>	<b>\$ 494,089</b>	<b>\$ 362,275</b>	<b>\$ 18,083</b>	<b>\$ 535,687</b>	<b>\$ 545,563</b>	<b>\$ 89,378</b>	<b>\$ 596,955</b>	<b>\$ 2,642,030</b>

CONTRACTOR SIGNATURE:  \_\_\_\_\_  
DocuSigned by: 4119C41D52E741F...

FISCAL SERVICES SIGNATURE:  \_\_\_\_\_  
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- (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) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.
- (5) The contract provides for flexible funds to cover client board and care costs for indigent clients. Contractor shall confirm client indigent status with County prior to placement in an indigent bed for costs to be reimbursable. Director or designee has the right to reallocate flexible funds between adult residential facilities and/or reallocate additional funds from other funding sources, subject to the contract maximum, should board and care costs exceed the amount estimated in the Exhibit B-1.



**VI. Delete Exhibit B-2 – Entity Budget by Program applicable to FY 22-23 and replace it with the following:**

**Santa Barbara County Department of Behavioral Wellness Contract Budget Packet  
Entity Budget By Program**

AGENCY NAME: Mental Wellness Center

COUNTY FISCAL YEAR: 2022 2023

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LINE #	COLUMN #	1	2	3	4	5	6	7	8	9
	I. REVENUE SOURCES:		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Casa Juana Maria	Alameda House	CG House	Polly's House	DLV	Recovery Learning Center, Family Advocate	Peer Technology Suite
1	Behavioral Wellness Funding		\$ 2,642,030	\$494,089	\$535,687	\$545,563	\$596,955	\$ 89,378	\$362,275	\$ 18,083
2	Total Other Revenue		\$ 2,642,030	\$494,089	\$535,687	\$545,563	\$596,955	\$ 89,378	\$362,275	\$ 18,083
3	II. Client and Third Party Revenues:									
4	4350;4455: Rent / Client Fees		\$ 58,938					\$ 58,938		
5	4350: Board and Care / SSI		\$ 428,388	\$ 88,632	\$ 88,632	\$ 88,632	\$162,492	\$ -		
6	Total Client and Third Party Revenues		\$ 487,326	\$ 88,632	\$ 88,632	\$ 88,632	\$162,492	\$ 58,938	\$ -	\$ -
7	GROSS PROGRAM REVENUE BUDGET		\$ 3,129,356	\$582,721	\$624,319	\$634,195	\$759,447	\$148,316	\$362,275	\$ 18,083

8	III. DIRECT COSTS		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Casa Juana Maria	Alameda House	CG House	Polly's House	DLV	Recovery Learning Center, Family Advocate	Peer Technology Suite
9	III.A. Salaries and Benefits Object Level									
10	6000-6001: Salaries (Complete Staffing Schedule)		\$ 1,720,908	\$347,844	\$359,804	\$359,804	\$414,820	\$ 35,948	\$187,139	\$ 15,549
11	6128-6129 Benefits (Medical, Dental, Vision & 401k)		\$ 132,822	\$ 26,088	\$ 26,985	\$ 26,985	\$ 31,112	\$ 3,177	\$ 17,208	\$ 1,267
12	6123-6125-6127: Payroll Costs (FICA, SUTA & WC)		\$ 132,822	\$ 26,088	\$ 26,985	\$ 26,985	\$ 31,112	\$ 3,177	\$ 17,208	\$ 1,267
13	Salaries and Benefits Subtotal		\$ 1,986,552	\$400,020	\$413,774	\$413,774	\$477,044	\$ 42,302	\$221,555	\$ 18,083
14	III.B Services and Supplies Object Level									
15	6221: Rent / Mortgage		\$ 319,626	\$ 42,058	\$ 43,909	\$ 51,000	\$ 64,571	\$ 58,838	\$ 59,250	
16	6233: Supplies		\$ 40,147	\$ 7,827	\$ 6,280	\$ 6,675	\$ 15,000	\$ 4,365		
17	6234: Staff Expense / New Hire Testing		\$ 7,322	\$ 1,719	\$ 1,717	\$ 1,717	\$ 2,169			
18	6235: Telephone / Communication		\$ 31,537	\$ 5,621	\$ 6,303	\$ 7,384	\$ 9,269	\$ 2,960		
19	6237:Utilities		\$ 48,188	\$ 8,977	\$ 5,165	\$ 3,675	\$ 25,375	\$ 4,996		
20	6239: Repairs & Maintenance		\$ 69,759	\$ 9,344	\$ 13,799	\$ 17,147	\$ 24,934	\$ 4,535		
21	6245: Mileage (reim., fuel, repairs & registration)		\$ 16,045	\$ 2,343	\$ 6,445	\$ 6,242	\$ 1,015			
22	6263: Equipment & Furnishings		\$ 22,474	\$ 4,822	\$ 6,288	\$ 6,288	\$ 2,538	\$ 2,538		
23	6265: Insurance		\$ 25,530	\$ 5,218	\$ 5,218	\$ 5,218	\$ 7,318	\$ 2,558		
24	6267:Licenses		\$ 2,803	\$ 613	\$ 613	\$ 613	\$ 761	\$ 203		
25	6275:Professional Svcs/Client Support Counselors		\$ 38,951				\$ -	\$ 2,815	\$ 36,136	
26	6289: Miscellaneous		\$ 3,079	\$ 540	\$ 508	\$ 508	\$ 1,015	\$ 508		
27	6388: Depreciation		\$ -							
28	Services and Supplies Subtotal		\$ 625,461	\$ 89,082	\$ 96,245	\$106,467	\$153,965	\$ 84,316	\$ 95,386	
29	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)									
30	Food - SSI Funded		\$ 83,631	\$ 17,612	\$ 17,867	\$ 16,233	\$ 29,381	\$ 2,538		
31	MHSA Client Housing Support- Bad Debt		\$ 30,000		\$ 15,000	\$ 15,000				
32	SUBTOTAL DIRECT COSTS		\$ 2,725,644	\$506,714	\$542,886	\$551,474	\$660,390	\$129,156	\$316,941	\$ 18,083
33	IV. INDIRECT COSTS									
34	6999: Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 403,712	\$ 76,007	\$ 81,433	\$ 82,721	\$ 99,057	\$ 19,160	\$ 45,334	
35	GROSS DIRECT AND INDIRECT COSTS		\$ 3,129,356	\$582,721	\$624,319	\$634,195	\$759,447	\$148,316	\$362,275	\$ 18,083

**VIII. Delete Exhibit B-2 – Entity Budget by Program applicable to FY 23-24 and replace it with the following:**

**Santa Barbara County Department of Behavioral Wellness Contract Budget Packet  
Entity Budget By Program**

AGENCY NAME: Mental Wellness Center

COUNTY FISCAL YEAR: 2023 2024

**Gray Shaded cells contain formulas, do not overwrite**

LINE#	COLUMN #	1	2	3	4	5	6	7	8	9
		<b>I. REVENUE SOURCES:</b>	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Casa Juana Maria	Alameda House	CG House	Polly's House	DLV	Recovery Learning Center, Family Advocate	Peer Technology Suite
1		Behavioral Wellness Funding	\$ 2,642,030	\$494,089	\$535,687	\$545,563	\$596,955	\$ 89,378	\$362,275	\$ 18,083
2		Total Other Revenue	\$ 2,642,030	\$494,089	\$535,687	\$545,563	\$596,955	\$ 89,378	\$362,275	\$ 18,083
3		<b>II. Client and Third Party Revenues:</b>								
4		4350,4455: Rent / Client Fees	\$ 58,938					\$ 58,938		
5		4350: Board and Care / SSI	\$ 428,388	\$ 88,632	\$ 88,632	\$ 88,632	\$162,492	\$ -		
6		Total Client and Third Party Revenues	\$ 487,326	\$ 88,632	\$ 88,632	\$ 88,632	\$162,492	\$ 58,938	\$ -	\$ -
7		<b>GROSS PROGRAM REVENUE BUDGET</b>	\$ 3,129,356	\$582,721	\$624,319	\$634,195	\$759,447	\$148,316	\$362,275	\$ 18,083

8		<b>III. DIRECT COSTS</b>	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Casa Juana Maria	Alameda House	CG House	Polly's House	DLV	Recovery Learning Center, Family Advocate	Peer Technology Suite
9		<b>III.A. Salaries and Benefits Object Level</b>								
10		6000-6001: Salaries (Complete Staffing Schedule)	\$ 1,720,908	\$347,844	\$359,804	\$359,804	\$414,820	\$ 35,948	\$187,139	\$ 15,549
11		6128-6129 Benefits (Medical, Dental, Vision & 401k)	\$ 132,822	\$ 26,088	\$ 26,985	\$ 26,985	\$ 31,112	\$ 3,177	\$ 17,208	\$ 1,267
12		6123-6125-6127: Payroll Costs (FICA, SUTA & WC)	\$ 132,822	\$ 26,088	\$ 26,985	\$ 26,985	\$ 31,112	\$ 3,177	\$ 17,208	\$ 1,267
13		<b>Salaries and Benefits Subtotal</b>	\$ 1,986,552	\$400,020	\$413,774	\$413,774	\$477,044	\$ 42,302	\$221,555	\$ 18,083
14		<b>III.B Services and Supplies Object Level</b>								
15		6221: Rent / Mortgage	\$ 319,626	\$ 42,058	\$ 43,909	\$ 51,000	\$ 64,571	\$ 58,838	\$ 59,250	
16		6233: Supplies	\$ 40,147	\$ 7,827	\$ 6,280	\$ 6,675	\$ 15,000	\$ 4,365		
17		6234: Staff Expense / New Hire Testing	\$ 7,322	\$ 1,719	\$ 1,717	\$ 1,717	\$ 2,169			
18		6235: Telephone / Communication	\$ 31,537	\$ 5,621	\$ 6,303	\$ 7,384	\$ 9,269	\$ 2,960		
19		6237:Utilities	\$ 48,188	\$ 8,977	\$ 5,165	\$ 3,675	\$ 25,375	\$ 4,996		
20		6239: Repairs & Maintenance	\$ 69,759	\$ 9,344	\$ 13,799	\$ 17,147	\$ 24,934	\$ 4,535		
21		6245: Mileage (reim., fuel, repairs & registration)	\$ 16,045	\$ 2,343	\$ 6,445	\$ 6,242	\$ 1,015			
22		6263: Equipment & Furnishings	\$ 22,474	\$ 4,822	\$ 6,288	\$ 6,288	\$ 2,538	\$ 2,538		
23		6265: Insurance	\$ 25,530	\$ 5,218	\$ 5,218	\$ 5,218	\$ 7,318	\$ 2,558		
24		6267:Licenses	\$ 2,803	\$ 613	\$ 613	\$ 613	\$ 761	\$ 203		
25		6275:Professional Svcs/Client Support Counselors	\$ 38,951				\$ -	\$ 2,815	\$ 36,136	
26		6289: Miscellaneous	\$ 3,079	\$ 540	\$ 508	\$ 508	\$ 1,015	\$ 508		
27		6388: Depreciation	\$ -							
28		<b>Services and Supplies Subtotal</b>	\$ 625,461	\$ 89,082	\$ 96,245	\$106,467	\$153,965	\$ 84,316	\$ 95,386	
29		<b>III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)</b>								
30		Food - SSI Funded	\$ 83,631	\$ 17,612	\$ 17,867	\$ 16,233	\$ 29,381	\$ 2,538		
31		MHSA Client Housing Support- Bad Debt	\$ 30,000		\$ 15,000	\$ 15,000				
32		<b>SUBTOTAL DIRECT COSTS</b>	\$ 2,725,644	\$506,714	\$542,886	\$551,474	\$660,390	\$129,156	\$316,941	\$ 18,083
33		<b>IV. INDIRECT COSTS</b>								
34		6999: Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 403,712	\$ 76,007	\$ 81,433	\$ 82,721	\$ 99,057	\$ 19,160	\$ 45,334	\$ -
35		<b>GROSS DIRECT AND INDIRECT COSTS</b>	\$ 3,129,356	\$582,721	\$624,319	\$634,195	\$759,447	\$148,316	\$362,275	\$ 18,083

- IX. Effectiveness.** The terms and provisions set forth in this First Amended Agreement shall modify and supersede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by this First Amended Agreement, are ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.
- X. Execution of Counterparts.** This First Amended Agreement may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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**SIGNATURE PAGE**

**First Amendment to the 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 First Amendment to the Agreement to be effective on the date executed by COUNTY.

**COUNTY OF SANTA BARBARA:**

By: \_\_\_\_\_  
JOAN HARTMANN, CHAIR  
BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

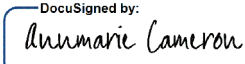
**ATTEST:**

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:  \_\_\_\_\_  
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Authorized Representative  
Name: Anmarie Cameron  
Title: CEO  
Date: 9/20/2022

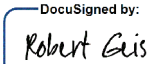
**APPROVED AS TO FORM:**

RACHEL VAN MULLEM  
COUNTY COUNSEL

By:  \_\_\_\_\_  
CAFCD5445C0F408...  
Deputy County Counsel

**APPROVED AS TO ACCOUNTING FORM:**

BETSY M. SCHAFFER, CPA  
AUDITOR-CONTROLLER

By:  \_\_\_\_\_  
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Deputy


**RECOMMENDED FOR APPROVAL:**

ANTONETTE NAVARRO, LMFT  
DIRECTOR, DEPARTMENT OF  
BEHAVIORAL WELLNESS

By:  \_\_\_\_\_  
2095C5A16FE1474...  
Director

**APPROVED AS TO INSURANCE FORM:**

GREG MILLIGAN, ARM  
RISK MANAGER

By:  \_\_\_\_\_  
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Risk Manager