

County of Santa Barbara BOARD OF SUPERVISORS

Minute Order

November 5, 2019

Present:

5 - Supervisor Williams, Supervisor Hart, Supervisor Hartmann, Supervisor Adam, and

Supervisor Lavagnino

BEHAVIORAL WELLNESS

File Reference No. 19-00950

RE:

Consider recommendations regarding a Second Amended Agreement with Family Service Agency of Santa Barbara County, Fiscal Year (FY) 2018-2021, as follows:

- a) Approve and authorize the Chair to execute a Second Amendment to the Agreement for Services of Independent Contractor with Family Service Agency of Santa Barbara County (a local vendor) (BC 19-153) that includes:
- i) Terminating the Alcohol and Drug Program (ADP) Outpatient and Intensive Services and Additional Medication Assisted Treatment (MAT) services effective November 30, 2019 resulting in a decrease of \$847,297.00 of ADP funds;
- ii) Updating the Mental Health Services (MHS) Statements of Work for Intensive In-Home Services (IIHS) and Pathways to Well Being; and
- iii) Adding positions to IIHS resulting in an increase in MHS funds by \$452,975.00 with a total Maximum Contract Amount not to exceed \$4,599,716.00 through June 30, 2021;
- b) Approve and authorize the Chair to delegate to the Director of Behavioral Wellness or her designee the authority to reallocate funds between funding sources and change staffing requirements at her discretion during the term of the agreement without altering the Maximum Contract Amount or requiring a formal amendment to the agreements per Exhibit B-1 and Exhibit A-9 Section 11 of the agreement, subject to the Board's ability to rescind this delegated authority at any time; and
- c) Determine that the above actions are government fiscal activities that will not result in direct or indirect physical changes in the environment, pursuant to section 15378(b)(4) of the California Environmental Quality Act (CEQA) guidelines.

A motion was made by Supervisor Hart, seconded by Supervisor Hartmann, that this matter be acted on as follows:

- a) i) through iii) Approved and authorized; Chair to execute
- b) Approved and authorized; Chair to delegate; and
- c) Approved.

The motion carried by the following vote:

Ayes: 5 - Supervisor Williams, Supervisor Hart, Supervisor Hartmann, Supervisor
 Adam, and Supervisor Lavagnino



BOARD OF SUPERVISORS AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors

105 E. Anapamu Street, Suite 407 Santa Barbara, CA 93101 (805) 568-2240

Department Name: Behavioral Wellness

Department No.: 043

For Agenda Of: November 5, 2019
Placement: Administrative

If Yes, date from:

Vote Required: Majority

TO: Board of Supervisors

FROM: Department Alice Gleghorn, PhD, Director

Director(s) Behavioral Wellness, 681-5220

Contact Info: Pam Fisher, PsyD, Deputy Director of Clinical Operations

Behavioral Wellness, 681-5220

SUBJECT: Behavioral Wellness – Second Amended Agreement Family Service Agency of

Santa Barbara County, FY 18-21

County Counsel Concurrence

Auditor-Controller Concurrence

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- A. Approve and authorize the Chair to execute a **Second Amendment** to the Agreement for Services of Independent Contractor with **Family Service Agency of Santa Barbara County** (a local vendor) for FY 18-21 (**BC 19-153**) that includes:
 - 1. Terminating the Alcohol and Drug Program (ADP) Outpatient and Intensive Services and Additional Medication Assisted Treatment (MAT) services effective November 30, 2019 resulting in a decrease of \$847,297 of ADP funds;
 - 2. Updating the Mental Health Services (MHS) Statements of Work for Intensive In-Home Services (IIHS) and Pathways to Well Being; and
 - 3. Adding positions to IIHS resulting in an increase in MHS funds by \$452,975 with a total Maximum Contract Amount not to exceed **\$4,599,716** through June 30, 2021;
- B. Approve and authorize the Chair to delegate to the Director of Behavioral Wellness or her designee the authority to reallocate funds between funding sources and change staffing requirements at her discretion during the term of the agreement without altering the Maximum Contract Amount or requiring a formal amendment to the agreements per Exhibit B-1 and Exhibit A-9 Section 11 of the agreement, subject to the Board's ability to rescind this delegated authority at any time; and

C. Determine that the above actions are government fiscal activities that will not result in direct or indirect physical changes in the environment, pursuant to section 15378(b)(4) of the California Environmental Quality Act (CEQA) guidelines.

Summary Text:

Approval of the recommended actions will allow Behavioral Wellness (BeWell) to terminate Family Service Agency of Santa Barbara County's (FSA) services for Drug Medi-Cal Organized Delivery Services (DMC-ODS) for youth and Transition Age Youth (TAY) in Santa Maria effective November 30, 2019. Due to changing needs for services for this population, there were lower client referrals than previously anticipated. FSA reports that the program is not viable and it cannot sustain staffing for this program. In addition, approval of the recommended actions will allow BeWell to add Mental Health staffing to increase network adequacy for Intensive In-Home Services (IIHS) and updates the Statements of Work for IIHS and Pathways to Well Being.

Background:

BeWell provides a continuum of mental health and substance use disorder services to Santa Barbara County residents, in part through contracted providers including Community-Based Organizations (CBOs). Under FY 18-21 Board Contract 19-153, FSA has several Mental Health and Alcohol and Drug funded programs throughout the County. FSA merged with Santa Maria Youth and Family Service and began providing Adolescent Substance Use Disorder (SUD) prevention services. Since December 2018, FSA provides DMC-ODS, outpatient alcohol, and other drug treatment to adolescents and TAY clients at their Santa Maria site and Primary Prevention Family Support Services countywide at three locations to youth and families.

BeWell received a request from FSA on October 3, 2019 to allow termination of its operation of the DMC-ODS Outpatient and Intensive Outpatient Services for adolescent and TAY DMC-ODS clients due to low client referrals. BeWell recommends that the County terminate the TAY DMC-ODS services provided by FSA pursuant to Section 19.A.1 of the Agreement. FSA's adolescent and TAY DMC-ODS clients will be referred to BeWell's other contracted providers: Coast Valley, CADA, Good Samaritan, and LAGS. These providers have the ability to meet the needs of these clients with no change to their contract amounts.

In addition, FSA also provides Mental Health Services (MHS) to children and youth in Intensive In-Home; Managed Care; School-Based Counseling; Helping Others Parent Effectively (HOPE); and Support, Treatment, Advocacy and Referral Team (START). BeWell recommends amending the agreement to add 2.8 FTE Mental Health Specialists and 0.6 FTEs Supervision staff to the In-Home Therapeutic programs. FSA has ability to shift the staff underutilized under DMC-ODS to meet MHS staffing needs.

Contract Renewals and Performance Outcomes:

ADP: FSA has performed well, reaching three of four SUD Goals, including initiation, engagement and retention in treatment.

MHS: FSA provided services to children and youth in Intensive In-Home; Managed Care; School-Based Counseling; HOPE; and START. FSA has performed very well, consistently achieving and surpassing its program outcomes, including:

- 1. **New Out-of-Home Placements:** the goal is to prevent/minimize home placement disruptions.
- 2. **Employed, Enrolled in School, or Volunteering:** the goal is to have clients engage in meaningful activities.

- 3. **Child and Adolescent Needs and Strengths (CANS):** the goal is completion of the assessment at intake and every 6 months thereafter.
- 4. **Incarcerated in Juvenile Hall or Jail:** the goal is to prevent/minimize incarceration.
- 5. **Psychiatric Inpatient Admissions:** the goal is to prevent/minimize inpatient admissions.
- 6. **Stable/Permanent Housing:** the goal is to maintain stable/permanent housing.

Fiscal and Facilities Impacts:

Budgeted: Yes

Fiscal Analysis:

Cost	FY 18-19:	Cos	t FY -19-20	Cos	t FY 20-21
\$	219,581	\$	1,060,018	\$	1,020,259
\$	219,581	\$	1,060,018	\$	1,020,259
\$	439,162	\$	2,120,036	\$	2,040,518
				\$	4,599,716
	\$ \$	\$ 219,581	\$ 219,581 \$ \$ 219,581 \$	\$ 219,581 \$ 1,060,018 \$ 219,581 \$ 1,060,018	\$ 219,581 \$ 1,060,018 \$ \$ 219,581 \$ 1,060,018 \$

Narrative: The above referenced contract is funded by State and Federal funds. The funding sources are included in the FY 18-19 and FY 19-20 Adopted Budget. For FY 20-21, the budget is contingent on Board approval. Adoption of Recommended Actions does not impact the General Fund budget. Funds are being reallocated from the unused funds of FSA's underutilized programs.

Key_Contract_Risks:

As with any contract funded by State and Federal sources, there is a risk of future audit disallowances and repayments. The agreement includes language which requires the contractor to repay any amounts disallowed in audit findings, minimizing financial risks to the County.

Special Instructions:

Please email one (1) complete executed contract and one (1) minute order to Denise Morales: dmorales@co.santa-barbara.ca.us and to bwellcontractsstaff@co.santa-barbara.ca.us.

Attachments:

Attachment A: FSA FY 18-21 BC 19-153 AM2 Attachment B: FSA FY 18-21 BC 19-153 AM1 Attachment C: FSA FY 18-21 BC 19-153

Authored by:

D. Morales

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:

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I. Delete <u>Sections 4 (Operations)</u>, 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, waivered, 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:

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- 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, waivered, 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.

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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.

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V. Delete Exhibit B1-ADP FY 19-20 and replace with the following:

Exhibit B-1 ADP
Schedule of Rates and Contract Maximum

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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***
		15	ODS Outpatient Treatment	15 Minute Unit	91	91	9,513	59
Drug Medi-Cal Billable		15	ODS Case Management	15 Minute Unit	93	93	1,931	18
Services	Outpatient	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	22		
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	2,595	84
Drug Medi-Cal /Non Drug					DMC Service	AoD Cost Report		
Medi-Cal	Service Type	Mode	Service Description	Unit of Service	Function Code	Service Code	County Maximum Al	lowable Rate
		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	
Drug Medi-Cal Billable	Outpatient	15	ODS Recovery Services Case Management	15 Minute Unit	97	97	\$33.81	
Services	Outpatient	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 Combinati	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	\$0.001	
		10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	\$31.02	
Non - Drug Medi-Cal	Primary	N/A	Information Dissemination	Cal OMS	N/A	12	Actual Cos	st
Billable Services	Prevention	IV/A	Education	Cal OMS	N/A	13	Actual Cos	st

			P	rogram			
	Se	Outpatient Treatment ervices - Start Up	Outpatient Treatment Services	ODS Non-NTP Medically Assisted Treatment (MAT)	Primary Prevention Strengthening Families	тот	AL
SOURCES OF BEHAVIORAL WE	LLNESS FUNDING F	OR MAXIMUM CONTI	RACT 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)	S	(ETC. 12.44.13	\$ 216,896	\$ 6,077	\$ 316,000	\$	538,973

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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.

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^{***}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:

Drug Medi-Cal /Non Drug Medi-Cal Drug Medi-Cal Billable Services Drug Medi-Cal Billable Services Outpatien Outpatien Outpatien Outpatien Primary Medi-Cal Billable Services Primary Prevention Prog Medi-Cal Billable Services Primary Prevention Outpatien Outpatien Outpatien Outpatien Primary Prevention Primary Prevention Prog Medi-Cal Billable Services Primary Prevention Drug Medi-Cal Billable Services Primary Prevention Prog Medi-Cal Billable Services Primary Prevention Drug Medi-Cal Billable Services Primary Prevention	Moore Moore 15	DDS Outpatient Treatment ODS Case Management ODS Recovery Services ODS Intensive Outpatient Treatment (IOT) Be Service Description ODS Group Counseling ODS Case Management ODS Case Management ODS Recovery Services Individual ODS Recovery Services Group ODS Recovery Services Group ODS Recovery Services Case Management ODS Recovery Services Management ODS Recovery Services Management ODS Recovery Services Management ODS Recovery Services Management ODS Non-NTP Medically Assisted Treatment (MAT) ODS Non-NTP MAT - Buprenorphine-Naloxone Combinations	Unit of Service 15 Minute Unit	DMC Service Function Code 91 93 95 99 105 DMC Service Function Code 91 92 93 95 96 97 98 99 100 1001	AOD Cost Report Service Code 91 93 95 99 105 AOD Cost Report Service Code 91 91 92 93 95 96 97 98 99 100 101	Projected Units of Service*** 9,513 1,931 1,571 103 2,595 County Maximum A \$33.81 \$33.81 \$33.81 \$33.81 \$33.81 \$33.81 \$33.81 \$33.81 \$33.81 \$33.81	91	
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Non - Drug Medi-Cal Billable Services Prevention rug Medi-Cal ealignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention ealworks	15 15 15	ODS Non-NTP Medically Assisted Treatment (MAT) ODS Non-NTP MAT - Buprenorphine-Naloxone Combina ODS Non-NTP MAT - Disulfiram	15 Minute Unit ti Dose Dose	99 100 101	99 100 101	\$141.59 \$20.10 \$7.36	91	
Billable Services Prevention rug Medi-Cal ealignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention entworks	15 15	ODS Non-NTP MAT - Buprenorphine-Naloxone Combina ODS Non-NTP MAT - Disulfiram	ti Dose Dose	100 101	100	\$20.10 \$7.36		
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Rug Medi-Cal ealignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Perinatal ealignment/SAPT - Perinary Prevention at WORKS	15	lone v v v v v v v v v v v v v v v v v v v	l Doco		104	\$0.001		
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Billable Services Prevention rug Medi-Cal ealignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention entworks	10	ODS Intensive Outpatient Treatment (IOT)	15 Minute Unit	105	105	\$31.02		
rug Medi-Cal ealignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention		Information Dissemination	Cal OMS	N/A	12	Actual Co	ost	
adignment/SAPT - Discretionary salignment/SAPT - Perinatal salignment/SAPT - Adolescent Treatment salignment/SAPT - Primary Prevention	N/A	Education	Cal OMS	N/A	13	Actual Co	ost	
alignment/SAPT - Discretionary salignment/SAPT - Perinatal salignment/SAPT - Adolescent Treatment salignment/SAPT - Primary Prevention strong SAPT - Primary Prevention								
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ealignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention alWORKS			Outpatient	Outpatient	ODS Non-NTP	Primary Prevention		
aalignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention etWORKS			Treatment	Treatment	Medically Assisted	Strengthening	TOT	
aalignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention etWORKS			Services - Start Up	Services	Treatment (MAT)	Families		
adignment/SAPT - Discretionary salignment/SAPT - Perinatal salignment/SAPT - Adolescent Treatment salignment/SAPT - Primary Prevention			Services - Start Op	Services	Treatment (WAT)	Families		
aalignment/SAPT - Discretionary ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention etWORKS		SOURCES OF BEHAVIORAL WELLNESS FUNDI						
ealignment/SAPT - Perinatal ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention stWORKS		131.526		\$ 206,051	\$ 6,077		\$	
ealignment/SAPT - Adolescent Treatment ealignment/SAPT - Primary Prevention stWORKS							\$	
ealignment/SAPT - Primary Prevention aWORKS				\$ 10,845			\$	
IWORKS		Approximate the second		\$ 10,045			\$ \$	
		***				100,000	s	
ther County Funds							ŝ	
19-20 TOTAL (SOURCES OF BEHAVIORAL	WELLNES	S FUNDING)	\$	\$ 216,896	\$ 6,077	\$ 158,000	\$	
20-21 TOTAL (SOURCES OF BEHAVIORAL	WELLNES	S FUNDING)	Annual Control of the	\$ -	\$	\$ 158,000	\$	
19-21 TOTAL (SOURCES OF BEHAVIORAL	WELLNES	S FUNDING)	\$ -	\$ 216,896	\$ 6,077		\$	
		1 11					To 104 1 To 104	
ONTRACTOR SIGNATURE:		m / b						
AFF ANALYST SIGNATURE:			The state of the s					
COAL CEDVICES CICMATURE.							and and a second	
SCAL SERVICES SIGNATURE:						-		

VI. Delete Exhibit B1-MHS and replace with the following:

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

CONTRAC'	TOR NAME:
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Family Service Agency

FISCAL	2019-2021
VEAD.	2019-2021

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
			Targeted Case Management	Minutes	01	\$2.51
			Intensive Care Coordination	Minutes	07	\$2.51
			Collateral	Minutes	10	\$3.25
	0.4		*MHS- Assessment	Minutes	30	\$3.25
Medi-Cal Billable Services	Outpatient	15	· ·	Minutes	31	\$3.25
	Services		*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

					ı	PROGRAM						
									Pat	thways to		
1			I N	Managed					W	ell Being	l	i
	In	tensive In-		Care	8	School Based	(Carpinteria	(F	ormerly	l	
		Home		(FFS)		Counseling		START	ŀ	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 CONTR	RACTA	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	\$ 284,695	\$ 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

CON	TRACT	OR SIGI	NATURE:

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 waivered Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waivered 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:

		XHIBIT B-1 M	H			
	DEPARTMENT (THE PERSON OF PROCESSION OF THE CONTRACTOR WAS BUILDING ASSESSMENT OF THE CONTRACTOR			
S	CHEDULE OF RA	TES AND CO	NTRACT MAXIMUM		.,	
CONTRACTOR NAME:	Family Servic (FSA)	e Agency			FISCAL YEAR:	2019-2021
Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximur Allowabl Rate (4)
Contracted Convinces(1)	Cervice Type	Wode	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
Medi-Cal Billable Services	Outpatient	15	MHS - Plan Development	Minutes	31	\$3.25
Wed Gai Billable Gel Vices	Services		*MHS- Therapy (Family, Individual)	Minutes	11, 40	\$3.25
			MHS - Rehab (Family, Individual)	Minutes	12, 41	\$3.25
	2.5		MHS - IHBS	Minutes	57	\$3.25
			Crisis Intervention	Minutes	70	\$4.82
		•		•		
			PROGRAM			
		Managed			Pathways to Well Being	
	Intensive In- Home	Care (FFS)	School Based Counseling	Carpinteria START	(Formerly HOPE)	TOTAL
ROSS COST:	\$ 903,363	\$ 247,123	\$ 284,595	\$ 108,982	\$ 195,000	\$ 1,739,0
ESS REVENUES COLLECTED BY CONTRACTOR:		Т	T			
PATIENT FEES CONTRIBUTIONS	-	-				\$ -
OTHER (LIST): School District Funding						\$ -
TOTAL CONTRACTOR REVENUES	\$	\$ -	s -	s -		s -
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 903,363	\$ 247,123	\$ 284,595	\$ 108,982	\$ 195,000	\$ 1,739,0
SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTR						
MEDI-CAL (3)	\$ 858,195	\$ 234,767	\$ 270,366	\$ 65,389	\$ 185,250	\$ 1,613,9
NON-MEDI-CAL SUBSIDY	\$ 45,168	\$ 12,356	\$ 14,230	\$ 43,593	\$ 9,750	\$ - \$ 125,0
OTHER (LIST):	1.0	12,000	1 1,200	10,000	0,100	\$ -
MAXIMUM 19-20 CONTRACT AMOUNT PAYABLE:	\$ 903,363	\$ 247,123	\$ 284,595	\$ 108,982	\$ 195,000	\$ 1,739,0
MAXIMUM 20-21 CONTRACT AMOUNT PAYABLE:	\$1,046,818**	\$ 247,123	\$ 284,595	\$ 108,982	\$ 195,000	\$ 1,882,5
OTAL CONTRACT AMOUNT PAYABLE:	\$ 1,950,181	\$ 494,246	\$ 569,190	\$ 217,964	\$ 390,000	\$ 3,621,5
CONTRACTOR SIGNATURE:		~ /		The state of the s		
STAFF ANALYST SIGNATURE:						
ISCAL SERVICES SIGNATURE:		-				
1) Additional services may be provided if author	ized by Director or	designee in w	riting.			
2) The Director or designee may reallocate between aximize any additional funding or FFP provided esignee also reserves the right to reallocate between the Maximum Contract Amount and does not be a signee.	by local, State, or tween funding sou of require an amend	Federal law, r rces in the yea dment to the co	egulation, policy, pro r end cost settlemen entract.	cedure, or prog t. Reallocation	gram. The Dire of funding sour	ctor or ces does n
3) Source of Medi-Cal match is State and Local repartmental and SB 163.	runds including be	ut not limited to	Realignment, MHS	A, General Fun	d, Grants, Othe	r
) County reserves the right to increase the CM	A by the home hea	Ith care index	f determined to be a	ppropriate in ye	ear 2 of contract	
MHS Assessment and MHS Therapy services rudent interns under direct supervision of a licer		•		red Mental Hea	alth clinicians, o	r graduate
Intensive In Home subsidy is 5% or \$52,341 in						March Control of the Superior Service Control of the Superior

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

LINE #	COLUMN# 1		3		4		5		6		7		8		9		10		11
	I REVENUE SOURCES:		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Intensi	ve In Home			Pathways to Wellbeing	School Based Counseling		Carp Start		ADP Prevention		ADP Outpatient Drug Treatment		MAT		
1	Contributions		-											T					
2	Foundations/Trusts	5	-							\top				T					
3	Miscellaneous Revenue	5	32.00																
4	Behavioral Wellness Funding	\$	2,120,036	\$	903,363	\$	247,123	\$	195,000	\$	284,595	\$	108,982	\$	158,000	\$	216,896	\$	6,07
5	Other Government Funding	\$	-																
6	School District Funding	\$	-																
7	Events (net)	\$									(S								
8	Private Contracts	\$	-																
9	Draws	9	-																
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)	5	-	\$	<u>-</u>	\$		\$	•	\$	<u> </u>	\$	-	\$		\$		\$	
15	GROSS PROGRAM REVENUE BUDGE	т \$	2,120,036	\$	903,363	\$	247,123	\$	195,000	\$	284,595	\$	108,982	\$	158,000	\$	216,896	\$	6,077
														- 1					
	III. DIRECT COSTS		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Intensiv	e In Home	Mai	naged Care		athways to Wellbeing		hool Based counseling		Carp Start	ADF	Prevention		P Outpatient g Treatment		MAT
	III.A. Salaries and Benefits Object Level										3 1 1								1911
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 Tax	æs) \$	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
-	Program Mileage/Travel	s		\$	12,400	\$	2,500	\$	2,000	\$	1,500	\$	1,000	\$	1,750	\$	2,500	\$	3,200
-	Program Supplies	\$		\$	15,000	\$	4,500	\$	1,200	\$	3,833	\$	640	\$	15,000	\$	10,312	\$	
\dashv	Program Utilities	\$	THE CHANGE BOOK SHOWEN	\$	5,600	\$	3,500	\$	900	\$	750	\$	200	\$	500	\$	1,667	\$	
-	Program Trainings	\$	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	\$	1,000	\$	700	\$	500	\$	3,000	\$	400	\$	1,600	\$	3,443	\$	
	Program Telephone/Internet	0.000		\$				\$		\$		_							-
		\$	20,250		5,500	\$	2,500		3,000		2,000	\$	500	\$	500	\$	6,250	\$	
-	Program Bldg Maintenance	\$	NAME OF TAXABLE PARTY.	\$	8,000	\$	6,000	\$	1,500	\$	1,500	\$	900	\$	5 500	\$	2,917	\$	
-	Program Rent	\$	Contract of the Contract of th	\$	1,600	\$		\$	1,500	\$	2,000	\$ -	2,700	\$	5,500	\$		\$	-
	Program Outreach	\$	1,100		04.000	•	00.505	•	40.000	\$	750	\$	100	\$	250	\$		\$	
+	Services and Supplies Subtotal	\$	229,473	\$	61,390	\$	23,567	\$	13,922	\$	22,676	\$	9,212	\$	56,005	\$	37,416	\$	5,285
+	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																		
١	Administrative Indirect Costs (Reimburse limited to 15%)	\$	276,527	\$	117,830	\$	32,233	\$	25,435	\$	37,121	\$	14,215	\$	20,609	\$	28,291	\$	793
4	GROSS DIRECT AND INDIRECT COSTS	S	2,120,037	\$ 9	903,363	\$	247,123	\$	195,000	s	284,595	\$	108,982	s	158,000	\$	216,896	\$	6,077

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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

Contributions	TO SHE	ray Shaded cells contain formulas, do i		erwrite		(round amount	s the r	nearest dollar)								
RELIVATIONAL PROCESSAME RELIVATIONAL PRO	"HE"	COLUMN# 1		3	Π			5		6		7		8		9
Poul actions/Trusts		I. REVENUE SOURCES:	V	EHAVIORAL VELLNESS PROGRAMS	Int	ensive In Home	fome Managed Care						Carp Start		ADP Prevention	
Miscellaneous Revenue	1	Contributions	\$	-												
Sehak/kral Welthess Funding	2	Foundations/Trusts	\$													
School District Funding	3	Miscellaneous Revenue	\$													
School District Funding	4	Behavioral Wellness Funding	\$	2,040,518	\$	1,046,818	\$	247,123	\$	195,000	\$	284,595	\$	108,982	\$	158,000
Events (nel)	5		\$													
Private Contracts	6	School District Funding	\$													
Draws	7	Events (net)	\$													
Total Other Revenue	8	Private Contracts	\$													
I.B. Client and Third Party Revenues	9	Draws	\$													
Clent Fees Cle	10	Total Other Revenue	\$	2,040,518	\$	1,046,818	\$	247,123	\$	195,000	\$	284,595	\$	108,982	\$	158,000
SSI		I.B Client and Third Party Revenues:														
Other (specify) 14 Total Client and Third Party Revenues S	11	Client Fees														
Total Client and Third Party Revenues S	12	SSI		-												
III. DIRECT COSTS	13	Other (specify)														
III. DIRECT COSTS	14		\$				\$		\$	-	\$	-	\$	-	\$	
III. DIRECT COSTS	15	GROSS PROGRAM REVENUE BUDGET	\$	2,040,518	\$	1,046,818	\$	247,123	\$	195,000	\$	284,595	\$	108,982	\$	158,000
Salaries (Complete Staffing Schedule) \$ 1,250,072 \$ 668,414 \$ 150,648 \$ 122,554 \$ 177,006 \$ 67,366 \$ 64,08 \$ 17 Employee Benefits (includes Payroll Taxes) \$ 337,519 \$ 180,472 \$ 40,675 \$ 33,090 \$ 47,792 \$ 18,189 \$ 17,300 \$ 34,090 \$ 155,643 \$ 224,798 \$ 85,555 \$ 81,380 \$ 11,587,591 \$ 848,886 \$ 191,323 \$ 155,643 \$ 224,798 \$ 85,555 \$ 81,380 \$ 11,880 \$ 17,300 \$ 11,880 \$ 12,290 \$ 3,867 \$ 3,322 \$ 7,344 \$ 2,772 \$ 1,880 \$ 12,290 \$ 3,867 \$ 3,322 \$ 7,344 \$ 2,772 \$ 1,880 \$ 12,290 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,000 \$ 1,750 \$ 1,00		III. DIRECT COSTS	W PF	ROGRAMS	Inte	nsive In Home	Ma	anaged Care						Carp Start	ADF	Prevention
Salaries (Complete Staffing Schedule) \$ 1,250,072 \$ 668,414 \$ 150,648 \$ 122,554 \$ 177,006 \$ 67,366 \$ 64,08 \$ 17 Employee Benefits (includes Payroll Taxes) \$ 337,519 \$ 180,472 \$ 40,675 \$ 33,090 \$ 47,792 \$ 18,189 \$ 17,300 \$ 34,090 \$ 155,643 \$ 224,798 \$ 85,555 \$ 81,380 \$ 11,587,591 \$ 848,886 \$ 191,323 \$ 155,643 \$ 224,798 \$ 85,555 \$ 81,380 \$ 11,880 \$ 17,300 \$ 11,880 \$ 12,290 \$ 3,867 \$ 3,322 \$ 7,344 \$ 2,772 \$ 1,880 \$ 12,290 \$ 3,867 \$ 3,322 \$ 7,344 \$ 2,772 \$ 1,880 \$ 12,290 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,000 \$ 1,750 \$ 1,00		III.A. Salaries and Benefits Object Level														
Salaries and Benefits Sublotal \$ 1,587,591 \$ 848,886 \$ 191,323 \$ 155,643 \$ 224,798 \$ 85,555 \$ 81,381 III.B. Services and Supplies Object Level 11 Program Consultants \$ 31,480 \$ 12,290 \$ 3,867 \$ 3,322 \$ 7,344 \$ 2,772 \$ 1,881 12 Program Mileage/Travel \$ 21,150 \$ 12,400 \$ 2,500 \$ 2,000 \$ 1,500 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,750 \$ 1,000 \$ 1,500 \$	16	Salaries (Complete Staffing Schedule)	\$	1,250,072	\$	668,414	\$	150,648	\$	122,554	\$	177,006	\$	67,366	\$	64,084
III.B Services and Supplies Object Level	17	Employee Benefits (includes Payroll Taxes)	\$	337,519	\$	180,472	\$	40,675	\$	33,090	\$	47,792	\$	18,189	\$	17,303
Program Consultants	20	Salaries and Benefits Subtotal	\$	1,587,591	\$	848,886	\$	191,323	\$	155,643	\$	224,798	\$	85,555	\$	81,387
22 Program Mileage/Travel \$ 21,150 \$ 12,400 \$ 2,500 \$ 2,000 \$ 1,500 \$ 1,000 \$ 1,750 \$ 15,000 \$ 1,750 \$		III.B Services and Supplies Object Level														
Program Supplies \$ 40,173 \$ 15,000 \$ 4,500 \$ 1,200 \$ 3,833 \$ 640 \$ 15,000 \$ 1,000 \$ 750 \$ 200 \$ 500 \$ 1,600 \$ 1,600 \$ 1,000 \$ 700 \$ 500 \$ 3,000 \$ 4,000 \$ 1,600 \$ 1,600 \$ 1,50	21	Program Consultants	\$	31,480	\$	12,290	\$	3,867	\$	3,322	\$	7,344	\$	2,772	\$	1,885
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 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 33 Administrative Indirect Costs (Reimbursement initied to 15%) 34 GROSS DIRECT AND INDIRECT COSTS 35 GROSS DIRECT AND INDIRECT COSTS	22	Program Mileage/Travel	\$	21,150	\$	12,400	\$	2,500	\$	2,000	\$	1,500	\$	1,000	\$	1,750
Program Utilities	23	Program Supplies	\$	40,173	\$	15,000	\$	4,500	\$	1,200	\$	3,833	\$	640	\$	15,000
Program Telephone/Internet \$ 14,000 \$ 5,500 \$ 2,500 \$ 3,000 \$ 2,000 \$ 50	25	Program Utilities	\$	11,450	\$	5,600	\$	3,500	\$	900	\$	750	\$	200	\$	500
Program Telephone/Internet \$ 14,000 \$ 5,500 \$ 2,500 \$ 3,000 \$ 2,000 \$ 50	26	Program Trainings	\$	7,200	\$	1,000	\$		\$	500	\$	3,000	\$	400	\$	1,600
Program Bldg Maintenance \$ 18,700 \$ 8,000 \$ 6,000 \$ 1,500 \$ 1,500 \$ 900 \$ 800 \$ 800 \$ 900 \$ 800 \$ 1,50	27	Program Telephone/Internet	\$	and the second second					_							500
Program Rent \$ 13,300 \$ 1,600 \$ - \$ 1,500 \$ 2,000 \$ 2,700 \$ 5,500 \$ 2,000 \$ 2,700 \$ 5,500 \$ 2,000 \$ 2,700 \$ 5,500 \$ 2,000 \$ 2,700 \$ 5,500 \$ 2,000 \$ 2,700 \$ 5,500 \$ 2,000 \$ 2,700 \$ 5,500 \$ 2,000 \$ 2,700 \$ 2,000 \$ 2,			174 214 (200)	AND DESCRIPTION OF THE PARTY OF												800
30 Program Outreach \$ 1,100 \$ 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	_		ALCOHOLD STATE					-	<u> </u>				_			
Services and Supplies Subtotal \$ 186,772 \$ 61,390 \$ 23,567 \$ 13,922 \$ 22,676 \$ 9,212 \$ 56,005	-		Same and the	THE RESERVE THE PERSON NAMED IN	_	.,				.,550					-	
32 SUBTOTAL DIRECT COSTS \$ 1,774,363 \$ 910,276 \$ 214,890 \$ 169,565 \$ 247,474 \$ 94,767 \$ 137,392 IV. INDIRECT COSTS \$ Administrative Indirect Costs (Reimbursement imited to 15%) \$ 266,155 \$ 136,541 \$ 32,233 \$ 25,435 \$ 37,121 \$ 14,215 \$ 20,609 GROSS DIRECT AND INDIRECT COSTS				100000000000000000000000000000000000000	\$	61,390	\$	23,567	\$	13,922	Name and	THE RESERVE OF THE PARTY OF THE	15004192	A SECURIO DE LA CONTRACTOR DE LA CONTRAC	VOICHISTORY	56,005
Administrative Indirect Costs (Reimbursement \$ 266,155 \$ 136,541 \$ 32,233 \$ 25,435 \$ 37,121 \$ 14,215 \$ 20,609 GROSS DIRECT AND INDIRECT COSTS	32	SUBTOTAL DIRECT COSTS	\$	1,774,363	\$	910,276	\$	214,890	\$	169,565	\$	247,474	\$		\$	137,392
limited to 15%)		IV. INDIRECT COSTS														
GROSS DIRECT AND INDIRECT COSTS			\$	266,155	\$	136,541	\$	32,233	\$	25,435	\$	37,121	\$	14,215	\$	20,609
			\$	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.

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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.

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	CONTRACTOR: FAMILY SERVICES AGENCY OF SANTA BARBARA COUNTY
By: Shell Slabuera Deputy Clerk	By: Authorized Representative
Date:	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	APPROVED AS TO INSURANCE FORM: RAY AROMATORIO RISK MANAGEMENT
By: For ALCE SLEGHORN Director	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:
	Ву:
	STEVE LAVAGNINO, CHAIR BOARD OF SUPERVISORS
	Date:
ATTEST:	CONTRACTOR:
MONA MIYASATO	FAMILY SERVICES AGENCY OF SANTA
COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	BARBARA COUNTY
	- 0 11
By: Deputy Clerk	By: Authorized Representative
Date:	Name: LISA BRABO
	Title: Exercive Meeton
	Date: $(9-28-19)$
,	
APPROVED AS TO FORM:	APPROVED AS TO ACCOUNTING FORM:
MICHAEL C. GHIZZONI	BETSY M. SCHAFFER, CPA
COUNTY COUNSEL	AUDITOR-CONTROLLER
By:	By:
Deputy County Counsel	Deputy
RECOMMENDED FOR APPROVAL	
ALICE GLEGHORN, PH.D., DIRECTO DEPARTMENT OF BEHAVIORAL	PR RAY AROMATORIO RISK MANAGEMENT
WELLNESS	
By:	Ву:
	Risk Management
By: Director	By: Risk Management