



**AGREEMENT  
BETWEEN  
SANTA BARBARA UNIFIED SCHOOL DISTRICT  
AND  
FAMILY SERVICE AGENCY OF SANTA BARBARA COUNTY  
FOR  
2020-21 SECONDARY SCHOOL MENTAL HEALTH SERVICES**

This Agreement is entered into between the Santa Barbara Unified School District, hereinafter referred to as **SBUSD** in this Agreement, and Family Service Agency of Santa Barbara County, hereinafter referred to as **FSA** in this Agreement.

**1. SERVICES**

During the term of this Agreement, FSA shall provide services as follows:

FSA will provide mental health and family support services. In addition to services for students and their families, FSA will support school staff with consultation and guidance.

**Exhibit A – Staffing and Service Details**

9.65 FTE Counselors will provide: a) brief mental health screenings for 420 students and provide individual or group counseling for 187 students. In addition, .4 FTE Family Advocates will provide family support services for 75 families.

**Exhibit B – Mental Health Services Flow Chart**

A multi-tiered system of supports will be provided for students and their families. Referrals for services will be made to the Dean of Engagement (or Assistant Principal), by school staff, parents, students and via self-referral. FSA's Lead Counselor will conduct a brief mental health assessment for all students referred by the Dean of Engagement (or Assistant Principal) so that the student can be connected with the appropriate services. FSA will subcontract with a partner, the YouthWell Coalition, to assist with communication/coordination with community service partners.

**Evaluation**

FSA will utilize an in-house FSA evaluator to conduct the evaluation of the impact of the services, utilizing the Results-Based Accountability (RBA) framework. Program evaluation information will address the following questions:

- *How much did we do?* This includes counts of students served, number of services provided, and related data.
- *How well did we do it?* This includes indicators of program/service quality, teacher, staff, and student satisfaction with services, and similar information.
- *Is anyone better off?* This evaluation information includes pre- and post-intervention change in mental health functioning, symptoms, and academics for Tier 2 and 3 services; changes in family functioning for families referred to family support services; and similar information on changes that can be attributed to services.

**2. TERM OF AGREEMENT**

The term of this Agreement is for the period August 17, 2020 to June 30, 2021.

**3. COMPENSATION: \$510,000 Total for the 2020-21 School Year**

In consideration for services rendered by FSA and the subcontracted partner YouthWell Coalition, SBUSD shall pay to FSA:

\$255,000 by October 31, 2020

\$255,000 by April 30, 2021

**Exhibit C – Budget**

SBUSD will provide \$510,000, and FSA will access/earn funding from additional sources for services provided in the amount of \$261,200 for a total budget of \$771,200.

In no event shall the total amount paid by SBUSD to FSA under this Agreement exceed \$510,000 without prior approval from SBUSD.

**4. FAMILY SERVICE AGENCY OF SANTA BARBARA COUNTY (FSA)**

- A. FSA shall keep and maintain accurate records pertaining to its conduct of the program approved under this Agreement and provide to SBUSD additional data that may be required to complete required State of California or other evaluation reports.
- B. FSA is an independent "Contractor" under this Agreement who will hire project staff as well as subcontract with the listed project partners in order to provide the services of this Agreement.
- C. Hold Harmless Agreement: FSA hereby agrees to defend, indemnify and hold the Santa Barbara Unified School District (SBUSD), its directors, officers, agents, employees and individual members, free and harmless from and against any and all liability, claims, demands, causes of action at law or equity, expenses and costs (including attorneys' fees), or loss of any sort of personal injury (including death) and property damage that may arise during or because in any way by such use, operation, occupancy, acts, omissions, and/or condition of premises under Program participation.
- D. TB Testing and Live-Scan: FSA staff will provide evidence of a negative TB test within the past four years (per education code 49406) and complete a live scan fingerprinting process (per Education Code 45125.01) if they are with SBUSD students three or more times a month. These processes will not be at the expense of the Santa Barbara Unified School District.
- E. Insurance Requirement: FSA further agrees, pursuant to the hold harmless agreement above, to procure and maintain at its sole expense Commercial General Liability insurance naming the Santa Barbara Unified School District, its Board of Trustees, officers, and employees as - additional insured, with limits no less than \$1,000,000 combined single limit per occurrence for personal injury and/or property damage.
- F. FSA shall maintain Workers' Compensation Insurance in conformance with the Workers' Compensation Laws of the State of California during the term of this Agreement.
- G. FSA will not discriminate against any employee employed in the performance of this Agreement or against any applicant for employment in the performance of this



agreement because of color, religion, age, handicap, national origin, gender, sexual orientation, marital status, or any other non-merit factor unrelated to job performance

**5. SANTA BARBARA UNIFIED SCHOOL DISTRICT (SBUSD)**

- A. SBUSD agrees to payments to FSA for services rendered according to the schedule and amounts presented in this Agreement under Section 3: Compensation.
- B. SBUSD will provide adequate space, office supplies, internet access, a telephone, computers if needed, and a desk, to allow project staff to conduct project activities.
- C. SBUSD, in partnership with FSA, will provide the administration of the Agreement.
- D. SBUSD will work with FSA in the provision of data needed for the evaluation.
- E. SBUSD will include FSA as additional insureds on the SBUSD general liability, professional liability, auto & property insurance policies for the term of this Agreement.

**6. CONFIDENTIALITY**

All aspects of services and/or releases of information, including to other agencies and providers, will comply with Federal and State regulations, including the Health Insurance Portability and Accountability Act (HIPAA), the Family Education Rights and Privacy Act (FERPA), Medicaid (if appropriate), and applicable California laws and regulations, regarding consumer privacy and confidentiality. Records will be completed promptly and filed, and will be retained only for the length of time called for under applicable regulatory requirements. All records will be retained in a protected safe and secure manner. Access to identifying information in these records will only be as necessary for the purpose of performing responsibilities under this contract and by personnel interacting directly with consumer. Appropriate disclosure contained in the records will be consistent with confidentiality rights of all parties involved. This includes the sharing of "need to know" information which may contain but is not limited to diagnoses, testing results, social and behavioral functioning information, and familial information.

**7. TERMINATION OF AGREEMENT**

This Agreement may be terminated by the Board of Education of the SBUSD and/or the Boards of Directors of FSA, by giving thirty (30) days advance written notice of intention to terminate. Unless so terminated, this Agreement shall remain in full force and effect for the full term of this Agreement. If terminated prior to the end of the full term of this Agreement, payment to FSA will be made on the basis of services provided up to the date of termination.

FAMILY SERVICE AGENCY OF SANTA BARBARA COUNTY

\_\_\_\_\_  
Lisa Brabo, Ph.D.  
Executive Director

\_\_\_\_\_  
Date

SANTA BARBARA UNIFIED SCHOOL DISTRICT

\_\_\_\_\_  
Ms. Hilda Maldonado  
Superintendent

\_\_\_\_\_  
Date

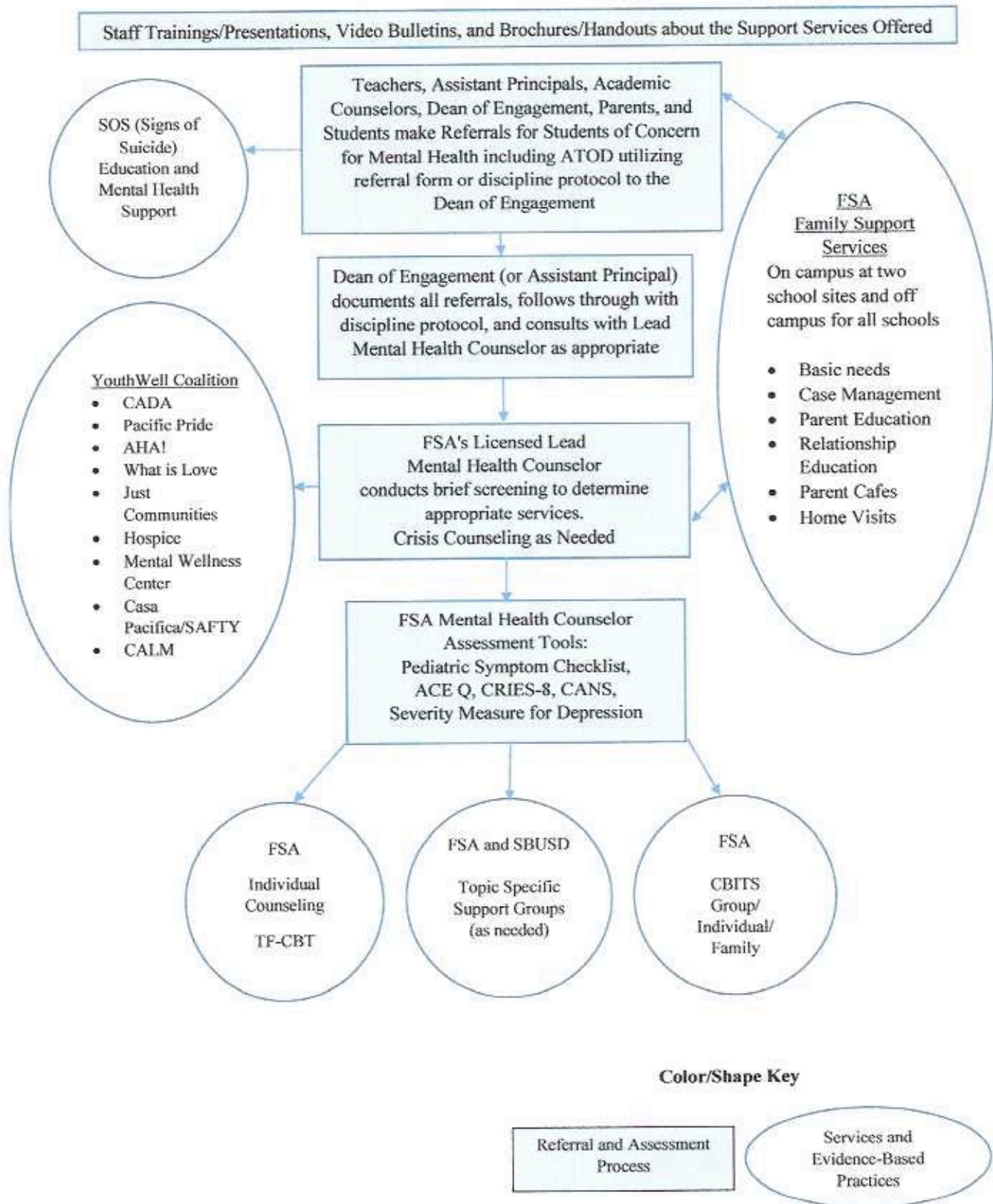
# EXHIBIT A

## Staffing and Service Details

STAFFING AND SERVICE DETAILS	Number of Students at Each School	Projected Student Mental Health Screenings to be Conducted in 2020-21	Number of Students That Received Individual Counseling in 2019-20	Projected Number of Students to Receive Individual Counseling in 2020-21	Number of Students that Received Group Counseling in 2019-20	Projected Number of Students to Receive Group Counseling in 2020-21	Number of Families Projected to Receive Family Support Services in 2019-20	Number of Families Projected to Receive Family Support Services in 2020-21
<b>Junior High Schools</b>								
GVJH - FSA MH Counselor 1.0 FTE	786	40	21	20	0	0		
La Colina - FSA MH Counselor 1.0 FTE	912	40	16	20	0	0		
La Cumbre - FSA MH Counselor 1.15 FTE	527	50	22	20	12	10		
SBJH - FSA MH Counselor 1.0 FTE	812	40	21	20	0	0		
FSA Family Support Services Advocate .2 FTE (one JH pilot)							40	35
<b>Subtotals</b>	<b>3,037</b>	<b>170</b>	<b>80</b>	<b>80</b>	<b>12</b>	<b>10</b>	<b>40</b>	<b>35</b>
<b>High Schools</b>								
DP - FSA MH Counselors 1.50 FTE	1949	70	27	25	0	0		
SBHS - FSA MH Counselors 1.50 FTE	2099	70	25	25	11	5		
FSA Family Support Services Advocate .2 FTE (one HS pilot)							50	40
SMHS - FSA MH Counselors 1.50 FTE	1937	70	32	25	0	4		
Alta Vista/La Cuesta - FSA MH Counselors 1.0 FTE	224	40	23	15	0	0		
<b>Subtotals</b>	<b>6,209</b>	<b>250</b>	<b>107</b>	<b>90</b>	<b>11</b>	<b>9</b>	<b>50</b>	<b>40</b>
FSA Data Specialist .16 FTE								
FSA SBC Program Supervision/Management 1.0 FTE								
FSA Family Support Services Supervision/Management .1 FTE								
<b>TOTAL</b>	<b>9,246</b>	<b>420</b>	<b>187</b>	<b>170</b>	<b>23</b>	<b>19</b>	<b>90</b>	<b>75</b>



## EXHIBIT B: Grades 7-12 Mental Health Services Flow Chart



**EXHIBIT C****Budget****2020-21 School Year: ITEMIZED BUDGET for SBUSD School-Based Mental Health Services (7-12)****FAMILY SERVICE AGENCY**

	<b>FSA Mental Health Counseling</b>	<b>FSA Family Support Services</b>	<b>YouthWell Coalition</b>	<b>TOTAL</b>
<b>REVENUE</b>				
Santa Barbara Unified School District	\$495,000	\$10,000	\$5,000	\$510,000
MediCal (Moderate to Severe) Dept of Behavioral Wellness	\$120,000			\$120,000
MediCal (Mild to Moderate) Holman Group	\$80,000			\$80,000
Cottage Health Grant	\$45,000			\$45,000
Federal Health and Human Services		\$6,200		\$6,200
Department of Social Services		\$10,000		\$10,000
<b>TOTAL</b>	<b>\$740,000</b>	<b>\$26,200</b>	<b>\$5,000</b>	<b>\$771,200</b>
<b>EXPENSES</b>				
<b>Personnel</b>				
Wages	\$460,304	\$16,308		\$476,612
Benefits	\$124,282	\$4,403		\$128,685
Total Personnel	\$584,586	\$20,711		\$605,297
<b>Operations</b>				
FSA: IT, Database, Telephone, Mileage, Occupancy	\$58,891	\$2,071		\$60,962
Youth Mental Wellness Coalition			\$5,000	\$5,000
Indirect @ 15%	\$96,523	\$3,417		\$99,940
<b>TOTAL</b>	<b>\$740,000</b>	<b>\$26,200</b>	<b>\$5,000</b>	<b>\$771,198</b>