

**Attachment H:  
Sanctuary Centers of  
Santa Barbara  
FY 2018-2019  
Agreement**

# Board Contract Summary

BC

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: Auditor-Controller Intranet Policies->Contracts.

|     |                       |                |
|-----|-----------------------|----------------|
| D1. | Fiscal Year .....     | 2018-2019      |
| D2. | Department Name ..... | Probation      |
| D3. | Contact Person .....  | Tanja Heitman  |
| D4. | Telephone .....       | (805) 739-8537 |

|      |  |   |
|------|--|---|
| K1.  | Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital |   |
| K2.  | Brief Summary of Contract Description/Purpose .....  | Drug and alcohol group services and re-entry services |
| K3.  | Department Project Number .....  |   |
| K4.  | Original Contract Amount .....   | \$ 42,000   |
| K5.  | Contract Begin Date .....  | 07/01/2018  |
| K6.  | Original Contract End Date .....   | 06/30/2019  |
| K7.  | Amendment? (Yes or No) .....   | No  |
| K8.  | - New Contract End Date .....  |   |
| K9.  | - Total Number of Amendments .....   |   |
| K10. | - This Amendment Amount .....  | \$  |
| K11. | - Total Previous Amendment Amounts .....   | \$  |
| K12. | - Revised Total Contract Amount .....  | \$  |

|     |   |  |
|-----|---|--|
| B1. | Intended Board Agenda Date .....                                  |  |
| B2. | Number of Workers Displaced (if any) .....                        |  |
| B3. | Number of Competitive Bids (if any) .....                         |  |
| B4. | Lowest Bid Amount (if bid) .....                                  |  |
| B5. | If Board waived bids, show Agenda Date .....                      |  |
|     | and Agenda Item Number .....                                      |  |
| B6. | Boilerplate Contract Text Changed? (If Yes, cite Paragraph) ..... |  |

|     |                                       |        |
|-----|---------------------------------------|--------|
| F1. | Fund Number .....                     | 0001   |
| F2. | Department Number .....               | 022    |
| F3. | Line Item Account Number .....        | 7460   |
| F4. | Project Number (if applicable) .....  |        |
| F5. | Program Number (if applicable) .....  | 4099   |
| F6. | Org Unit Number (if applicable) ..... | 4410   |
| F7. | Payment Terms .....                   | Net 30 |

|      |   |                                    |
|------|---|------------------------------------|
| V1.  | Auditor-Controller Vendor Number .....                  | 695810                             |
| V2.  | Payee/Contractor Name .....                             | Sanctuary Centers of Santa Barbara |
| V3.  | Mailing Address .....                                   | PO Box 551                         |
| V4.  | City State (two-letter) Zip (include +4 if known) ..... | Santa Barbara, CA 93102            |
| V5.  | Telephone Number .....                                  | (805) 569-2785                     |
| V6.  | Vendor Contact Person .....                             | Barry Schoer                       |
| V7.  | Workers Comp Insurance Expiration Date .....            | 04/01/2019                         |
| V8.  | Liability Insurance Expiration Date .....               | GL 07/01/2018; PL 07/01/2018       |
| V9.  | Professional License Number .....                       |                                    |
| V10. | Verified by (print name of county staff) .....          |                                    |

V11 Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 4/27/18 Authorized Signature: 

## **AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR**

**THIS AGREEMENT** (hereafter Agreement) is made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter COUNTY) and Sanctuary Centers of Santa Barbara with an address at Post Office Box 551, Santa Barbara, CA 93102 (hereafter 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 herein set forth;

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

### **1. DESIGNATED REPRESENTATIVE**

Kimberly Shean, Deputy Chief Probation Officer, at phone number (805) 882-3675 is the representative of COUNTY and will administer this Agreement for and on behalf of COUNTY. Barry Schoer at phone number 805-569-2785 is the authorized representative for CONTRACTOR. Changes in designated representatives shall be made only after advance written notice to the other party.

### **2. NOTICES**

Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by personal delivery or facsimile, or with postage prepaid by first class mail, registered or certified mail, or express courier service, as follows:

To COUNTY:                      Santa Barbara County Probation Department  
   117 E. Carrillo St.  
   Santa Barbara, CA 93101-2061  
   Attention: Kimberly Shean, Deputy Chief Probation Officer

To CONTRACTOR:              **Sanctuary Centers of Santa Barbara**  
   P.O. Box 551  
   Santa Barbara, CA, 93102  
   Attention: Barry Schoer

or at such other address or to such other person that the parties may from time to time designate in accordance with this Notices section. If sent by first class mail, notices and consents under this section shall be deemed to be received five (5) days following their deposit in the U.S. mail. This Notices section shall not be construed as meaning that either party agrees to service of process except as required by applicable law.

### **3. SCOPE OF SERVICES**

CONTRACTOR agrees to provide services to COUNTY in accordance with EXHIBIT A attached hereto and incorporated herein by reference.

### **4. TERM**

CONTRACTOR shall commence performance on July 1, 2018 and end performance upon completion, but no later than June 30, 2019 unless otherwise directed by COUNTY or unless earlier terminated.

## **5. COMPENSATION OF CONTRACTOR**

In full consideration for CONTRACTOR's services, CONTRACTOR shall be paid for performance under this Agreement in accordance with the terms of EXHIBIT B attached hereto and incorporated herein by reference. Billing shall be made by invoice, which shall include the contract number assigned by COUNTY and which is delivered to the address given in Section 2 NOTICES above following completion of the increments identified on EXHIBIT B. Unless otherwise specified on EXHIBIT B, payment shall be net thirty (30) days from presentation of invoice.

## **6. INDEPENDENT CONTRACTOR**

It is mutually understood and agreed that CONTRACTOR (including any and all of its officers, agents, and employees), shall perform all of its services under this Agreement as an independent contractor as to COUNTY and not as an officer, agent, servant, employee, joint venturer, partner, or associate of COUNTY. Furthermore, COUNTY shall have no right to control, supervise, or direct the manner or method by which CONTRACTOR shall perform its work and function. However, COUNTY shall retain the right to administer this Agreement so as to verify that CONTRACTOR is performing its obligations in accordance with the terms and conditions hereof. CONTRACTOR understands and acknowledges that it shall not be entitled to any of the benefits of a COUNTY employee, including but not limited to vacation, sick leave, administrative leave, health insurance, disability insurance, retirement, unemployment insurance, workers' compensation and protection of tenure. CONTRACTOR shall be solely liable and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all matters relating to payment of CONTRACTOR's employees, including compliance with Social Security withholding and all other regulations governing such matters. It is acknowledged that during the term of this Agreement, CONTRACTOR may be providing services to others unrelated to the COUNTY or to this Agreement.

## **7. STANDARD OF PERFORMANCE**

CONTRACTOR represents that it has the skills, expertise, and licenses/permits necessary to perform the services required under this Agreement. Accordingly, CONTRACTOR shall perform all such services in the manner and according to the standards observed by a competent practitioner of the same profession in which CONTRACTOR is engaged. All products of whatsoever nature, which CONTRACTOR delivers to COUNTY pursuant to this Agreement, shall be prepared in a first class and workmanlike manner and shall conform to the standards of quality normally observed by a person practicing in CONTRACTOR's profession. CONTRACTOR shall correct or revise any errors or omissions, at COUNTY'S request without additional compensation. Permits and/or licenses shall be obtained and maintained by CONTRACTOR without additional compensation.

## **8. DEBARMENT AND SUSPENSION**

CONTRACTOR certifies to COUNTY that it and its employees and principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county government contracts. CONTRACTOR certifies that it shall not contract with a subcontractor that is so debarred or suspended.

## **9. TAXES**

CONTRACTOR shall pay all taxes, levies, duties, and assessments of every nature due in connection with any work under this Agreement and shall make any and all payroll deductions required by law. COUNTY shall not be responsible for paying any taxes on CONTRACTOR's behalf, and should COUNTY be required to do so by state, federal, or local taxing agencies, CONTRACTOR agrees to promptly reimburse COUNTY for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, but not be limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance, and workers' compensation insurance.

## **10. CONFLICT OF INTEREST**

CONTRACTOR covenants that CONTRACTOR presently has no employment or interest and shall not acquire any employment or interest, direct or indirect, including any interest in any business, property, or source of income, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. CONTRACTOR further covenants that in the performance of this Agreement, no person having any such interest shall be employed by CONTRACTOR. CONTRACTOR must promptly disclose to COUNTY, in writing, any potential conflict of interest. COUNTY retains the right to waive a conflict of interest disclosed by CONTRACTOR if COUNTY determines it to be immaterial, and such waiver is only effective if provided by COUNTY to CONTRACTOR in writing.

## **11. OWNERSHIP OF DOCUMENTS AND INTELLECTUAL PROPERTY**

COUNTY shall be the owner of the following items incidental to this Agreement upon production, whether or not completed: all data collected, all documents of any type whatsoever, all photos, designs, sound or audiovisual recordings, software code, inventions, technologies, and other materials, and any material necessary for the practical use of such items, from the time of collection and/or production whether or not performance under this Agreement is completed or terminated prior to completion. CONTRACTOR shall not release any of such items to other parties except after prior written approval of COUNTY.

Unless otherwise specified in Exhibit A, CONTRACTOR hereby assigns to COUNTY all copyright, patent, and other intellectual property and proprietary rights to all data, documents, reports, photos, designs, sound or audiovisual recordings, software code, inventions, technologies, and other materials prepared or provided by CONTRACTOR pursuant to this Agreement (collectively referred to as "Copyrightable Works and Inventions"). COUNTY shall have the unrestricted authority to copy, adapt, perform, display, publish, disclose, distribute, create derivative works from, and otherwise use in whole or in part, any Copyrightable Works and Inventions. CONTRACTOR agrees to take such actions and execute and deliver such documents as may be needed to validate, protect and confirm the rights and assignments provided hereunder. CONTRACTOR warrants that any Copyrightable Works and Inventions and other items provided under this Agreement will not infringe upon any intellectual property or proprietary rights of any third party. CONTRACTOR at its own expense shall defend, indemnify, and hold harmless COUNTY against any claim that any Copyrightable Works or Inventions or other items provided by CONTRACTOR hereunder infringe upon intellectual or other proprietary rights of a third party, and CONTRACTOR shall pay any damages, costs, settlement amounts, and fees (including attorneys' fees) that may be incurred by COUNTY in connection with any such claims. This Ownership of Documents and Intellectual Property provision shall survive expiration or termination of this Agreement.

## **12. NO PUBLICITY OR ENDORSEMENT**

CONTRACTOR shall not use COUNTY's name or logo or any variation of such name or logo in any publicity, advertising or promotional materials. CONTRACTOR shall not use COUNTY's name or logo in any manner that would give the appearance that the COUNTY is endorsing CONTRACTOR. CONTRACTOR shall not in any way contract on behalf of or in the name of COUNTY. CONTRACTOR shall not release any informational pamphlets, notices, press releases, research reports, or similar public notices concerning the COUNTY or its projects, without obtaining the prior written approval of COUNTY.

## **13. COUNTY PROPERTY AND INFORMATION**

All of COUNTY's property, documents, and information provided for CONTRACTOR's use in connection with the services shall remain COUNTY's property, and CONTRACTOR shall return any such items whenever requested by COUNTY and whenever required according to the Termination section of this Agreement. CONTRACTOR may use such items only in connection with providing the services. CONTRACTOR shall not disseminate any COUNTY property, documents, or information without COUNTY's prior written consent.

#### **14. RECORDS, AUDIT, AND REVIEW**

CONTRACTOR shall keep such business records pursuant to this Agreement as would be kept by a reasonably prudent practitioner of CONTRACTOR's profession and shall maintain such records for at least four (4) years following the termination of this Agreement. All accounting records shall be kept in accordance with generally accepted accounting principles. COUNTY shall have the right to audit and review all such documents and records at any time during CONTRACTOR's regular business hours or upon reasonable notice. In addition, if this Agreement exceeds ten thousand dollars (\$10,000.00), CONTRACTOR shall be subject to the examination and audit of the California State Auditor, at the request of the COUNTY or as part of any audit of the COUNTY, for a period of three (3) years after final payment under the Agreement (Cal. Govt. Code Section 8546.7). CONTRACTOR shall participate in any audits and reviews, whether by COUNTY or the State, at no charge to COUNTY.

If federal, state or COUNTY audit exceptions are made relating to this Agreement, CONTRACTOR shall reimburse all costs incurred by federal, state, and/or COUNTY governments associated with defending against the audit exceptions or performing any audits or follow-up audits, including but not limited to: audit fees, court costs, attorneys' fees based upon a reasonable hourly amount for attorneys in the community, travel costs, penalty assessments and all other costs of whatever nature. Immediately upon notification from COUNTY, CONTRACTOR shall reimburse the amount of the audit exceptions and any other related costs directly to COUNTY as specified by COUNTY in the notification.

#### **15. INDEMNIFICATION AND INSURANCE**

CONTRACTOR agrees to the indemnification and insurance provisions as set forth in EXHIBIT C attached hereto and incorporated herein by reference.

#### **16. NONDISCRIMINATION**

COUNTY hereby notifies CONTRACTOR that COUNTY's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Barbara County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and CONTRACTOR agrees to comply with said ordinance.

#### **17. NONEXCLUSIVE AGREEMENT**

CONTRACTOR understands that this is not an exclusive Agreement and that COUNTY shall have the right to negotiate with and enter into contracts with others providing the same or similar services as those provided by CONTRACTOR as the COUNTY desires.

#### **18. NON-ASSIGNMENT**

CONTRACTOR shall not assign, transfer or subcontract this Agreement or any of its rights or obligations under this Agreement without the prior written consent of COUNTY and any attempt to so assign, subcontract or transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.

#### **19. TERMINATION**

A. By COUNTY. COUNTY may, by written notice to CONTRACTOR, terminate this Agreement in whole or in part at any time, whether for COUNTY's convenience, for nonappropriation of funds, or because of the failure of CONTRACTOR to fulfill the obligations herein.

1. **For Convenience.** COUNTY may terminate this Agreement in whole or in part upon thirty (30) days written notice. During the thirty (30) day period, CONTRACTOR shall, as directed by COUNTY, wind down and cease its services as quickly and efficiently as reasonably possible, without performing

unnecessary services or activities and by minimizing negative effects on COUNTY from such winding down and cessation of services.

2. **For Nonappropriation of Funds.** Notwithstanding any other provision of this Agreement, in the event that no funds or insufficient funds are appropriated or budgeted by federal, state or COUNTY governments, or funds are not otherwise available for payments in the fiscal year(s) covered by the term of this Agreement, then COUNTY will notify CONTRACTOR of such occurrence and COUNTY may terminate or suspend this Agreement in whole or in part, with or without a prior notice period. Subsequent to termination of this Agreement under this provision, COUNTY shall have no obligation to make payments with regard to the remainder of the term.
  3. **For Cause.** Should CONTRACTOR default in the performance of this Agreement or materially breach any of its provisions, COUNTY may, at COUNTY's sole option, terminate or suspend this Agreement in whole or in part by written notice. Upon receipt of notice, CONTRACTOR shall immediately discontinue all services affected (unless the notice directs otherwise) and notify COUNTY as to the status of its performance. The date of termination shall be the date the notice is received by CONTRACTOR, unless the notice directs otherwise.
- B. **By CONTRACTOR.** Should COUNTY fail to pay CONTRACTOR all or any part of the payment set forth in EXHIBIT B, CONTRACTOR may, at CONTRACTOR's option terminate this Agreement if such failure is not remedied by COUNTY within thirty (30) days of written notice to COUNTY of such late payment.
- C. Upon termination, CONTRACTOR shall deliver to COUNTY all data, estimates, graphs, summaries, reports, and all other property, records, documents or papers as may have been accumulated or produced by CONTRACTOR in performing this Agreement, whether completed or in process, except such items as COUNTY may, by written permission, permit CONTRACTOR to retain. Notwithstanding any other payment provision of this Agreement, COUNTY shall pay CONTRACTOR for satisfactory services performed to the date of termination to include a prorated amount of compensation due hereunder less payments, if any, previously made. In no event shall CONTRACTOR be paid an amount in excess of the full price under this Agreement nor for profit on unperformed portions of service. CONTRACTOR shall furnish to COUNTY such financial information as in the judgment of COUNTY is necessary to determine the reasonable value of the services rendered by CONTRACTOR. In the event of a dispute as to the reasonable value of the services rendered by CONTRACTOR, the decision of COUNTY shall be final. The foregoing is cumulative and shall not affect any right or remedy which COUNTY may have in law or equity.

## **20. SECTION HEADINGS**

The headings of the several sections, and any Table of Contents appended hereto, shall be solely for convenience of reference and shall not affect the meaning, construction or effect hereof.

## **21. SEVERABILITY**

If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

**22. REMEDIES NOT EXCLUSIVE**

No remedy herein conferred upon or reserved to COUNTY is intended to be exclusive of any other remedy or remedies, and each and every such remedy, to the extent permitted by law, shall be cumulative and in addition to any other remedy given hereunder or now or hereafter existing at law or in equity or otherwise.

**23. TIME IS OF THE ESSENCE**

Time is of the essence in this Agreement and each covenant and term is a condition herein.

**24. NO WAIVER OF DEFAULT**

No delay or omission of COUNTY to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein; and every power and remedy given by this Agreement to COUNTY shall be exercised from time to time and as often as may be deemed expedient in the sole discretion of COUNTY.

**25. ENTIRE AGREEMENT AND AMENDMENT**

In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral agreements, course of conduct, waiver or estoppel.

**26. SUCCESSORS AND ASSIGNS**

All representations, covenants and warranties set forth in this Agreement, by or on behalf of, or for the benefit of any or all of the parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.

**27. COMPLIANCE WITH LAW**

CONTRACTOR shall, at its sole cost and expense, comply with all County, State and Federal ordinances and statutes now in force or which may hereafter be in force with regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of CONTRACTOR in any action or proceeding against CONTRACTOR, whether COUNTY is a party thereto or not, that CONTRACTOR has violated any such ordinance or statute, shall be conclusive of that fact as between CONTRACTOR and COUNTY.

**28. CALIFORNIA LAW AND JURISDICTION**

This Agreement shall be governed by the laws of the State of California. Any litigation regarding this Agreement or its contents shall be filed in the County of Santa Barbara, if in state court, or in the federal district court nearest to Santa Barbara County, if in federal court.

**29. EXECUTION OF COUNTERPARTS**

This 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.



**30. AUTHORITY**

All signatories and parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, persons, or firms represented or purported to be represented by such entity(ies), person(s), or firm(s) and that all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement have been fully complied with. Furthermore, by entering into this Agreement, CONTRACTOR hereby warrants that it shall not have breached the terms or conditions of any other contract or agreement to which CONTRACTOR is obligated, which breach would have a material effect hereon.

**31. SURVIVAL**

All provisions of this Agreement which by their nature are intended to survive the termination or expiration of this Agreement shall survive such termination or expiration.

**32. PRECEDENCE**

In the event of conflict between the provisions contained in the numbered sections of this Agreement and the provisions contained in the Exhibits, the provisions of the Exhibits shall prevail over those in the numbered sections.

//  
//

//  
//

Agreement for Services of Independent Contractor between the **County of Santa Barbara and Sanctuary Centers of Santa Barbara.**

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

**ATTEST:**

Mona Miyasato  
County Executive Officer  
Clerk of the Board

**COUNTY OF SANTA BARBARA:**

Das Williams  
Board of Supervisors

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

By: \_\_\_\_\_  
Chair, Board of Supervisors

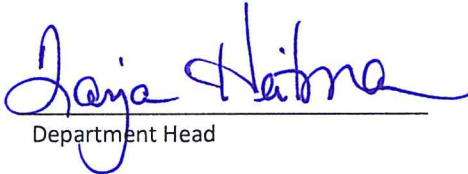
Date: \_\_\_\_\_

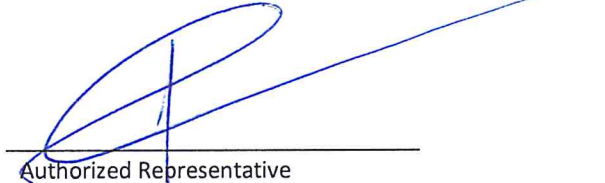
**RECOMMENDED FOR APPROVAL:**

Tanja Heitman, Chief  
Santa Barbara County Probation

**CONTRACTOR:**

Sanctuary Centers of Santa Barbara

By:   
Department Head

By:   
Authorized Representative

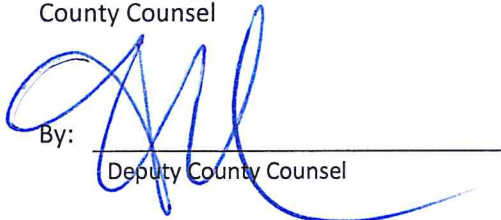
Name: BARRY SCHOER  
Title: PRESIDENT/CEO


**APPROVED AS TO FORM:**

Michael C. Ghizzoni  
County Counsel

**APPROVED AS TO ACCOUNTING FORM:**

Theodore A. Fallati, CPA  
Auditor-Controller

By:   
Deputy County Counsel

By:   
Deputy

**APPROVED AS TO FORM:**

Risk Management

By:   
Risk Management

## EXHIBIT A

### STATEMENT OF WORK

A. **CONTRACTOR shall provide the following enhanced outpatient treatment services and related recovery and re-entry services for a dual diagnosis population of Realigned offenders, specifically Post-Release Community Supervision (PRCS), Post-Sentence Supervision (PSS) and/or clients under jail supervision in the cities of Santa Barbara, Goleta, Carpinteria and surrounding areas.**

**1. Service Component:**

- a. CONTRACTOR will provide enhanced treatment services and related recovery and re-entry services to a dual diagnosis population of PRCS and/or PSS clients, as is detailed below within Description of Component section, under Probation supervision in Santa Barbara, as referred by COUNTY Probation Department. Clients will be referred for a minimum of a six (6) month course of treatment. CONTRACTOR may reduce or extend treatment after obtaining COUNTY approval.

**2. Description of Component:**

- a. Upon referral, CONTRACTOR shall conduct a thorough assessment of the client, including the use of the Addiction Severity Index (ASI), a Trauma History questionnaire, as well as a mental health screening. CONTRACTOR shall develop a case plan addressing the development of problem solving skills, interpersonal skills, and relapse prevention skills. CONTRACTOR shall use gender specific interventions in all phases of treatment.
- b. CONTRACTOR will provide an evidence based substance abuse curriculum for up to twelve (12) clients per group, and will insure the delivery and length of group is in accordance with the fidelity of the model requirements. Fidelity is defined as the delivery of an evidence-based intervention by adhering to the protocol or program model originally developed. The group times and the number of groups will be determined by CONTRACTOR and based on the number of offender referrals. Random urinalysis of clients shall also be provided by CONTRACTOR.
- c. CONTRACTOR will provide random urinalysis of clients.
- d. CONTRACTOR will provide dual diagnosis services will be provided to clients through the above treatments, including physician visits and medication review as appropriate.
- e. CONTRACTOR shall refer pregnant clients to perinatal specialized services, as clinically indicated.
- f. CONTRACTOR will adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, develop and maintain comprehensive patient confidentiality policies and procedures, and demonstrate reasonable effort to secure written and/or electronic client information.
- g. CONTRACTOR shall cooperate in making available necessary witnesses for court hearings and trials including staff that have provided treatment to a client referred by COUNTY.

///

///

**3. Budgeted Service Level:**

- a. Group Sessions - rate of \$30.00 per session; Individual Counseling - rate of \$67/hour; Drug Testing - rate of \$3.00/per test, Psychiatrist visit – Intake & Assessment rate of \$120.00/per 30 minutes; Psychiatrist visit – medication management rate of \$90/per 20 minutes.

**4. Hours of Operation/Location of Service:**

- a. Monday through Friday during the hours of 10:00 a.m. to 7:00 p.m.
- b. 1136 De La Vina Street, Santa Barbara, CA 93101

**5. Qualifications of Position:**

- a. Counselors hired to work directly with clients shall have competence and experience in working with clients with substance use disorders and co-occurring disorders, as required by State regulation.  
CONTRACTOR shall ensure that that all counselors providing services are fully trained and certified with the specific curriculum being utilized. Additionally, counselors are at a minimum a Marriage and Family Therapist (MFT), Intern receiving clinical supervision from a licensed mental health professional.
- b. Counselor shall be trained in and utilize the Motivational Interviewing (MI) techniques.

**6. Client Referral & Attendance Monitoring:**

- a. CONTRACTOR will accept all referrals and upon receipt of referral will enroll the client within two (2) business days.
- b. CONTRACTOR shall conduct an individual intake and discharge appointment with the client.
- c. CONTRACTOR will be responsible for documenting group participation in client files for all attendees and will also have a group sign-in log that will be provided to COUNTY for verification of attendance.
- d. CONTRACTOR shall be responsible for verifying client Drug Medi-Cal eligibility and will take steps to reactivate or establish eligibility.
- e. CONTRACTOR will be Medical for all eligible services and COUNTY will only be billed for those that are not Medi-Cal eligible.
- f. Discharge planning shall be conducted by CONTRACTOR. The plan shall include recommendations for post-discharge; linkages to other services, if appropriate; reason for discharge; and clinical discharge summary.
- g. On a case-by-case basis, the following may be cause for client exclusion or termination from the program: client threat of or actual violence, or rude or disruptive behavior that cannot be redirected. CONTRACTOR will notify COUNTY of client exclusion or termination within 24 hours.
- h. CONTRACTOR shall submit client sign-in rosters for each group held with their monthly invoices.

**7. Performance Measures:**

- a. Fifty percent (50%) of referred clients will attend an intake meeting within 2 weeks of receipt of referral from Contractor.
- b. Sixty percent (60%) of referred clients will remain in treatment 30 days or more.
- c. Data correlating to these performance measures will be provided to the COUNTY on a quarterly basis, beginning October 1, 2018.

**B. CONTRACTOR shall provide the following enhanced treatment services and related recovery and re-entry services, as is described below, for a dual diagnosis population of men and women, housed in the Santa Barbara County jail.**

**1. Service/Description of Component:**

- a. CONTRACTOR will provide individualized, assessment-driven services to Santa Barbara County Jail inmates who suffer from co-occurring mental health and drug addiction issues and are at significant risk of returning to incarceration due to repetitive criminal activity, identified as Project BRACE – Breaking Recidivism & Creating Empowerment. CONTRACTOR will provide individualized services including risk and need assessment, treatment planning, group and individual counseling, discharge planning and ultimately a strong continuum of care upon community reentry. Inmates who agree to participate in Project BRACE must sign a release of information before they are assessed by CONTRACTOR, who shall use the Brief Corrections Mental Health Screen for Males (CMHS-M)
- b. CONTRACTOR will follow an evidence-based practice of offering individualized levels of services that will target both criminogenic risks for re-offense and clinical treatment needs for co-occurring mental health and substance abuse issues. Criminogenic risk factors are defined as factors that directly relate to an individual’s likelihood to recidivate. Three levels of services will be offered to inmates who are housed in the Administrative Segregation 100 unit of the Inmate Receiving Center (IRC) at the Santa Barbara Jail. Each referred inmate is assigned a level based upon the results of individualized risk and need assessments, projected lengths of stay, and screening for appropriate safety and security placement.

1. Level One – Full Program ( Highest Level of Service): Delivered to inmates with moderate to high criminogenic risk and that is the primary target population for Project BRACE. This highest level of service will include a curriculum-driven cognitive behavioral intervention delivered to the inmate while incarcerated in the unit and in a group setting, within the living unit.

Assessment of risk is triaged using the Initial Screening Tool (IST) and further evaluated using the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk of Recidivism assessment or another validated criminogenic risk assessment and the Brief Jail Mental Health Screening tool (BJMHS). Level One will include the following services:

- a. Intake and Assessment: The process of admitting an inmate into the treatment program and the housing unit. Intake includes the evaluation or analysis of mental illness, criminogenic risk, the diagnosis of mental health/substance use disorders, and the assessment of treatment needs.

- b. Treatment Planning: CONTRACTOR will prepare an individualized written treatment plan, based on information obtained in the intake and assessment process. The treatment plan shall include: a statement of problems to be addressed, goals to be reached which address each problem, action steps which will be taken by the provider and/or offender to accomplish identified goals, target dates for accomplishment of action steps and goals, and a description of services, including the type of counseling to be provided and the frequency thereof.
- c. Individual Counseling: Face-to-face contacts between CONTRACTOR and an offender. A primary objective of individual counseling sessions will be to ready the client for participation in group therapy.
- d. Group Counseling: Groups are curriculum-driven, evidence-based and grounded in cognitive behavioral therapy, specifically Seeking Safety, a treatment manual developed specifically for use with clients with difficult-to-treat co-occurring disorders. Seeking Safety will be delivered in the dosage of TWO (2), 1.5 hour group sessions per week for a total of 25 sessions over a 12 week period.
- e. Discharge Planning: In collaboration with the Jail Discharge Planning Team, each offender will have a full plan for discharge, including housing, medication plan, linkages to community and government resources, treatment recommendations, and transportation as necessary.

2. Level Two – Reduced level of Services: Offenders with lower criminogenic risk will receive individualized referrals to appropriate treatment upon their reentry to the community. The same assessment process as in Level One is followed. Offenders with a lower assessed risk are eligible for Intake and Assessment, Treatment Planning, Limited Individual Counseling, and Discharge Planning.

3. Level Three – Very limited Services: Reserved offenders population who are not receptive or willing to engage in treatment services. Services may include: intake if possible, brief check ins, brief communication if inmate is interested in speaking, television access, reading materials and other regular jail programming activities as appropriate.

## 2. Target Population and Eligibility Requirements:

- a. Level One - Full Program:
  - 1. IST Assessment of 4 or higher and/or Moderate to High Criminogenic Risk as indicated by ROVAR or other criminogenic risk assessment tool.
  - 2. Presenting co-occurring disorder, as determined by Corizon mental health professionals.
  - 3. Release to the community within one year.
  - 4. Ability to choose to participate and communicate with staff.
  - 5. Motivation or crime category is not an eligibility factor.
  - 6. Administrative Segregation inmates.
- b. Level Two - Reduced level of services:
  - 1. High need (substance abuse/addiction and mental illness).
  - 2. Lower risk – criminal activity appears to be directly related to substance abuse (i.e. stealing to support drug use).
  - 3. Housed in Administrative Segregation unit due to mental illness only.

///

c. **Very Limited Services:**

1. Inmates pending transport to state hospital for assessment (this will not exclude an inmate for full participation, just an indicator that they may not want services during their current stay)
2. Severely mentally ill inmates unable or unwilling to participate or in unit for jail management reasons.
3. Severely mentally ill inmates incapable of communication at time of assessment.

**3. Budgeted Service Level:**

- a. Group Sessions - rate of \$30.00 per session; Individual Counseling - rate of \$67/hour.

**4. Qualifications of Position:**

- a. Counselors hired to work directly with clients shall have competence and experience in working with clients with substance use disorders and co-occurring disorders, as required by State regulation. CONTRACTOR shall ensure that that all counselors providing services are fully trained and certified with the specific curriculum being utilized. Additionally, counselors are at a minimum a Marriage and Family Therapist (MFT), Intern receiving clinical supervision from a licensed mental health professional.
- b. CONTRACTOR counselors working directly with clients shall be trained in and utilize the Motivational Interviewing (MI) techniques.

**5. Attendance monitoring:**

- a. BRACE Monthly Status Report shall be provided to COUNTY with each monthly invoice. Report will contain information, as specified in **ATTACHMENT A-2**, on all inmates housed in Project Brace and receiving above outlined services from CONTRACTOR, including those offenders that are not within the Realigned population and not covered for compensation under this contract. Data collected will be submitted by COUNTY, for program evaluation through the University of California, Santa Barbara.

**6. Performance Measures:**

- a. Project BRACE counselor will complete a CMHS risk assessment within two (2) weeks from date of receipt of referral on one hundred percent (100%) of referred clients .
- b. Project BRACE counselor will meet individually with eighty-five percent (85%) of clients one (1) time weekly.
- c. Data correlating to these performance measures will be provided to the COUNTY on a quarterly basis, beginning October 1, 2018.

**C. Other Requirements**

**1. Criminal Records Check:**

- a. CONTRACTOR shall ensure that all existing staff and prospective staff and volunteers performing services as part of, related to, or in connection with this Agreement whose duties **do** not require his/her presence at the herein referenced locations shall have a criminal record check and pay for any and all associated costs. The criminal record check shall be through one of the local law

enforcement agencies and consist of a local law enforcement record check, a California Department of Motor Vehicle check, and a Live Scan submitted to the California Department of Justice (CDOJ). CONTRACTOR shall complete and submit the Staff Records Check form (attached hereto as ATTACHMENT A-1) as appropriate for existing and prospective staff or volunteers.

For existing staff and prospective staff and volunteers performing services as part of, related to, or in connection with this Agreement whose duties require his/her physical presence at the herein referenced locations, COUNTY will conduct a criminal records check.

- b. Prospective CONTRACTOR staff or volunteer may commence services only after the results of the live scan have been received and the person is deemed suitable for work by COUNTY.
- c. Failure by CONTRACTOR to comply with the criminal records check requirements may result in withholding of invoice payments until compliant.

**2. Staff Professional Standards:**

- a. CONTRACTOR shall warrant that all employees and volunteers under this contract have background, training, work experience, licenses, and supervision necessary for the performance of services in a manner of, and according to the standards observed by, a practitioner of the same profession and in keeping with all Federal, State and County Laws. CONTRACTOR shall provide a list of current employees and copies of permits, licenses, certifications or other documents certifying staff training and qualifications upon demand from COUNTY.

**3. Drugs and Alcohol:**

- a. CONTRACTOR shall not allow the use or possession of drugs, including alcohol, in the workplace or facility.

**4. Incident Reporting:**

- a. CONTRACTOR shall report the following incidents to COUNTY within 24 hours (excluding holidays and weekends) of occurrence while clients are receiving services under this Agreement:
  - 1. Physical confrontation between staff and client, between clients, clients and non-staff, between staff and non-staff, and any threats of violence, including self-inflicted violence.
  - 2. Any law violation.
  - 3. Possession of any illegal drugs, paraphernalia, weapons or other contraband.
  - 4. Failure or refusal to participate in or receive services.
  - 5. Participant discharge or disqualification, exclusion, or termination from receiving services and reasons for said discharge or disqualification.

**5. Confidentiality:**

- a. CONTRACTOR agrees to maintain the confidentiality of client records and/or client information pursuant to: Title 42 United States Code (USC) Section 290 dd-2; Title 42 Code of Federal Regulations (CFR), Part 2; Title 22 California Code of Regulations (CCR) Section 51009; Welfare &



Institutions Code (W&IC) Sections 14100.2 and 5328; Health and Safety Code (HSC) Sections 11812 and 11845.5; Civil Code Sections 56 – 56.37, 1798.80 – 1798.82, and 1798.85; and Penal Code (PC) Sections 11140, 11142 and 13303. Client records and/or information must comply with all appropriate State and Federal requirements. CONTRACTOR shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of these services or other uses authorized by law that are not in conflict with requirements for confidentiality contained in the preceding codes.

**6. Status Reports:**

- a. On request of COUNTY, provide written status reports on forms provided by COUNTY and delivered to such places and times as directed by COUNTY.

**7. Training:**

- a. Contractor will insure all employees maintain a valid First Aid and CPR certification.
- b. Contractor will participate in at least one (1) training on Evidence-Based Practices per year.

ATTACHMENT A-1

CONTRACTOR STAFF (EMPLOYEES/VOLUNTEERS/SUB-CONTRACTORS) RECORD CHECKS

\_\_\_\_\_  
Contractor or Agency Name

\_\_\_\_\_  
Program

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

| NAME(S) OF PERSON(S) | E=EMPLOYEE<br>V=VOLUNTEER<br>S=SUB-CONTRACTOR | LOCAL RECORD CHECK | CRIMINAL RECORD DECLARATION | LIVESCAN  |               |
|----------------------|---|--------------------|-----------------------------|-----------|---------------|
|                      |   | Date Completed     | Date Signed                 | Date Sent | Date Received |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |
|                      |   |                    |                             |           |               |

Attachment A-2

BRACE

|    | CID # | PIN # | Last | First | Cell # | Birthdate | Ethnicity | Probation/Parole Client | ST | POVAR | CMHS | Therapist | Booking | Enter 100 | Release Date | IN Custody Discharge Status | Community Discharge Status | Explanation |  |
|----|-------|-------|------|-------|--------|-----------|-----------|-------------------------|----|-------|------|-----------|---------|-----------|--------------|-----------------------------|----------------------------|-------------|--|
| 1  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 2  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 3  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 4  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 5  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 6  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 7  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 8  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 9  |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 10 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 11 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 12 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 13 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 14 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 15 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 16 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 17 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 18 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 19 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 20 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 21 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 22 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 23 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 24 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 25 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 26 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 27 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 28 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 29 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 30 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 31 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 32 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 33 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 34 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 35 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 36 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 37 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 38 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 39 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 40 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 41 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 42 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 43 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 44 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 45 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 46 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 47 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 48 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 49 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 50 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 51 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 52 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 53 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 54 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 55 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 56 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 57 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 58 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 59 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 60 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 61 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 62 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 63 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 64 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |
| 65 |       |       |      |       |        |           |           |                         |    |       |      |           |         |           |              |                             |                            |             |  |

## EXHIBIT B

### PAYMENT ARRANGEMENTS

#### Periodic Compensation (with attached Schedule of Fees)

- A. For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$ 42,000.
- B. Payment for services and /or reimbursement of costs shall be made upon CONTRACTOR's satisfactory performance, based upon the scope and methodology contained in EXHIBIT A and ATTACHMENTS A-1 and A-2 as determined by COUNTY. Payment for services and/or reimbursement of costs shall be based upon the costs, expenses, overhead charges and hourly rates for personnel, as defined in ATTACHMENT B-1 (Schedule of Fees). Invoices submitted for payment that are based upon ATTACHMENT B-1 must contain sufficient detail to enable an audit of the charges and provide supporting documentation if so specified in EXHIBIT A and ATTACHMENTS A-1 and A-2.
- C. Monthly, CONTRACTOR shall submit to the COUNTY DESIGNATED REPRESENTATIVE an invoice or certified claim on the County Treasury for the service performed over the period specified. These invoices or certified claims must cite the assigned Board Contract Number. COUNTY DESIGNATED REPRESENTATIVE shall evaluate the quality of the service performed and if found to be satisfactory and within the cost basis of ATTACHMENT B-1 shall initiate payment processing. COUNTY shall pay invoices or claims for satisfactory work within 30 days of receipt of correct and complete invoices or claims from CONTRACTOR.
- D. COUNTY's failure to discover or object to any unsatisfactory work or billings prior to payment will not constitute a waiver of COUNTY's right to require CONTRACTOR to correct such work or billings or seek any other legal remedy.
- E. CONTRACTOR MONTHLY INVOICING REQUIREMENTS

- 1. Invoice Format

Monthly invoices shall be in a COUNTY pre-approved format. The invoice shall list costs by staff position (including total hours by position) and operating expense and equipment costs consistent with the line items on the attached ATTACHMENT B-1. All costs claimed by CONTRACTOR for reimbursement by COUNTY shall be identified in the specific format required by COUNTY.

- 2. Invoice Linkage to ATTACHMENT B-1 Budget Positions

Any invoiced costs for staff positions or equipment costs not listed in ATTACHMENT B-1 of this Agreement will not be reimbursed by the COUNTY unless approved in advance by the COUNTY.

- 3. Invoice Timely Submission

CONTRACTOR shall submit monthly invoices by the tenth of each subsequent month to the COUNTY DESIGNATED REPRESENTATIVE (i.e. representative listed in paragraph 2, Notices, of the main body of this Agreement).

4. Invoice Signature

Invoices shall be signed and dated by an authorized CONTRACTOR's Designated Representative, as well as, identifying the name and title of the CONTRACTOR's Designated Representative preparing the invoice.

5. Client Monthly Status Report Format

Client Monthly Status Reports shall be in a COUNTY pre-approved format and shall list client first and last names, PIN, date of referral, date of enrollment, number of individual/group sessions attended, cumulative monthly attendance, date of discharge, exit status, and comments. Client Monthly Status Report shall be provided to COUNTY with each monthly invoice. **IMPORTANT: Monthly invoices will not be considered valid until copies of all required Client Monthly Status Reports are received by the COUNTY.**

6. Copies of Payroll Ledgers, Timecards, and Group/Individual Sign-In Logs

Copies of payroll ledgers and timecards for the invoice service period for each CONTRACTOR's Designated Representative directly claimed on the invoice, as well as group/individual sign-in logs, shall be attached to the invoice. CONTRACTOR shall be notified if any invoice is missing copies of required payroll ledgers, timecards, and group/individual sign-in logs. **IMPORTANT: Monthly invoices will not be considered valid until copies of all required payroll ledgers, timecards, and group/individual sign-in logs are received by the COUNTY.**

7. Administrative/Overhead Costs

Allocated Administrative/Overhead costs shall not be reimbursable and shall not be claimed unless such costs are identified and budgeted in ATTACHMENT B-1 of this Agreement.

8. Administrative/Overhead Documentation

Annually, COUNTY may require the CONTRACTOR to submit written documentation to support the calculation of the set percentage and basis used to allocate administrative/overhead costs for the fiscal year in question, as well as, identifying all administrative/overhead costs by line item and by staff position for salaries.

9. Board of Directors List

To the first monthly invoice submitted under this Agreement, the CONTRACTOR shall attach a list of the CONTRACTOR's Board of Directors including addresses, phone numbers and titles of officers who are members of the Board. **IMPORTANT: No invoice shall be considered valid until a copy of this list of the Board of Directors is received by the COUNTY.**

F. OTHER FINANCIAL REQUIREMENTS:

1. CPA Prepared Financial Audit Report

CONTRACTOR shall provide a copy of the most recent CONTRACTOR financial audit report and related management letter (prepared by a Certified Public Accountant) to the County along with the first monthly invoice under this Agreement and annually thereafter with the same calendar month invoice if this Agreement covers multiple years. The submission of the aforementioned audit report and

management letter shall be a condition precedent for payment for each year covered by this Agreement.

2. Delivery of Service Commitment

CONTRACTOR is expected to deliver the level of services (by fiscal year) as specified on the attached ATTACHMENT B-1. CONTRACTOR understands and acknowledges that the failure to timely expend funds for any given fiscal year of this Agreement may jeopardize the ability to meet performance measures or legal requirements and may raise questions about the need for services and viability of providing funds for these services.

3. Fiscal Records

Maintain adequate fiscal and project books, records, documents, and other evidence pertinent to the CONTRACTOR's performance of the Agreement in accordance with generally accepted accounting principles. Adequate supporting documentation shall be maintained in such detail so as to permit tracing transactions from support documentation to the accounting record to the financial reports and billings. CONTRACTOR shall keep such records pursuant to this Agreement as would be kept by a reasonably prudent practitioner of CONTRACTOR's profession and as required by law and shall maintain such records for the greater of four (4) years following the termination of this Agreement or as otherwise stated by law and shall be subject to examination and audit by authorized State or COUNTY representatives at any time during CONTRACTOR's regular business hours upon reasonable notice.

4. Inspection of Records

Make sure books, records, documents and other evidence is available to the COUNTY, or its Designated Representative, during the term of the Agreement or final audit, and for four (4) years after the termination of this Agreement or as otherwise required by law, whichever is later, and provide suitable facilities for access, monitoring, inspection, and copying thereof.

5. Access to Staff and Facilities

Permit the COUNTY, or its Designated Representative, to have access to CONTRACTOR's staff and facilities wherever CONTRACTOR has been or is performing this Agreement and shall provide proper facilities for access, monitoring and inspection.

**ATTACHMENT B-1  
SCHEDULE OF FEES**

***Out-Patient Co-Occurring Treatment Services***

Group Counseling (\$30.00/Session)

Individual Counseling (\$67.00/Hour)

Drug Testing (\$3.00/Test)

Psychiatrist Visit - Intake & Assessment (\$120 Per 30 Mins)

Psychiatrist Visit - Medication Management (\$90 Per 20 Mins)

Total Out-Patient Co-Occurring Treatment Contract: \$ 12,000

***In-Custody Jail Treatment Services***

Group Counseling (\$30.00/Session)

Individual Counseling (\$67.00/Hour)

Total In-Custody Jail Treatment Contract: \$ 30,000

**TOTAL CONTRACT AMOUNT: \$ 42,000**

**EXHIBIT C**  
**Indemnification and Insurance Requirements**  
**(For Professional Contracts)**

INDEMNIFICATION

CONTRACTOR agrees to indemnify, defend (with counsel reasonably approved by COUNTY) and hold harmless COUNTY and its officers, officials, employees, agents and volunteers from and against any and all claims, actions, losses, damages, judgments and/or liabilities arising out of this Agreement from any cause whatsoever, including the acts, errors or omissions of any person or entity and for any costs or expenses (including but not limited to attorneys' fees) incurred by COUNTY on account of any claim except where such indemnification is prohibited by law. CONTRACTOR's indemnification obligation applies to COUNTY's active as well as passive negligence but does not apply to COUNTY's sole negligence or willful misconduct.

NOTIFICATION OF ACCIDENTS AND SURVIVAL OF INDEMNIFICATION PROVISIONS

CONTRACTOR shall notify COUNTY immediately in the event of any accident or injury arising out of or in connection with this Agreement. The indemnification provisions in this Agreement shall survive any expiration or termination of this Agreement.

INSURANCE

CONTRACTOR shall procure and maintain for the duration of this Agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the CONTRACTOR, his agents, representatives, employees or subcontractors.

A. Minimum Scope of Insurance

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office (ISO) Form CG 00 01 covering CGL on an "occurrence" basis, including products-completed operations, personal & advertising injury, with limits no less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if CONTRACTOR has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. **Professional Liability (Errors and Omissions)** Insurance appropriate to the CONTRACTOR'S profession, with limit of no less than \$1,000,000 per occurrence or claim, \$2,000,000 aggregate.

If the CONTRACTOR maintains higher limits than the minimums shown above, the COUNTY requires and shall be entitled to coverage for the higher limits maintained by the CONTRACTOR. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the COUNTY.

B. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:



1. **Additional Insured** – COUNTY, its officers, officials, employees, agents and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the CONTRACTOR including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the CONTRACTOR's insurance at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used).
2. **Primary Coverage** – For any claims related to this Agreement, the CONTRACTOR's insurance coverage shall be primary insurance as respects the COUNTY, its officers, officials, employees, agents and volunteers. Any insurance or self-insurance maintained by the COUNTY, its officers, officials, employees, agents or volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.
3. **Notice of Cancellation** – Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the COUNTY.
4. **Waiver of Subrogation Rights** – CONTRACTOR hereby grants to COUNTY a waiver of any right to subrogation which any insurer of said CONTRACTOR may acquire against the COUNTY by virtue of the payment of any loss under such insurance. CONTRACTOR agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the COUNTY has received a waiver of subrogation endorsement from the insurer.
5. **Deductibles and Self-Insured Retention** – Any deductibles or self-insured retentions must be declared to and approved by the COUNTY. The COUNTY may require the CONTRACTOR to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.
6. **Acceptability of Insurers** – Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum A.M. Best's Insurance Guide rating of "A- VII".
7. **Verification of Coverage** – CONTRACTOR shall furnish the COUNTY with proof of insurance, original certificates and amendatory endorsements as required by this Agreement. The proof of insurance, certificates and endorsements are to be received and approved by the COUNTY before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the CONTRACTOR's obligation to provide them. The CONTRACTOR shall furnish evidence of renewal of coverage throughout the term of the Agreement. The COUNTY reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.
8. **Failure to Procure Coverage** – In the event that any policy of insurance required under this Agreement does not comply with the requirements, is not procured, or is canceled and not replaced, COUNTY has the right but not the obligation or duty to terminate the Agreement. Maintenance of required insurance coverage is a material element of the Agreement and failure to maintain or renew such coverage or to provide evidence of renewal may be treated by COUNTY as a material breach of contract.
9. **Subcontractors** – CONTRACTOR shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and CONTRACTOR shall ensure that COUNTY is an additional insured on insurance required from subcontractors.
10. **Claims Made Policies** – If any of the required policies provide coverage on a claims-made basis:

- i. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
- ii. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of contract work.
- iii. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the CONTRACTOR must purchase "extended reporting" coverage for a minimum of five (5) years after completion of contract work.

11. **Special Risks or Circumstances** – COUNTY reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Agreement. CONTRACTOR agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of COUNTY to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of COUNTY.



JANCCEN-02

ESILVA1

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/05/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |
|---|--|
| PRODUCER License # 0757776<br>Santa Barbara, CA - HUB International Insurance Services Inc.<br>P O Box 3310<br>Santa Barbara, CA 93130-3310 | CONTACT NAME: Penelope Lewis<br>PHONE (A/C, No, Ext): (805) 879-9508<br>FAX (A/C, No): (805) 617-1762<br>E-MAIL ADDRESS: penelope.lewis@hubinternational.com |
| INSURER(S) AFFORDING COVERAGE   |  |
| INSURER A : Nonprofits' Insurance Alliance of California, Inc   |  |
| INSURER B :   |  |
| INSURER C :   |  |
| INSURER D :   |  |
| INSURER E :   |  |
| INSURER F :   |  |

INSURED

Sanctuary Centers of Santa Barbara Inc.  
 PO Box 551  
 Santa Barbara, CA 93102

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: | X         | X        | 201707100NPO   | 07/01/2017              | 07/01/2018              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                           |           |          | 201707100NPO   | 07/01/2017              | 07/01/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |           |          | 201707100UMBPO | 07/01/2017              | 07/01/2018              | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| A        | Profession Liability  |           |          | 201707100NPO   | 07/01/2017              | 07/01/2018              | Each Occurrence 1,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The County of Santa Barbara, its officers, officials, employees, agents and volunteers are named as Additional Insured's under the General Liability Policy, as coverage applies when required by written contract, per the form attached: CG 20 26 04 13.  
 Primary and Non-Contributory wording is included under the general liability policy as stated on the form: NIAC E02 01 17 attached only.  
 \*Waiver of Subrogation is included under the General Liability policy per form: NIAC E26 04 17 attached.

Note: This certificate replaces and voids the certificate previously issued on 02/02/2018.

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>County of Santa Barbara Probation<br>105 E. Anapamu Street<br>Room 304<br>Santa Barbara, CA 93101 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2018

GROUP:  
POLICY NUMBER: 9050631-2018  
CERTIFICATE ID: 2  
CERTIFICATE EXPIRES: 04-01-2019  
04-01-2018/04-01-2019

COUNTY OF SANTA BARBARA  
PROBATION DEPT  
105 E ANAPAMU ST RM 304  
SANTA BARBARA CA 93101-6066

SC

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

SANCTUARY HOUSE OF SANTA BARBARA INC (A NON  
PROFIT MUTUAL BENEFIT CORP)  
PO BOX 551  
SANTA BARBARA CA 93102

## Contract Risk Assessment Worksheet

Contractor Name: Sanctuary Centers of Santa Barbara  
 Board Contract No.:  
 Contracted Service: Drug and alcohol group services and re-entry services.  
 Department: Probation  
 Grant/Contract Manager: Tanja Heitman

Vendor Number: 695810  
 Contract Start Date: 7/1/2018  
 Contract End Date: 6/30/2019  
 Date: 4/27/2018

| Risk Factors   | Weight | Low (1)   | Medium (3)   | High (5)  | Comments |
|--|--------|---|--|---|----------|
| 1. Contract Size   | 2      | <input checked="" type="radio"/> Small (less than \$100k)   | <input type="radio"/> Medium (\$100K - \$500K)   | <input type="radio"/> Large (over \$500K)   |          |
| 2. Performance Period  | 1      | <input checked="" type="radio"/> Less than 2 years  | <input type="radio"/> 2 - 5 Years  | <input type="radio"/> More than 5 years   |          |
| 3. Contract Type   | 2      | <input checked="" type="radio"/> Performance Based  | <input type="radio"/> Fixed Price  | <input type="radio"/> Cost Reimbursable   |          |
| 4. Complexity of Contract Requirements   | 3      | <input checked="" type="radio"/> Low Complexity   | <input type="radio"/> Moderate Complexity  | <input type="radio"/> High Complexity   |          |
| 5. Contract Award  | 1      | <input type="radio"/> Full and open competition with a large # of bidders or simplified acquisition   | <input checked="" type="radio"/> Competitive acquisition with limited # of bidders   | <input type="radio"/> Sole source   |          |
| 6. Contractor  | 2      | <input checked="" type="radio"/> Agency has significant experience with contractor and no significant issues                                      | <input type="radio"/> Agency has experience with contractor, only minor issues, or new contractor                                    | <input type="radio"/> Known issues with contractor, such as defaults; suspensions or debarments; past performance issues; significant audit findings on previous contracts; or past or ongoing investigations or lawsuits |          |
| 7. Contract Subject  | 2      | <input checked="" type="radio"/> Not mission critical or not highly visible, sensitive, or potentially controversial                              | <input type="radio"/> Contract is moderately visible, sensitive, or controversial  | <input type="radio"/> Contract is mission critical or is highly visible, sensitive, or potentially controversial  |          |
| 8. Subcontractors  | 1      | <input checked="" type="radio"/> Percent of work subcontracted is less than 25%   | <input type="radio"/> Percent of work subcontracted is between 25% and 50%.  | <input type="radio"/> Percent of work subcontracted is more than 50%  |          |
| 9. Contracting Manager and/or County Department                                  | 2      | <input checked="" type="radio"/> Previous audits or program reviews noted no significant deficiencies with the contract manager and/or department | <input type="radio"/> Previous audits or program reviews noted moderate deficiencies with the contract manager and/or department     | <input type="radio"/> Previous audits or program reviews noted significant deficiencies with the contract manager and/or department   |          |
| 10. Fiscal Responsibility of Contractor  | 5      | <input checked="" type="radio"/> Contractor has submitted AUDITED financial statements and tax returns  | <input type="radio"/> Contractor has provided current financial statements and/or tax returns  | <input type="radio"/> Contractor is unable to provide current financial statements and/or tax returns   |          |
| 11. Federal/State or Other Program or Funding Requirements                       | 5      | <input type="radio"/> Program not funded by Federal/State (0%). No Federal/State funding & program requirements exist.                            | <input type="radio"/> Program partially funded by Federal/State (less than 50%). Federal/State funding & program requirements exist. | <input checked="" type="radio"/> Program mostly funded by Federal/State (50% or more) Federal/State funding & program requirements exist.   |          |
| 12. Availability of Progress Reports   | 2      | <input type="radio"/> Contractor is able to perform good and system-generated performance reports.  | <input checked="" type="radio"/> Contractor is able to perform adequate or manually-generated performance reports.                   | <input type="radio"/> Performance is difficult to measure; or contractor is unable to perform adequate performance reports.   |          |
| 13. Contract Modifications   | 1      | <input checked="" type="radio"/> No modifications or modifications had little impact on cost and/or period of performance                         | <input type="radio"/> Modifications moderately increased cost and/or period of performance   | <input type="radio"/> Modifications significantly increased cost and/or period of performance   |          |
| 14. Program Longevity  | 2      | <input checked="" type="radio"/> Existing with no changes within past year  | <input type="radio"/> Existing with minimal changes within past year   | <input type="radio"/> New or existing with significant changes  |          |
| 15. Access to Personally Identifiable, Proprietary and/or Classified Information | 2      | <input checked="" type="radio"/> No requirement to access   | <input type="radio"/> Limited requirement to access  | <input type="radio"/> Requirement to access   |          |
| 16. Other Risk Factor  | 0      | <input checked="" type="radio"/> Other- Low Risk  | <input type="radio"/> Other- Medium Risk   | <input type="radio"/> Other- High Risk  |          |
|  | 33     | 33-48 = Low Risk  | 49-79 = Medium Risk  | 80-165 = High Risk  |          |

Contract Risk =

59