

**FIRST AMENDMENT TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR FOR  
FAMILY DRUG TREATMENT COURT SERVICES**

**Santa Barbara County**  
Department of Social Services

***First Amendment***

This is a First Amendment (First Amendment to the Agreement) to the Agreement for Services of Independent Contractor, number *BC#17-222* (Agreement) by and between the **County of Santa Barbara** (COUNTY) and **Child Abuse Listening Mediation (CALM)** (CONTRACTOR).

**WHEREAS**, on December 13, 2016, COUNTY approved the Agreement with CONTRACTOR for the continued provision of Family Drug Treatment Court Services;

**WHEREAS**, COUNTY desires to amend Exhibit A - Statement of Work and decrease the total contract amount;

**NOW, THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows.

**The Agreement is amended as follows:**

1. The BACKGROUND section of Exhibit A is amended to state in its entirety:

The purpose of this contract is to design, organize and implement a system of interventions for parents and caregivers with substance use and/or abuse problems who are involved with Child Welfare Services and to provide therapeutic services to their children. The focus is on evidence-based mental health and supportive services for children and their caregivers, transitional living services for pregnant women and their minor children in lieu of foster placement, and reunification of children with their families.

The current strategy has both a prevention and intervention focus, and includes the following program goals:

- Improve access to and engagement in services for children with intensive supervision for families affected by substance abuse.
- Provide comprehensive, culturally competent, and trauma-sensitive system of services for children and their families in treatment.
- Reduce substance use and related problems of parents and caregivers.
- Strengthen the confidence and competence of parents and caregivers.
- Improve physical, developmental and mental health of minor children of clients.

2. **The PERFORMANCE OUTCOMES** section of Exhibit A is amended to state in its entirety:

- ***100%*** of children ages 0-5 in the program will be screened for developmental delays utilizing the *Addiction Susceptibility Questionnaire* and referred to the regional center for evaluation when deemed
- As measured by the Parenting Stress Inventory, **80%** of parents/caregivers who score in the clinical or borderline categories at baseline will move into the non-clinical range by the program exit assessment.
- **75%** of parents that reunify with their children will demonstrate average or normative levels of parental stress at follow up.

- **90%** of parents that reunify with their children will have a statistically significant improvement in the Addiction Severity Index composite score.

3. Section A of Exhibit B is amended to state in its entirety:

For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed **\$225,444.80** (not to exceed \$110,000.00 for the period of January 1, 2017 through June 30, 2017, and not to exceed **\$115,444.80** for the period of July 1, 2017 through June 30, 2018). In no event shall the overall budget amount be exceeded without a formal amendment to this Agreement.

4. Section B of Exhibit B is amended to state in its entirety:

- 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** 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 **EXHIBIT B-1 (Line Item Budget)** for the period of January 1, 2017 through June 30, 2017, and **EXHIBIT B-2 (Line Item Budget)** for the period of July 1, 2017 through June 30, 2018, as applicable. Invoices submitted for payment that are based upon **EXHIBIT B-1 or B-2** must contain sufficient detail to enable an audit of the charges and provide supporting documentation if so specified in **EXHIBIT A**.

CONTRACTOR shall submit invoices with sufficient documentation to demonstrate direct labor and non labor costs for which CONTRACTOR is requesting reimbursement and that those costs are compliant with the federal and state regulations applicable to the expenditure of funds for which CONTRACTOR claims reimbursement of incurred costs.

5. Section C of Exhibit B is amended to state in its entirety:

- 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 **EXHIBIT B-1 or B-2, as applicable**, 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.

6. Exhibit B-2, Line Item Budget for Fiscal Year (FY) 2017/2018 is amended as attached.

7. In all other respects, the Agreement remains unchanged and shall remain in full effect.

**EXHIBIT B-2  
LINE ITEM BUDGET**

**Term Beginning: 7/1/17**

**Term Ending: 6/30/18**

**A. SALARIES AND EMPLOYEE BENEFITS**

1) Salaries - List each position to be funded by this award.

<b>Position(s)</b>	<b>Full-Time Equivalent (FTE)<sup>1</sup></b>	<b>Budget for Contract Term</b>
Direct Service Positions		
Therapist	1.00	\$ 52,311.00
<b>Sub-Total Salaries:</b>		<b>\$ 52,311.00</b>

<sup>1</sup> FTE = Amount of time employee works on this program. State as decimal based upon a 40 hour work week.

2) Employee Benefits - List type of employee benefit(s) and amount budgeted.

<b>Type of Employee Benefit</b>	<b>Budget for Contract Term</b>
Direct Service Staff	
Employer FICA & Unemployment	\$ 3,897.00
Worker's Compensation	\$ 241.00
Group Health Insurance	\$ 10,266.00
Pension	\$ 1,046.00
Payroll and Non-Cash expenses	\$ 490.00
Unemployment	\$ 78.00
<b>Sub-Total Employee Benefits</b>	<b>\$ 16,018.00</b>
Percentage Benefits	30.6%
<b>TOTAL SALARIES AND EMPLOYEE BENEFITS</b>	<b>\$ 68,329.00</b>

**B. SERVICES AND SUPPLIES**

1) Services - List any consultant(s) or contract services

<b>Name of Consultant(s)/Contract Services</b>	<b>Budget for Contract Term</b>
Good Samaritan Shelter	\$ 16,875.00
<b>Sub-Total Services</b>	<b>\$ 16,875.00</b>

**EXHIBIT B-2  
LINE ITEM BUDGET**

**2) Supplies**

Item	Budget for Contract Term
Program Expense*	\$ 500.00
Telephone*	\$ 1,000.00
Mileage*	\$ 6,500.00
Other*	
Sub-Total Supplies	\$ 8,000.00
<b>TOTAL SERVICES AND SUPPLIES</b>	<b>\$ 24,875.00</b>

**C. OPERATING EXPENSES**

Item*	Budget for Contract Term
Facility Lease/Rental, Maintenance & Utilities	\$ 2,500.00
Training Costs	\$ 500.00
Admin and Quality Assurance Indirect Costs (20% of total costs)	\$ 19,240.80
Total Operating Expenses	\$ 22,240.80
<b>GRAND TOTAL LINE ITEM BUDGET</b>	<b>\$ 115,444.80</b>
Minus Revenue	\$ -
<b>TOTAL BEING REQUESTED</b>	<b>\$ 115,444.80</b>

//  
//

First Amendment to the Agreement between the **County of Santa Barbara** and **Child Abuse Listening Mediation**.

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

**ATTEST:**

Mona Miyasato  
County Executive Officer  
Clerk of the Board

**COUNTY OF SANTA BARBARA:**

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

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

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

**RECOMMENDED FOR APPROVAL:**

Social Services

**CONTRACTOR:**

Child Abuse Listening Mediation

By: \_\_\_\_\_  
Department Head

By: \_\_\_\_\_  
Authorized Representative

Name: Alana Walczak

Title: Chief Executive Officer

**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