

CONTRACT TO PROVIDE CHILDREN'S WRAPAROUND SERVICES (SB 163)

Santa Barbara County  
Department of Social Services

**First Amendment-Contract Renewal  
Effective 7/1/09**

This is a first amendment to the contract by and between the **County of Santa Barbara** (COUNTY) and **THE YOUTH CONNECTION OF VENTURA COUNTY dba CASA PACIFICA** (CONTRACTOR), for the continued provision of family based services as an alternative to group home care to eligible children using wraparound as the service alternative pursuant to the renewal clause in the Agreement for Services of Independent Contractor (page 1) of the current contract. Wraparound utilizes state and county resources, normally used to fund institutional care, to develop and implement services designed to keep at-risk youth at home or at a lower level placement in their community. Current contract is effective through June 30, 2009.

1. **Amendments**

a) The Agreement is amended as follows:

4. **TERM**. For the renewal period, CONTRACTOR shall commence performance on *July 1, 2009* and end performance upon completion, but no later than *June 30, 2010* unless otherwise mutually agreed upon in writing by the parties or unless terminated earlier.

5. **COMPENSATION OF CONTRACTOR**. CONTRACTOR shall be paid for performance under this First Amended Contract in accordance with the terms of Exhibit B (see original agreement as revised by this First Amended Contract).

b) **Exhibit A, Statement of Work, Financial Reporting and Tracking Requirements** is amended as follows:

2. An initial "Family Budget" must be completed and submitted to the WIT "core group" no later than either, i) ten (10) days from the completion of the plan of care or ii) by the next fiscal WIT "Core Group" meeting. The Family Budget must cover six (6) months of services along with an estimated budget for the following six (6) months.

c) **Exhibit B** is amended as follows:

A. For CONTRACTOR services to be rendered under this agreement, CONTRACTOR shall be paid, including cost reimbursements, for non-Medi-Cal funded costs, an amount of up to *\$424,298* for services to be provided to *twenty five (25) families*.

d) Add the following:

H. The COUNTY will advance CONTRACTOR funds equal to *\$10,000.00* for the purpose of funding "Family Budget" expenditures. CONTRACTOR will be required to maintain these funds in a separate bank account, reconcile the account on a monthly basis, and provide a monthly bank statement. The CONTRACTOR will provide receipts for all expenditures. The COUNTY

*will reimburse CONTRACTOR for approved expenditures as part of the monthly invoice. CONTRACTOR will transfer appropriate funds each month to maintain the balance of the account at \$10,000. These advanced funds are to be repaid to the COUNTY upon termination of this contract.*

- I. *CONTRACTOR accepts fiscal responsibility for any future audit findings resulting from CONTRACTOR's billings under this Agreement or the Medi-Cal Agreement with ADMHS in conjunction with this program. CONTRACTOR shall refund COUNTY for all costs related to this Agreement which are disallowed by the California Department of Social Services as a result of audit findings or insufficient funds available from the State." CONTRACTOR will not bill the Department of Social Services any disallowed costs originally billed to Medi-Cal/EPSDT in conjunction with this program.*

**Exhibit B1 is replaced as follows:**

**EXHIBIT B1 - Line Item Budget**

**Proposed Budget for Santa Barbara Wrap Program 2009/2010  
Annual SB 163 Wraparound Program Proposed Budget for 25 Families**

Staffing	# of FTE/s	Annual Rate	Payroll Cost	Proposed Total	DSS	Mental
				Costs (Note A)	Costs	Health (Note B)
AD Community Services	0.25	\$90,000	\$22,500	\$23,175	\$9,270	\$13,230
Program Manager	1	\$72,000	\$72,000	\$74,160	\$29,664	\$42,336
Parent Partner	2.5	\$36,000	\$90,000	\$92,700	\$37,080	\$52,920
Family facilitator	3	\$50,500	\$151,500	\$156,045	\$62,418	\$89,082
Child & Family Specialist	6.5	\$33,000	\$214,500	\$220,935	\$88,374	\$126,126
Clinical Supervisor	1	\$67,000	\$67,000	\$69,010	\$0	\$69,010
Admin Assistant	1	\$33,500	\$33,500	\$34,505	\$13,802	\$19,698
	15.25		\$651,000	\$670,530	\$240,608	\$412,402
Benefits @.29				\$191,101	\$76,440	\$114,661
<b>Total Payroll Costs</b>				<b>\$861,631</b>	<b>\$317,048</b>	<b>\$527,063</b>
<b>Operating Expenses</b>						
Direct Participant Expenditures				\$70,000	\$70,000	\$0
Contract Serv. Copier				\$1,500	\$600	\$900
Contract Serv. Phone				\$800	\$320	\$480
Depreciation				\$6,500	\$2,600	\$3,900
Education Assistance				\$500	\$200	\$300
Employee Welfare				\$250	\$100	\$150
Equipment < \$5000				\$1,000	\$400	\$600
Insurance				\$4,800	\$1,920	\$2,880
Internet				\$1,800	\$720	\$1,080
Maintenance/repairs Facility				\$1,200	\$480	\$720
Meetings/conferences				\$3,000	\$1,200	\$1,800
Meetings/workshops onsite				\$50	\$20	\$30
Mileage				\$6,000	\$2,400	\$3,600
Phone				\$7,500	\$3,000	\$4,500
Pre employment exams				\$50	\$20	\$30
Recruiting & hiring				\$50	\$20	\$30
Rent				\$42,000	\$16,800	\$25,200
Staff licenses & credentials				\$150	\$60	\$90
Supplies office				\$1,500	\$600	\$900
Supplies Program				\$300	\$120	\$180
Supplies - maintenance				\$75	\$30	\$45
Utilities-gas				\$250	\$100	\$150
Utilities - electric				\$1,000	\$400	\$600
Vehicle Maint & repair				\$850	\$340	\$510
Vehicle gas/oil/carwash				\$12,000	\$4,800	\$7,200
<b>Total Operating Costs</b>				<b>\$163,125</b>	<b>\$107,250</b>	<b>\$55,875</b>
<b>Total Expenses</b>				<b>\$1,024,756</b>	<b>\$424,298</b>	<b>\$582,938</b>

**Note A:** Assumes a 3% COLA increase over 08/09 costs.

**Note B:** Costs are allocated on the basis that 60% of staff time is spent on providing Mental Health services.

IN WITNESS WHEREOF, this First Amendment to the Contract has been executed by parties hereto upon this date first above written.

CONTRACTOR:

By \_\_\_\_\_ Date \_\_\_\_\_  
The Youth Connection dba CASA PACIFICA

Taxpayer ID Number: On-File

COUNTY OF SANTA BARBARA:

ATTEST:

MICHAEL F. BROWN  
Clerk of the Board

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

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

Date \_\_\_\_\_

APPROVED AS TO FORM:  
DENNIS MARSHALL  
County Counsel

APPROVED AS TO INSURANCE:  
RAY AROMATORIO  
Risk Administrator

By \_\_\_\_\_

By \_\_\_\_\_

APPROVED AS TO ACCOUNTING FORM:

ROBERT W. GEIS  
Auditor-Controller

By \_\_\_\_\_