

TULARE COUNTY AGREEMENT NO. _____

**COUNTY OF TULARE
HEALTH & HUMAN SERVICES AGENCY
SERVICES AGREEMENT**

THIS AGREEMENT ("Agreement") is entered into as of _____ between the **COUNTY OF TULARE**, a political subdivision of the State of California ("COUNTY"), and **FAMILY SERVICES OF TULARE COUNTY**, a California Corporation ("CONTRACTOR"). COUNTY and CONTRACTOR are each a "Party" and together are the "Parties" to this Agreement, which is made with reference to the following:

- A.** COUNTY wishes to obtain the provision of mental health services in conformance with the Mental Health Services Act guidelines as set forth by the State of California Department of Mental Health, the Welfare & Institutions Code, Division 5, Titles 9 and 22 of the California Code of Regulations, the Cost Reporting/Data Collection Manual of the State Department of Mental Health, and the Tulare County Mental Health Annual Plan; and
- B.** CONTRACTOR has the experience and qualifications to provide the services COUNTY requires pertaining to the COUNTY'S Mental Health Program; and
- C.** CONTRACTOR is willing to enter into this Agreement with COUNTY upon the terms and conditions set forth herein.

THE PARTIES AGREE AS FOLLOWS:

- 1. TERM:** This Agreement becomes effective as of July 1, 2019, and expires at 11:59 PM on June 30, 2020, unless earlier terminated as provided below, or unless the Parties extend the term by a written amendment to this Agreement.
- 2. SERVICES:** See attached Exhibits A, A-1.
- 3. PAYMENT FOR SERVICES:** See attached Exhibits B, B-1, B-2, B-3.
- 4. INSURANCE:** Before approval of this Agreement by COUNTY, CONTRACTOR must file with the Clerk of the Board of Supervisors evidence of the required insurance as set forth in the attached **Exhibit C**.
- 5. GENERAL AGREEMENT TERMS AND CONDITIONS:** COUNTY'S "General Agreement Terms and Conditions" are hereby incorporated by reference and made a part of this Agreement as if fully set forth herein. COUNTY'S "General Agreement Terms and Conditions" can be viewed at <http://tularecountycounsel.org/default/index.cfm/public-information/>
- 6. ADDITIONAL EXHIBITS:** CONTRACTOR shall comply with the terms and conditions of the Exhibits listed below and identified with a checked box, which are by this reference made a part of this Agreement. Complete Exhibits D, E, F, G, G-1, and H can be viewed at <http://tularecountycounsel.org/default/index.cfm/public-information/>

**COUNTY OF TULARE
HEALTH & HUMAN SERVICES AGENCY
SERVICES AGREEMENT**

| | | |
|-------------------------------------|-------------------|--|
| <input checked="" type="checkbox"/> | Exhibit D | Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement |
| <input checked="" type="checkbox"/> | Exhibit E | Cultural Competence and Diversity |
| <input checked="" type="checkbox"/> | Exhibit F | Information Confidentiality and Security Requirements |
| <input checked="" type="checkbox"/> | Exhibit G | Contract Provider Disclosures (<u>Must be completed by Contractor and submitted to County prior to approval of agreement.</u>) |
| <input checked="" type="checkbox"/> | Exhibit G1 | National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care |
| <input type="checkbox"/> | Exhibit H | Additional terms and conditions for federally-funded contracts |
| <input type="checkbox"/> | Exhibit | |

7. NOTICES: (a) Except as may be otherwise required by law, any notice to be given must be written and must be either personally delivered, sent by facsimile transmission or sent by first class mail, postage prepaid and addressed as follows:

COUNTY:

CONTRACT UNIT
TULARE COUNTY HEALTH & HUMAN SERVICES
AGENCY
5957 S. Mooney Boulevard
Visalia, CA 93277
Phone No.: 559-624-8000
Fax No.: 559-737-4059

With a Copy to:

COUNTY ADMINISTRATIVE OFFICER
2800 W. Burrell Ave.
Visalia, CA 93291
Phone No.: 559-636-5005
Fax No.: 559- 733-6318

CONTRACTOR:

FAMILY SERVICES OF TULARE COUNTY
735 W. Oak Street
Visalia, CA 93291
Phone No.: 559-732-1970 x 12
Fax No.: 559-732-6404

(b) Notice personally delivered is effective when delivered. Notice sent by facsimile transmission is deemed to be received upon successful transmission. Notice sent by first class mail will be deemed received on the fifth calendar day after the date of mailing. Either Party may change the above address by giving written notice under this section.

8. AUTHORITY: CONTRACTOR represents and warrants to COUNTY that the individual(s) signing this Agreement on its behalf are duly authorized and have legal capacity to sign this Agreement and bind CONTRACTOR to its terms. CONTRACTOR acknowledges that COUNTY has relied upon this representation and warranty in entering into this Agreement.

COUNTY OF TULARE
HEALTH & HUMAN SERVICES AGENCY
SERVICES AGREEMENT

9. **COUNTERPARTS:** The Parties may sign this Agreement in counterparts, each of which is an original and all of which taken together form one single document.

THE PARTIES, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

FAMILY SERVICES OF TULARE COUNTY

Date: 04/05/19

By [Signature]

Print Name Caity Meader

Title Chief Executive Officer

Date: 4.15/19

By [Signature]

Print Name Stephane Burrage

Title Chief Financial Officer

[Pursuant to Corporations Code section 313, County policy requires that contracts with a Corporation be signed by both (1) the chairman of the Board of Directors, the president or any vice-president (or another officer having general, operational responsibilities), and (2) the secretary, any assistant secretary, the chief financial officer, or any assistant treasurer (or another officer having recordkeeping or financial responsibilities), unless the contract is accompanied by a certified copy of a resolution of the corporation's Board of Directors authorizing the execution of the contract. Similarly, pursuant to California Corporations Code section 17703.01, County policy requires that contracts with a Limited Liability Company be signed by at least two managers, unless the contract is accompanied by a certified copy of the articles of organization stating that the LLC is managed by only one manager.]

COUNTY OF TULARE

Date: _____

By _____

Chairman, Board of Supervisors

ATTEST: JASON T. BRITT
County Administrative Officer/Clerk of the Board
of Supervisors of the County of Tulare

By _____
Deputy Clerk

Approved as to Form
County Counsel

By [Signature]
Deputy

Matter # 2019381

Exhibit A
Services
Fiscal Year 2019/2020

Contractor: Family Services of Tulare County
Program: Children and Youth in Stressed Families – In Home Parent Education Program

I. INTENT AND GOALS:

A. Systemwide Program Intent and Goals

The goals of the In Home Parent Education Program (IHPE) are to:

1. Improve parenting knowledge/skills.
2. Improve parent/child bonding.
3. Increase access to prevention and early intervention services for children and families at-risk of child abuse or neglect.
4. Provide short-term, low-intensity support services and linkage to community services to increase resiliency, coping skills, and stabilize and strengthen the family unit.
5. Provide outreach and services to unserved and underserved population groups (e.g., African American, Native American, Monolingual Spanish Speakers, Southeast Asians, LGBTQ) in a manner that is easily accessible, thorough, and culturally and linguistically competent.
6. Utilize funds to provide new services or enhance existing services. Funds shall not be used to supplant existing services.

II. SCOPE OF WORK AND DESCRIPTION OF SERVICES

A. Scope of Work:

CONTRACTOR shall:

1. Administer the Parenting Wisely (PW) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) programs, including, but not limited to, full staff support and training; implementation and evaluation; and promotion.
2. Provide oversight in delivering PW and TF-CBT to at-risk children and their families. Program participants for PW will be referred by the child's school, and other sources, yet priority is given to Differential Response (DR) families and Drug-Exposed Infants (DEI).
3. Provide licensed clinicians or registered clinical interns working under a licensed therapist to deliver the TF-CBT to qualifying children (e.g., children who experience/or have experienced traumatic life-events such as child abuse, home replacement & depression) referred from the PW program.

4. Utilize “any means necessary” methods to remove barriers to service access for remote, rural populations, to include transportation services as necessary.
5. Utilize existing collaborations and community resources to leverage the resources of the IHPE program.
6. Ensure that input from program participants is used to direct the activities of the IHPE program.
7. Provide services in at least English and Spanish.

B. Description of Services

1. Service Area/Location and Hours of Service

CONTRACTOR shall serve the entire Tulare County in natural community settings that are easily accessible (e.g., local Family Resource Centers, community health centers, or the consumer’s home), with special efforts to reach rural areas including seven Family Resource Centers: Cutler-Orosi Education Center; Lindsay Healthy Start; Goshen Family Center; Earlimart Family Resource Center; Tulare Family Resource Center; Woodlake Family Resource Center; and Visalia Family Resource Center.

2. Minimum Staffing Requirements

CONTRACTOR agrees to provide the level of staffing needed for the IHPE program to meet the activities described in this Scope of Work and as detailed in the corresponding Exhibit “B-1,” Budget Narrative.

3. Evidence-Based Practice (EBP) Model

CONTRACTOR shall utilize the following related evidenced-based programs in delivering FSIP services:

- a. Parenting Wisely
 - i. CONTRACTOR will train staff, and provide oversight for the Parenting Wisely evidence-based program within the identified FRCs, wherein FRC staff will deliver the Parenting Wisely curriculum to consumers.
- b. Trauma-Focused Cognitive Behavioral Therapy
 - i. CONTRACTOR will expand existing Trauma-Focused Cognitive Behavioral Therapy services to consumers who meet therapeutic intervention criteria as identified through the FRCs.

C. Outreach/Collaboration

- a. CONTRACTOR shall provide outreach to community partners and community members to build awareness of the IHPE program.

- b. CONTRACTOR shall collaborate with the United Way 2-1-1 Referral Program, Tulare County Child Welfare DR Team and Maternal Child, and Adolescent Health DEI Unit to promote awareness of the IHPE program.

1. Training

- a. CONTRACTOR shall provide training and consultation to each of the participating partner/support agencies, including dissemination of best practices and other emerging research information, and shall hold partnership meetings each quarter, to include program improvement planning.
- b. CONTRACTOR shall ensure that personnel funded under this program have resources and access to professional training. Training shall include direct workshops or consultations, connection to state and national web-based training, and payment of registration fees for relevant local and regional professional training.
- c. CONTRACTOR shall provide presenters for community workshops organized by participating partner/support agencies and bring additional leveraged resources, when appropriate, to the training component.

2. Recordkeeping

CONTRACTOR shall provide reports to the Tulare County Mental Health Branch (COUNTY) based on its evaluation plan, as required for monitoring and State reporting requirements.

3. IT System

All tasks requiring IT linkage and interface shall run through the HIPAA-compliant, firewall-protected network provided by the CONTRACTOR.

III. **OUTCOME AND EVALUATION**

A. Number of Individuals/Families to be Served

By the end of FY 19/20, at least

- Two-Hundred Fifty (250) families will be served through the Parenting Wisely curriculum
- Eighty (80) families will be served through the TF-CBT curriculum.

B. Objectives to be addressed:

1. Process objectives:

- a. Administrative objectives:

- On a quarterly basis, meet with community partners, FRCs, and DR and DEI staff to review progress, obstacles, needs, and program improvement activities.
 - In 3 months after contract starts, develop a mutual relationship with the 211 referral program, Tulare County Child Welfare DR Team and Maternal Child, and Adolescent Health DEI Unit.
- a. Programmatic objectives- In 6 months after contract starts, at least:
- 125 families will be served through the Parenting Wisely Program.
 - 40 families will be served through the TF-CBT
2. Outcome objectives:
- a. Programmatic objectives- By the end of FY 19/20, at least:
- 80% of program participants will successfully complete the program.
 - 80% of participants in PW will show an increase in parenting knowledge/skills through parent knowledge test.
 - 75% of children receiving TF-CBT will experience a decrease in Child Behavioral Checklist (CBC) score related to negative qualities/behaviors
 - 75% of children receiving TC-CBT will experience an increase in CBC scores related positive qualities/behaviors
3. Impact objective (CONTRACTOR must collaborate with COUNTY in measuring impact objectives):
- a. Administrative objectives- In 3 months after the program ends:
- There will be an increase in community knowledge regarding early intervention services in rural and isolated communities.
 - There will be a decrease in disparities in the access to mental health early intervention services.
 - There will be a decrease in community stigma related to accessing mental health services.
2. CONTRACTOR shall collect all demographic, service count, and process/outcome data, and report quarterly to COUNTY.
3. Annual Report
- a. CONTRACTOR will record the following data for each individual enrolled in the IHPE program in a single electronic file, and submit this data to the PEI Coordinator as requested: consumer initial, gender, date of birth, Parent Knowledge Test values (pre-test, and date), and Parent Knowledge Test values (first post-test, and date). CONTRACTOR will also record the following data for each individual enrolled in the TF-CBT program: consumer initial, gender, date of birth, Child Behavior Checklist values (Pre-test/date and Post-test/date).
- b. CONTRACTOR will analyze outcome data in accordance with methods outlined in the established IHPE evaluation plan and generate a summary report of findings.

c. CONTRACTOR will provide the COUNTY with a copy of the summary report within 60 days of the close of the contract year per Mental Health Services Act PEI requirements.

4. PEI Coordinator will have access to this data and will review data and reports generated by CONTRACTOR.

5. CONTRACTOR shall develop a system for using outcome data to improve the quality of services, identify service system gaps, and make recommendations for bridging those gaps.

IV. ADDITIONAL EXPECTATIONS

- A. CONTRACTOR shall submit a monthly invoice and payroll report via email and submit signed copies within the close of the month after the reported period.
- B. CONTRACTOR shall request a budget modification, to include revision of both budget and budget narrative, for any line-item variance greater than 10% from the budget presented in Exhibit B. Budget modification may be waived at COUNTY's discretion. Should the budget modification increase the overall cost of the Agreement, CONTRACTOR shall notify COUNTY of the need to amend the Agreement. CONTRACT shall provide COUNTY with supporting documentation to justify the increase in costs.
- C. CONTRACTOR and any partners or subcontractor(s) will be expected to share information, materials, and findings with COUNTY and all agencies identified by COUNTY. No work developed under the contract may be considered proprietary or may be sold for additional profit.
- D. CONTRACTOR may be expected to participate in regular meetings of COUNTY grantees in order to disseminate information on project outcomes and to ensure that all contractor(s) can leverage each other's work and experience.
- E. CONTRACTOR may be expected to attend programmatic trainings facilitated by COUNTY.
- F. Additional monitoring and reporting may be required to address any emergent issues.

EXHIBIT A-1

TRANSLATION SERVICES

CONTRACTOR agrees to provide translation services such as, but not limited to, interpreting and sign language to consumers for the provision of services under this Agreement at CONTRACTOR'S sole cost.

Services provided may include:

- AT&T Language Line
- American Sign Language Translation Services, including TTY/TDD California Relay Services
- Orchid Interpreting
- Other interpreting services as deemed necessary to provide the consumer with linguistically and culturally appropriate services

CONTRACTOR will not be allowed to use COUNTY'S language and translation services' providers' accounts. Separate accounts will need to be arranged at CONTRACTOR'S discretion.

If COUNTY at any given time receives charges for CONTRACTOR'S language and translation services, CONTRACTOR will receive an invoice for such charge(s).

Exhibit B
Compensation
Fiscal Year 2019-2020

1. COMPENSATION

- a. COUNTY agrees to compensate CONTRACTOR for allowed cost incurred as detailed in **Exhibit A**, subject to any maximums and annual cost report reconciliation.
- b. The maximum contract amount shall not exceed Three Hundred Seventy-Three Thousand, Seven Hundred Forty One Dollars (\$373,741.00), and shall consist of County, State, and Federal funds. Notwithstanding any other provision of this Agreement, in no event shall COUNTY pay CONTRACTOR more than this Maximum Contract Amount for CONTRACTOR's performance hereunder without a properly executed amendment.
- c. If the CONTRACTOR is going to exceed the Maximum contract amount due to additional expenses or services, it is the responsibility of the CONTRACTOR to request the amendment and provide all supporting documentation that substantiates the increase. No amendments can be requested after April 1, 2020.
- d. CONTRACTOR shall use funds provided by COUNTY exclusively for the purposes of performing the services described in **Exhibit A**.
- e. CONTRACTOR shall permit authorized COUNTY, State and/or Federal agency (ies), through any authorized representative, the right to inspect or otherwise evaluate the work performed hereunder including subcontract support activities and the premises, which it is being performed. The CONTRACTOR shall provide all reasonable assistance for the safety and convenience of the authorized representative in the performance of their duties. All inspections and evaluations shall be made in a manner that will not unduly delay the work.
- f. In the event the state or federal government denies any or all claims submitted by COUNTY on behalf of the CONTRACTOR, COUNTY will not be responsible for any payment obligation and, accordingly, CONTRACTOR shall not seek payment from COUNTY and shall indemnify and hold harmless COUNTY from any and all liabilities for payment of any or all denied claims, including those claims that were submitted outside the period of time specified in this Agreement.

2. ACCOUNTING FOR REVENUES

CONTRACTOR shall comply with all County, State, and Federal requirements and procedures. Grants, and other revenue, interest and return resulting from services/activities and/or funds paid by COUNTY to CONTRACTOR shall also be accounted for in the Operating Budget. CONTRACTOR shall maintain internal financial controls, which adequately ensure proper billing and collection procedures. All fees paid by or on behalf of the consumer receiving services under this Agreement shall be utilized by CONTRACTOR only for the delivery of mental health service units as specified in this Agreement.

3. INVOICING

- a. CONTRACTOR shall submit monthly invoices to the Mental Health Services Act Fiscal Analyst at ARoss@tularehhsa.org, no later than fifteen (15) days after the end of the month in which those expenditures were incurred. The invoice must be supported by a system generated report that validates services indicated on the invoice.

- b. Invoices shall be in the format approved by the Tulare County Health & Human Services Agency. All payments made under this Agreement shall be made within thirty (30) days of submission of all required documentation and in accordance with the COUNTY'S payment cycle.
- c. 12-month billing limit: Unless otherwise determined by State or Federal regulations (e.g. medi-medi cross-over) all original (or initial) claims for eligible individual persons under this Agreement must be received by COUNTY within twelve (12) months from the month of service to avoid denial for late billing.

4. COST REPORT:

- a. Within sixty (60) days after the close of the fiscal year covered by this Agreement, CONTRACTOR shall provide COUNTY with an accurate and complete Annual Cost Report with a statement of expenses and revenue for the prior fiscal year. The Annual Cost Report shall be prepared by CONTRACTOR in accordance with all applicable Federal, State, and County requirements and generally accepted accounting principles. CONTRACTOR shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice. All revenues received by CONTRACTOR from COUNTY, for any purpose, shall be reported in its Annual Cost Report, and shall be used to offset gross cost. CONTRACTOR shall maintain source documentation to support the claimed costs, revenues, and allocations, which shall be available at any time to Designee upon reasonable notice.
- b. The Cost Report shall be the final financial and statistical report submitted by CONTRACTOR to COUNTY, and shall serve as the basis for final settlement to CONTRACTOR. CONTRACTOR shall document that costs are reasonable, allowable, and directly or indirectly related to the services to be provided hereunder.

Exhibit B-1
Budget
Fiscal Year 2019/2020
Contractor: Family Services of Tulare County
Program: MHSA - IHPE

| Expenditures | | | | | | |
|--|--------------|------------------|------------------|------------------|------------------|-----------------------|
| | FTE's | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Annual (Total) |
| PERSONNEL (STAFF) | | | | | | |
| Administrative Staff | | | | | | |
| Executive Director, oversight - Caity | 0.06 | 1387 | 1387 | 1387 | 1387 | 5548 |
| Subcontractor coordinator, reporting - Lalo | 0.05 | 689 | 689 | 689 | 689 | 2756 |
| Parent Educator Supervisor/trainer (KH, NA) | 0.17 | 2536 | 2536 | 2536 | 2537 | 10145 |
| Clinical staff (by job class) | | | | | | |
| Therapists | 0.95 | 11579 | 11579 | 11579 | 11580 | 46317 |
| Parent Educator (MM) | 0.35 | 3092 | 3092 | 3092 | 3093 | 12369 |
| Support staff Crystal | 0.10 | 800 | 800 | 801 | 801 | 3202 |
| Data Entry | | | | | | |
| Benefits (25%) | | 5021 | 5021 | 5021 | 5021 | 20084 |
| TOTAL PERSONNEL (STAFF) | 1.68 | 25104 | 25104 | 25105 | 25108 | 100421 |
| OPERATING EXPENSES | | | | | | |
| Staff Supports (direct services) | | | | | | |
| Mileage (staff vehicle use) | | 680 | 680 | 680 | 680 | 2720 |
| Vehicles (lease/owned) | | | | | | |
| Vehicle Gas & Maintenance | | | | | | |
| Vehicle insurance | | | | | | |
| Cell phones & plan fees | | 150 | 150 | 150 | 150 | 600 |
| Program Supplies | | 350 | 350 | 350 | 350 | 1400 |
| General Office Expense | | | | | | |
| Office / Rent | | 789 | 789 | 789 | 789 | 3156 |
| Utilities / Maintenance | | 164 | 164 | 164 | 164 | 656 |
| Copier, fax, printer & printing expenses | | 74 | 74 | 74 | 74 | 296 |
| Postage | | 25 | 25 | 25 | 25 | 100 |
| Phone / Comm. (land lines) | | 265 | 265 | 265 | 265 | 1060 |
| Office/Admin supplies | | 250 | 250 | 250 | 250 | 1000 |
| Computers & software support | | 981 | 981 | 981 | 981 | 3924 |
| Client data management system | | 500 | 0 | 0 | 0 | 500 |
| Property & Liability Insurance | | 452 | 452 | 452 | 452 | 1808 |
| TOTAL OPERATING EXPENSES | | 4680 | 4180 | 4180 | 4180 | 17220 |
| OTHER OPERATING EXPENSES | | | | | | |
| Prof Services (contracted services) | | | | | | |
| Parent Educators (5 Family Resource Centers) | | 61071 | 61071 | 61071 | 61072 | 244285 |
| Training & Conferences | | | | | | |
| Course Expense / Fees | | 0 | 300 | 0 | 0 | 300 |
| Travel Expenses | | 0 | 250 | 0 | 0 | 250 |
| Per Diem | | 0 | 123 | 0 | 0 | 123 |
| Staff meetings | | | | | | |
| Program Oversight and Evaluation | | | | | | |
| Audit expense | | 0 | 0 | 1100 | 0 | 1100 |
| Corporate Allocation | | | | | | |
| Evaluation expense | | | | | | |
| Indirect Expense (10% of personnel) | | 2510 | 2510 | 2511 | 2511 | 10042 |
| Total Other Operating Expenses | | 63581 | 64254 | 64682 | 63583 | 256100 |
| Total Expenses | | 93365 | 93538 | 93967 | 92871 | 373741 |

Exhibit B-2
Budget Narrative
Fiscal Year 2019-2020

Contractor: Family Services of Tulare County
Program: Children and Youth in Stressed Families – In Home Parent Education Program

Personnel:

Administrative: .28 FTE

- *Executive Director/Oversight* .06 FTE – program oversight. Supervises FSTC staff, monitors expenditures and fidelity.
 $\$7,706/\text{mo.} \times 12 \text{ mos.} \times .06 \text{ FTE} = \$5,548$
- *Coordinator* .05 FTE - acts as liaison between HHSA and Subcontractors. Will provide guidance, gather report information and consolidate report narrative to HHSA.
 $\$4,593/\text{mo.} \times 12 \text{ mos.} \times .05 \text{ FTE} = \$2,756$
- *Parent Educator Trainer/Supervisor* .17 FTE - provides coaching and training to parent educators for staff and resource centers
 $\$4,973/\text{mo.} \times 12 \text{ mos.} \times .17 \text{ FTE} = \$10,145$

Direct Service Staff: 1.20 FTE

- *Therapists* .95 FTE – provides training, consultation, and early therapeutic interventions with an emphasis on Trauma-Focused Cognitive Behavioral Therapy, at Family Resource Center locations for clients identified and referred by FRC staff.
 $\$4,063/\text{mo.} \times 12 \text{ mos.} \times .95 \text{ FTE} = \$46,317$
- *In Home Parent Educator* .35 FTE – uses the Parenting Wisely Curriculum and is certified to provide the Safe Care Curriculum. Will provide selective prevention services to parents referred to the program because of indicators that the children are at risk for early mental health problems. The Parent Educator will be based in the Goshen Family Center and surrounding homes.
 $\$2,945/\text{mo.} \times 12 \text{ mos.} \times .35 \text{ FTE} = \$12,369$

Support Staff: .10 FTE

- *Data Entry* 0.10 – Collects, enters and maintains data from all project partners for quarterly reports.
 $\$2,668/\text{mo} \times 12 \text{ mos} \times .10 \text{ FTE} = \$3,202$

Wages \$80,337

Benefits:

Benefits include Health Insurance, Life Insurance, Disability, Worker's Comp, FICA Payroll taxes, retirement, and Unemployment Insurance. The benefits are calculated at approximately 25% of wages for all full time employees.

| | |
|------------------------|------------------|
| Benefits | \$20,084 |
| TOTAL PERSONNEL | \$100,421 |

Operating Expenses:**Staff Supports – Direct Services**

- | | |
|---|---------|
| • Local mileage reimbursed approx 390.80 miles/mo. x 12 mos. x \$.58/mile | \$2,720 |
| • Cell phone plan @ \$50/mo. x 12 mos. | \$ 600 |
| • Program Supplies – curriculum materials, assessment sheets \$117/mo. x 12 mos. (approximately) | \$1,400 |

General Office Expense

- | | |
|--|---------|
| • All expenditures of office rent, maintenance, utilities, janitorial, phones, fax, copier, postage and general desk supplies are calculated monthly based on our Cost Allocation Plan and distributed based upon the labor allocation of the individuals using the building. These costs are calculated at approx. \$522.33/mo. | \$6,268 |
| • Computers and software support – share of agency managed IT support to ensure operational, secure, HIPPA compliant computer server & internet usage. \$327/mo. x 12 mos. | \$3,924 |
| • Client Database System - Annual license fee for case management software for monitoring client cases | \$500 |
| • Property & Liability Insurance approx \$150.66/mo x 12 mos. | \$1,808 |

TOTAL OPERATING EXPENSES \$17,220

Other Operating Expenses:

- | | |
|--|-----------|
| • <u>Professional Services</u> Subcontracts to 5 Family Resource Center agencies – Sub-contractors will provide selective prevention services to parents referred to program because of indicators that child(ren) are at risk for early mental health problems. | \$244,285 |
| • <u>Training & Conferences</u> Therapist training (TBD) – registration, travel & per diem | \$673 |

- Program Oversight & Evaluation \$1,100
Audit - % of Audit for based on % of total agency budget applied to total
Audit cost. Approx. \$18,500 x 6%
- Indirect Expense \$10,042
Administrative Cost Pool charges at 10% of total personnel costs

TOTAL OTHER EXPENSES \$256,100

| | |
|------------------------------------|------------------|
| TOTAL 2019-2020 IHPE BUDGET | \$373,741 |
|------------------------------------|------------------|

Exhibit B-2
Budget Narrative
Fiscal Year 2019-2020

Contractor: Family Services of Tulare County
Program: Children and Youth in Stressed Families – In Home Parent Education Program

Personnel:

Administrative: .28 FTE

- *Executive Director/Oversight* .06 FTE – program oversight. Supervises FSTC staff, monitors expenditures and fidelity.
\$7,706/mo. x 12 mos. x .06 FTE = \$5,548
- *Coordinator* .05 FTE - acts as liaison between HHSA and Subcontractors. Will provide guidance, gather report information and consolidate report narrative to HHSA.
\$4,593/mo. x 12 mos. x .05 FTE = \$2,756
- *Parent Educator Trainer/Supervisor* .17 FTE - provides coaching and training to parent educators for staff and resource centers
\$4,973/mo. x 12 mos. x .17 FTE = \$10,145

Direct Service Staff: 1.20 FTE

- *Therapists* .95 FTE – provides training, consultation, and early therapeutic interventions with an emphasis on Trauma-Focused Cognitive Behavioral Therapy, at Family Resource Center locations for clients identified and referred by FRC staff.
\$4,063/mo. x 12 mos. x .95 FTE = \$46,317
- *In Home Parent Educator* .35 FTE – uses the Parenting Wisely Curriculum and is certified to provide the Safe Care Curriculum. Will provide selective prevention services to parents referred to the program because of indicators that the children are at risk for early mental health problems. The Parent Educator will be based in the Goshen Family Center and surrounding homes.
\$2,945/mo. x 12 mos. x .35 FTE = \$12,369

Support Staff: .10 FTE

- *Data Entry* 0.10 – Collects, enters and maintains data from all project partners for quarterly reports.
\$2,668/mo x 12 mos x .10 FTE = \$3,202

Wages \$80,337

Benefits:

Benefits include Health Insurance, Life Insurance, Disability, Worker's Comp, FICA Payroll taxes, retirement, and Unemployment Insurance. The benefits are calculated at approximately 25% of wages for all full time employees.

| | |
|------------------------|------------------|
| Benefits | \$20,084 |
| TOTAL PERSONNEL | \$100,421 |

Operating Expenses:**Staff Supports – Direct Services**

- | | |
|---|---------|
| • Local mileage reimbursed approx 390.80 miles/mo. x 12 mos. x \$.58/mile | \$2,720 |
| • Cell phone plan @ \$50/mo. x 12 mos. | \$ 600 |
| • Program Supplies – curriculum materials, assessment sheets \$117/mo. x 12 mos. (approximately) | \$1,400 |

General Office Expense

- | | |
|--|---------|
| • All expenditures of office rent, maintenance, utilities, janitorial, phones, fax, copier, postage and general desk supplies are calculated monthly based on our Cost Allocation Plan and distributed based upon the labor allocation of the individuals using the building. These costs are calculated at approx. \$522.33/mo. | \$6,268 |
| • Computers and software support – share of agency managed IT support to ensure operational, secure, HIPPA compliant computer server & internet usage. \$327/mo. x 12 mos. | \$3,924 |
| • Client Database System - Annual license fee for case management software for monitoring client cases | \$500 |
| • Property & Liability Insurance approx \$150.66/mo x 12 mos. | \$1,808 |

| | |
|---------------------------------|-----------------|
| TOTAL OPERATING EXPENSES | \$17,220 |
|---------------------------------|-----------------|

Other Operating Expenses:

- | | |
|--|-----------|
| • <u>Professional Services</u> Subcontracts to 5 Family Resource Center agencies – Sub-contractors will provide selective prevention services to parents referred to program because of indicators that child(ren) are at risk for early mental health problems. | \$244,285 |
| • <u>Training & Conferences</u> Therapist training (TBD) – registration, travel & per diem | \$673 |

- Program Oversight & Evaluation \$1,100
Audit - % of Audit for based on % of total agency budget applied to total
Audit cost. Approx. \$18,500 x 6%
- Indirect Expense \$10,042
Administrative Cost Pool charges at 10% of total personnel costs

| | |
|-----------------------------|------------------|
| TOTAL OTHER EXPENSES | \$256,100 |
|-----------------------------|------------------|

| | |
|------------------------------------|------------------|
| TOTAL 2019-2020 IHPE BUDGET | \$373,741 |
|------------------------------------|------------------|

EXHIBIT B-3
TULARE COUNTY MHSA
Fiscal Year xxxx Invoice

| | |
|--------------------------------|--|
| Invoice Date: | |
| Month costs incurred: | |
| Provider Name: | |
| Mailing Address: | |
| Contact Person: | |
| Phone Number: | |
| Program: | |
| Agreement Number: | |
| Provider Number: | |
| Make Checks Payable To: | |

| Expenditures | | | | |
|---------------------------------------|--|-------------------------------|------------------|---------------------|
| | Current Month Program Expenditure | YTD Program Expenditure | Annual Budget | Remaining Budget |
| PERSONNEL (staff) | | | | |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | |
| Total Personnel | 0.00 | 0.00 | 0.00 | 0.00 |
| OPERATING EXPENSES | | | | |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | |
| Total Operating Expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| OTHER OPERATING EXPENSES | | | | |
| | | | | |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | |
| Total Other Operating Expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | |
| Total Expenses | 0.00 | 0.00 | 0.00 | 0.00 |

Authorized Signature:

| | |
|------------------|--|
| COUNTY USE ONLY | |
| CHARGE TO: | |
| Program/Division | |
| | |
| MHSA Approval: | |
| County Approval: | |

Exhibit C

PROFESSIONAL SERVICES CONTRACTS **INSURANCE REQUIREMENTS**

CONTRACTOR shall provide and maintain insurance for the duration of this Agreement against claims for injuries to persons and damage to property which may arise from, or in connection with, performance under the Agreement by the CONTRACTOR, his agents, representatives, employees and subcontractors, if applicable.

A. Minimum Scope & Limits of Insurance

1. Coverage at least as broad as Commercial General Liability, insurance Services Office Commercial General Liability coverage occurrence form GC 00 01, with limits no less than \$1,000,000 per occurrence including products and completed operations, property damage, bodily injury and personal & advertising injury. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
2. Insurance Services Office Form Number CA 00 01 covering Automobile Liability of \$1,000,000 per occurrence including any auto or, if the CONTRACTOR has no owned autos, hired and non-owned auto coverage. If an annual aggregate applies it must be no less than \$2,000,000.
3. Workers' Compensation insurance 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 no less than \$1,000,000 per occurrence or claim, \$2,000,000 aggregate.

B. Specific Provisions of the Certificate

1. If the required insurance is written on a claims made form, the retroactive date must be before the date of the contract or the beginning of the contract work and must be maintained and evidence of insurance must be provided for at least three (3) years after completion of the contract work.
2. CONTRACTOR must submit endorsements to the General Liability reflecting the following provisions:
 - a. *The COUNTY, its officers, agents, officials, employees and volunteers are to be covered as additional insureds as respects; liability arising out of work or operations performed by or on behalf of the CONTRACTOR including material, parts, or equipment furnished in connection with such work or operations.*
 - b. *For any claims related to this project, the CONTRACTOR's insurance coverage shall be primary insurance as respects the COUNTY, its officers, agents, officials, employees and volunteers. Any insurance or self-insurance maintained by the COUNTY, its officers, agents, officials, employees or volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.*
 - c. *CONTRACTOR hereby grants to COUNTY a waiver of any right to subrogation which any insurer of 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 affect 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.*

3. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the COUNTY for all work performed by the CONTRACTOR, its employees, agents and subcontractors. CONTRACTOR waives all rights against the COUNTY and its officers, agents, officials, employees and volunteers for recovery of damages to the extent these damages are covered by the workers compensation and employers liability.

C. Deductibles and Self-Insured Retentions

Deductibles and Self-insured retentions must be declared and any deductible or self-insured retention that exceeds \$100,000 will be reviewed by the COUNTY Risk Manager for approval.

D. Acceptability of Insurance

Insurance must be placed with insurers with a current rating given by A.M. Best and Company of no less than A-VII and a Standard & Poor's rating (if rated) of at least BBB and from a company approved by the Department of Insurance to conduct business in California. Any waiver of these standards is subject to approval by the County Risk Manager.

E. Verification of Coverage

Prior to approval of this Agreement by the COUNTY, the CONTRACTOR shall file with the submitting department, certificates of insurance with original endorsements effecting coverage in a form acceptable to the COUNTY. Endorsements must be signed by persons authorized to bind coverage on behalf of the insurer. The COUNTY reserves the right to require certified copies of all required insurance policies at any time.

WAIVERS:

I represent and attest that I am a person authorized to make representations on behalf of the CONTRACTOR, and represent the following:

(mark X if applicable)

☐ Automobile Exemption: I certify that _____ does not own nor use vehicles in the performance of the agreement for which this insurance requirement is attached.

☐ Workers' Compensation Exemption: I certify that _____ is not required to carry workers' compensation coverage or has filed an exemption with the State of California as required by law.

I acknowledge and represent that we have met the insurance requirements listed above.

Print Name Cathy Meader Date: 02/14/19

Contractor Name Family Services of Tulare County

Signature [Signature]