

AMENDMENT TO AGREEMENT

Tulare County Agreement Number 22930 amended on _____, between the **COUNTY OF TULARE**, hereinafter referred to as "COUNTY" and **FAMILY SERVICES OF TULARE COUNTY INC**, hereinafter referred to as "CONTRACTOR" with reference to the following:

A. The COUNTY and CONTRACTOR entered into Agreement No. 22930 on October 31, 2006 for the purpose of providing a community-based family preservation, family support and family reunification program.

B. The COUNTY and CONTRACTOR wish to amend Agreement No. 22930 to increase the total amount of compensation.

C. This amendment shall become effective October 31, 2006.

ACCORDINGLY, IT IS AGREED:

I. Effective October 31, 2006 Exhibit "A," is substituted in its entirety with the attached Exhibit "A," which Exhibit is made a part of this Agreement by reference.

II. Effective October 31, 2006 Exhibit "A1," is substituted in its entirety with the attached Exhibit "A1," which Exhibit is made a part of this Agreement by reference

III. Effective October 31, 2006 Exhibit "A2," is substituted in its entirety with the attached Exhibit "A2," which Exhibit is made a part of this Agreement by reference

IV. Effective October 31, 2006 Exhibit "B," is substituted in its entirety with the attached Exhibit "B," which Exhibit is made a part of this Agreement by reference

V. Effective October 31, 2006 Exhibit "B1," is substituted in its entirety with the attached Exhibit "B1," which Exhibit is made a part of this Agreement by reference

VI. Except as provided above, all other terms and conditions of Agreement No. 22930 shall remain in full force and effect.

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

COUNTY OF TULARE

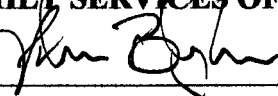
Date _____

By _____

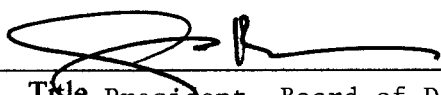
ATTEST: C. BRIAN HADDIX
County Administrative Officer/Clerk of the Board
of Supervisors of the County of Tulare

By _____
Deputy Clerk

FAMILY SERVICES OF TULARE COUNTY INC.

By  _____
Title Chief Financial Officer

Date 12/20/06

By  _____
Title President, Board of Directors

Date December 20, 2006

Corporations Code section 313 requires that contracts with a corporation shall be signed by the (1) chairman of the Board, the president or any vice-president and (2) the secretary, any assistant, the chief financial officer, or any assistant treasurer, unless the contract is also accompanied by a certified copy of the Board of Directors resolution authorizing the execution of the contract.

Approved as to Form
County Counsel

By  _____
Deputy County Counsel

Date 12/15/06

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Family Services of Tulare County
815 W. Oak Avenue
Visalia, CA 93291
(559) 741-7310

Exhibit A

Grant Services to be charged against

Promoting Safe & Stable Families (PSSF) 001-142-6043-2150

Services to be Performed and Location

Contractor agrees to perform a community-based family preservation, family support and family reunification program. Services shall be designed help children where safe and appropriate, return to families from which they have been removed; to improve parenting skills with respect to matters such as child development and coping with stress, increase parents' confidence and competence in their parenting abilities and afford children a safe, stable and supportive family environment. Services shall include direct services and activities to the parent or primary caregiver of a child that has been removed from the child's home. Services shall include, but not limited to, home visitation parent education and support, and information and referral services.

Contractor agrees to operate the "*Family Services Home Based Family Maintenance / Family Reunification Program*," delivering services for CWS referrals for parenting education & life skills training utilizing the "Parenting Wisely" curriculum. Services shall include acceptance of referral, delivery of course to referred adult or family, maintenance of attendance records and documentation of referrals voluntary and active participation. Feedback of the client's progress will be communicated to CWS every four weeks using the Client Report Form. Family Services will ensure that each client completes a pre and posttest. A summary report of the results will be completed and sent to the assigned social worker. Contractor agrees travel throughout Tulare County to perform services in-home for all CWS.

Target Population

Contractor agrees to provide services to the benefit of a child that has been referred by Child Welfare Services. Services shall be provided directly to the parents or primary caregiver of such a child, in order to facilitate either the safe reunification of the child or to prevent the child's removal from their family within a timely fashion. Program participants shall be referrals to the program from Child Welfare Services from Family Maintenance or Voluntary Family Maintenance. CWS may also refer from Family Reunification if the family is unable to attend court ordered parenting classes due to a barrier such as lack of transportation or medical reasons.

Program Participants or Clients to be Served

Contractor agrees to deliver services to program participants described in Table 1 below. Contractor shall maintain all necessary sign-in sheets or program documentation, and shall execute a "*Service Goals and Outcomes Summary Report*" documenting program progress and clients completing services at mid-year no later than January 15, 2007, and year-end, no later than July 31, 2007. A sample Summary Report is included as Addendum A2 to this agreement.

Table 1

Children 0-5	Children 6-18	Children Special Needs	Adults	Families
			220	160

Family Services of Tulare County

Exhibit A – Page 2

Referral Process and Client Contact

Contractor and CWS have agreed to utilize the “Family Services Home Based VFM/FM /FR Program Client Referral Form” attached as Addendum A1 to this agreement, as a basis for offer and acceptance of program referrals. Contractor shall acknowledge receipt of referral to CWS within 48 hours, and shall contact referral within 48 hours to set an appointment for an initial family assessment.

Evaluation, Client Satisfaction & Engagement Outcomes

Contractor agrees to provide county with an outcome based evaluation of services provided no later than August 31, 2007. Contractor agrees to measure Client Satisfaction and Engagement outcomes, as required by the County Three Year Child Abuse Prevention Plan. Contractor shall measure Short-Term and Intermediate Client Outcomes and maintain outcome tools and surveys on file for inspection by the County Liaison and representatives of the Office of Child Abuse Prevention.

EXHIBIT A ADDENDUM – A1
Family Services Home Based FR/FM Program
Client Referral Form

Program Details: Home-based family support services encompass parenting and life skills education. The curriculum can usually be covered in 16-18 weeks. A family case plan will be sent to the referring social worker within the first four weeks of the initial contact with the family.
Complete the referral and fax to Family Services (559)741-7316 Attn: Suzette DeHaan or e-mail suzette.dehaan@fstc.net

Date:

Language Spoken in the Home:

CWS case #:

Client Info:

Mother's Name:

Father's Name:

List Children in the home:

Name

Birthdate

Client Address:

Phone Number:

Family Support Curriculum Summary

Parenting Education

Includes:

- Parenting Wisely – Interactive videodisk parent training
- Relapse prevention/recovery & aftercare support
- Maintaining a non-violent home
- Increasing School Success
- Self Care for Parents

Life Skills

Includes:

- Money management
- Accessing resources/compliance with orders
- Nutrition, grocery shopping & meal planning
- Safety
- Health and Hygiene

**Other information/specific needs
& safety concerns**

Services Currently Receiving:

Reason if referral is FR: ☐ Developmental Delay ☐ Transportation ☐ Work Conflict
☐ Previously completed community based parenting class ☐ Medical ☐ Other

Social Worker Name:

Phone Number:

Date Final Report is Needed:

Family Services Home Based FR/FM Program Referrals:

CWS may refer the following cases:

1. Family Maintenance or Voluntary Family Maintenance cases.
2. Family Reunification cases only if:
 - a. There is a barrier to attending court ordered parenting classes and
 - b. The client has a rural residence with no transportation (lack of transportation would prevent the client from attending Community Parenting classes) or
 - c. The client is developmentally delayed and needs one on one services and coaching
 - d. The client has medical reasons that they cannot attend Community Parenting classes
 - e. Community Parenting classes conflicts with employment
 - f. The client has already been in the system and completed Community Parenting classes

EXHIBIT A ADDENDUM – A2
Service Goals and Outcomes Summary
County Fiscal Year 2006 / 2007

INSTRUCTIONS:

Please provide the following requested information.

Check box designating a report for CAPIT, CBCAP, PSSF, or CTF

Mid-Year Report is due by January 15, 2007

Final Report is due July 31, 2007.

CAPIT and CBCAP grantees must file an OCAP 150 Report with Final Report

GranteeCAPIT ☐CBCAP ☐

PSSF ☐

CTF ☐[illegible]

Family Services of Tulare County
815 W. Oak Avenue
Visalia, CA 93291
(559) 741-7310

Exhibit B

Payment Amount and Fee Schedule

The maximum amount payable for this agreement is \$ 160,000. Contractor shall invoice the County on a monthly basis for reimbursement of expenditures. Contractor shall mark the final invoice of the Fiscal Year “**Final Invoice.**” The Program 10 Line Item Budget and Budget Narrative is attached to Exhibit B as Addendum B1.

Budget Line Item Adjustments

Contractor may make changes in any individual line item in the budgets attached to Exhibit B. All line item shifts, however, must be accompanied by a justification, and a statement of any changes of program participants or clients to be served as a result of the line item shift. All line items adjustments must be approved in writing by Tulare County Health and Human Services prior to implementation.

Budget Reductions

In the event contractor anticipates that funds will not be expended in full by the end of the fiscal year, Contractor shall give Health & Human Services immediate written notice and negotiate a budget reduction so that the PSSF funds can be reallocated and expended by year-end.

EXHIBIT B ADDENDUM – B1
Family Services of Tulare County
Program Budget

Home Based Family Maintenance / Reunification Program July 1, 2006 – June 30, 2007		
Line Item	Budget Category	Total Project
1	Program Salaries	\$ 92,583
2	Benefits (19.19% of Direct Salaries)	\$ 20,727
3	Program Operating Supplies	\$ 8,690
4	Training / Travel	\$ 14,310
5	Subcontracts: Program	\$ 0
6	Evaluation	\$ 0
7	Program Related Occupancy Charges (4.97% of Program)	\$ 11,600
8	Equipment Purchases / Charges	\$ 2,990
9	Indirect Program Charges (8.24% of Salaries & Benefits)	\$ 9,100
10	Total Project	\$ 160,000

EXHIBIT B ADDENDUM – B1
Family Services of Tulare County
Budget Narrative

Line Item	Home Based Family Maintenance / Reunification Program	Project Request
1	<p><u>Program Salaries Calculation:</u></p> <p>3.00 FTE Home Support Staff x \$ 2,428/mo x 12 months = \$87,768 0.12 FTE Program Coordinator x 3,343/mo x 12 mo = 4,814</p> <p><u>Program Staff Description:</u></p> <p><i>Program Coordinator-</i> Responsible for staff hiring, training, and monitoring Family Support Home Visitors, ensures compliance with contract and reporting requirements; liaison with CWS; interagency meetings; staff back up.</p> <p>Family Support Home Visitors – Responsible for administering the Parent Education and Support and Lifeskills training curriculum in-home and providing progress reports to CWS staff.</p>	
Program Salaries Requested		\$ 92,583
2	<p><u>Benefits Description:</u> Benefits Percentage: 19.19 %</p> <p>Benefits reflect current statutory rates based on current State and Federal law for FICA, State Disability and Unemployment and Workmens Compensation Insurance. Benefits also reflect negotiated fringe, such as Health & Dental and Retirement.</p>	
Benefits Requested		\$ 20,727
3	<p><u>Operating Supplies / Program Expense</u></p> <p>Office Supplies \$211 x 12 mo = \$ 2512 Cell phones \$ 100 mo x 12 mo x 3 home support staff = \$ 3600 2 roll 100 stamps @ \$39 Ea = \$ 78 Educational Supplies Parenting Curriculum and Workbooks = \$ 2500</p>	
Operating Supplies / Program Expense Requested		\$ 8,690

EXHIBIT B ADDENDUM – B1
Family Services of Tulare County
Budget Narrative

Line Item	Home Based Family Maintenance / Reunification Program	Project Request
4	<p><u>Project Related Travel Calculation</u></p> <p>Local mileage for in-home service delivery \$0.40 per mile x 840 miles/mo x 12 mo x 3 = \$ 12,096</p> <p><u>Training and Out-of-County Travel Costs</u></p> <p>Conference Expenditures– <i>Strategies</i> Home Visiting Essentials Lodging - \$129 /night x 2 nights x 2 rooms = \$ 516 Travel costs – 400 miles = \$160 Per Diem - \$40/day x 2.5 days x 4 persons = \$ 400 Parking 2 x 18 = \$36 Tulare County Children’s Conference 3 Registrations @ \$50 =\$150 Conference Expenditures - California Family to Family Convening- Strengthening the CWS Response to DV Lodging – \$129/night x 2 nights x 2 rooms = \$516 Travel costs- 400 miles x .40 =\$160 Per Diem – \$40/day x 3 days x 2 = \$240 Parking- 2 X \$18 =\$36</p>	
Travel / Training Requested		\$ 14,310
5	<u>Program Related Subcontracts</u>	
Subcontracts Requested		\$ 0
6	<p><u>Evaluation Related Subcontracts</u></p> <p><u>Other Evaluation Related Expenses</u></p>	
Occupancy Charges Requested		\$ 0

EXHIBIT B ADDENDUM – B1
Family Services of Tulare County
Budget Narrative

Line Item	Home Based Family Maintenance / Reunification Program	Project Request
7	<u>Program Related Occupancy Charges</u> Rent – Allocation of office cost @ \$550 mo x 12 mo = \$6,600 Equip & Office Maintenance - allocated @ \$100 mo x 12 mo = \$1,200 Utilities – allocation of office cost @ \$ 75 mo x 12 mo = \$ 900 Copier/Printing – allocation of office cost @ \$ 75 mo x 12 mo = \$ 900 Telephone – one time installation plus allocation % of office phone @ \$55 mo x 12 mo = \$ 2000	
Occupancy Charges Requested		\$ 11,600
8	<u>Equipment Purchases</u> One – Laptop Computer for In-Home Instruction @ \$2,500 One – Printer for In-Home Instruction @ \$ 540 <u>Equipment Leases / Rentals</u>	
Equipment Charges Requested		\$ 2,990
9	<u>Indirect Program Charges</u> Administrative Cost Pool (Including pro-rated fair share of fiscal and accounting, payroll, personnel, MIS, insurance and other costs benefiting but not directly or simply attributable to the Program based on approximately 9.0% of direct salaries = \$8,400 Program Audit Costs – Percentage Ratio (5%) of Program = \$700	
Indirect Charges Requested		\$ 9,100