

**SECOND AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
RAPE TRAUMA SERVICES**

THIS SECOND AMENDMENT TO THE AGREEMENT, entered into this ____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Rape Trauma Services, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an agreement on July 9, 2013 for child abuse prevention and intervention services in the amount of \$150,000 for the term of July 1, 2013 through June 30, 2016; and

WHEREAS, on March 5, 2014, the parties amended the agreement to add 3% Cost of Living Adjustment (COLA) as approved by the Board of Supervisors on December 10, 2013, Resolution 072915, increasing the amount of funds by \$3,750 for a new total obligation of \$153,750; and

WHEREAS, the parties wish to extend the services under this agreement by two years in order to allow for the continuation of services while the County issues a Request for Proposals (RFP) which will align services with newly developed Human Services Agency (HSA) Systems Improvement Plan (SIP) requirements for Calendar Years 2018-2023; and

WHEREAS, the parties wish to further amend the agreement to extend the term to June 30, 2018 and add funds in the amount of \$100,000 for a new total obligation not to exceed \$253,750.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 1 – Exhibits and Attachments of the agreement is amended to read as follows:

The following exhibits and attachments are included hereto and incorporated by reference herein:

Exhibit A1—Scope of Work

Exhibit B (revised 1/2014) and B1—Payments and Rates

Exhibit C—504 Compliance

Exhibit D—Child Abuse Prevention and Reporting
Exhibit E—Fingerprinting Certification Form
Exhibit F—Contractor's Declaration Form

2. **Section 2 – Services to be performed by Contractor** of the agreement is amended to read as follows:

In consideration of the payments set forth herein and in Exhibits B (revised 1/2014) and B1, Contractor shall perform services for County in accordance with the terms, conditions, and specifications set forth herein and in Exhibit A1.

3. **Section 3 – Payments** of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit A1, County shall make payment to Contractor based on the rates and in the manner specified in Exhibits B (revised 1/2014) and B1. The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed **TWO HUNDRED FIFTY THREE THOUSAND SEVEN HUNDRED FIFTY DOLLARS (\$253,750)**.

4. **Section 4 – Term and Termination** is amended to read as follows:

Subject to compliance with all terms and conditions, the term of this Agreement shall be from **July 1, 2013 through June 30, 2018**.

5. Exhibit A1 replaces Exhibit A in its entirety and is attached hereto.
6. Exhibit B1 is added to this agreement and is attached hereto.
7. All other terms and conditions of the agreement dated July 9, 2013 and subsequent amendments between the County and Contractor shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives,
have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

RAPE TRAUMA SERVICES



Contractor's Signature

Date: May 16, 2016

Scope of Work

July 1, 2013 through June 30, 2018

In consideration of the payment set forth in Exhibits B (revised 1/2014) and B1, Contractor shall provide the following services. All payments under this Agreement must directly support services specified in this Agreement. Contractor will provide child abuse prevention and intervention services to the San Mateo County Human Services Agency as follows:

I. Services

Contractor shall provide the following annual services:

- a. Provision of trauma informed counseling and psycho education groups
- b. Violence prevention and intervention
- c. Community awareness and education

In addition to providing the aforementioned services, Contractor will also:

- d. Attend all monthly Children Collaborative Action Team (CCAT) meetings during the contract period.
- e. Provide an annual presentation pertaining to the respective services provided under this contract at a CCAT meeting to be determined by the Contractor and the CCAT Chair.
- f. Participate in a Peer Review process to be determined by the CCAT Program Manager.
- g. Attend quarterly training sessions during the contract period determined by the Contractor, CCAT Chair and Program Manager.

II. Program Outcomes:

A. Contractor agrees to the following outcomes:

- 1. Provide weekly support groups to teen parents and 8th graders at Garfield.
 - a. 90% of participants will be able to recognize warning signs and characteristics of unhealthy and healthy relationships and family dynamics.

2. Provide group counseling to bilingual immigrant parents and isolated families who have experienced trauma and sexual abuse.
 - a. 90% of the parents will feel prepared and able to talk to children about what makes a healthy and unhealthy family.
 - b. 85% of participants will have an increased ability to heal trauma
3. Facilitate 10 Community Outreach events regarding prevention of child abuse and neglect.
 - a. 20% of attendees will go on to participate in the peer education program.
4. Provide 5 professional trainings to 50 service providers
 - a. 85% of participants will report an increase in understanding of trauma and cycles of violence, and how to successfully intervene.

B. Board Level Performance Measure

Contractor understands and agrees that the services under this agreement will be evaluated by County for long-term impact based on the following performance measure table and will include this data measure in reports as required in section IV of this Exhibit.

Performance Measure	FY 2015-16 Estimated	FY 2016-17 Projected	FY 2017-18 Projected
Percentage of participants who report improved family functioning and child well-being and safety through surveys administered by Contractor.	70%	70%	70%

III. Program Monitoring

The CCAT Program Manager and Analyst will conduct a site visit at least once a year to review the program and service delivery system. Time of these visits will be arranged in advance. During these visits, activities may include but are not limited to: review of the Contractor's policies and procedures, training materials, data collection methods, participant records, discussion of submitted quarterly review reports, outcome results and trends, logic model, client progress, and providing training and /or technical assistance. Additionally, the Contractor is required to attend monthly

CCAT meetings and provide updated reports on program activities per annual schedule.

IV. Reporting and Invoicing

- a. Contractor shall be responsible for submitting quarterly activity reports and brief mid-year and year end narrative reports utilizing the format provided by the Human Services Agency. Quarterly activity reports and brief narratives will show the program's performance and outcomes.
- b. Reports and invoices shall be sent electronically to HSA_CFScontracts@smcgov.org with a copy to the contract manager.
- c. Payments will be processed upon receipt of Quarterly Reports.
- d. **Quarterly Reports and Invoices** are due at the same time, based on the following schedule:

<u>FY 2013-14:</u>	<u>FY 2014-15</u>	<u>FY 2015-16</u>	<u>FY 2016-17</u>	<u>FY 2017-18</u>
October 15, 2013	October 15, 2014	October 15, 2015	October 15, 2016	October 15, 2017
January 15, 2014	January 15, 2015	January 15, 2016	January 15, 2017	January 15, 2018
April 15, 2014	April 15, 2015	April 15, 2016	April 15, 2017	April 15, 2018
July 15, 2014	July 15, 2015	July 15, 2016	July 15, 2017	July 15, 2018

Contractor will be responsible for submitting quarterly activity reports and brief mid-year and year end narrative reports utilizing the format provided by the Human Services Agency. Quarterly activity reports and brief narratives will show the program's performance and outcomes.

- e. The **mid-year report** is due on: January 31, 2014, January 31, 2015, January 31, 2016, **January 31, 2017, and January 31, 2018.**
- f. The **year-end report** is due on: July 31, 2014, July 31, 2015, July 31, 2016, **July 31, 2017, and July 31, 2018.**
- g. The year-end report will include the Office of Child Abuse Prevention Client data [inclusive of the following client demographic information: number of clients that are served (children, children with disabilities, parents/caregivers, parents/caregivers

with disabilities, and families) and clients' ethnicity (Caucasian: non-Hispanic, Hispanic. Black, Asian, Filipino, Multiracial, and other ethnicity)], and an annual budget showing planned and actual program costs.

Payments and Rates**July 1, 2016 through June 30, 2018**

In consideration of the services provided by Contractor described in Exhibit A1 and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

- County shall pay the Contractor a quarterly fixed rate of \$12,500 upon receipt and approval of invoices. Costs shall not exceed FIFTY THOUSAND DOLLARS (\$50,000) annually. Contractor may transfer funds within personnel and operating expenses. Transfer of funds between personnel and operating expenses requires the approval of the CCAT Program Manager.
- Contractor shall submit quarterly invoices for each Fiscal Year as follows:

FY 2016-17 Payment Schedule:**Payroll**

October 15, 2016	\$11,437.25
January 15, 2017	\$11,437.25
April 15, 2017	\$11,437.25
July 15, 2017	\$11,437.25

Total: \$45,749.00

Operations:

October 15, 2016	\$1,062.75
January 15, 2017	\$1,062.75
April 15, 2017	\$1,062.75
July 15, 2017	\$1,062.75

Total: \$4,251.00

FY 2017-18 Payment Schedule:**Payroll**

October 15, 2017	\$11,437.25
January 15, 2018	\$11,437.25
April 15, 2018	\$11,437.25
July 15, 2018	\$11,437.25

Total: \$45,749.00

Operations:

October 15, 2017	\$1,062.75
January 15, 2018	\$1,062.75
April 15, 2018	\$1,062.75
July 15, 2018	\$1,062.75

Total: \$4,251.00

- In no event shall all taxes, services, and fees exceed the total amount of of **TWO HUNDRED FIFTY THREE THOUSAND SEVEN HUNDRED FIFTY DOLLARS (\$253,750)**.

- Invoices shall be sent to HSA_CFScontracts@smcgov.org with a copy to the contract manager.