

**AMENDMENT #4
TO CONTRACT BETWEEN
COUNTY OF VENTURA
AND
COMPASS FAMILY ENTERPRISES, DBA CHANNEL ISLANDS SOCIAL SERVICES,
FOR
RESPIRE CARE**

The County of Ventura (County) and Compass Family Enterprises, dba Channel Islands Social Services (Contractor), hereby agree that the contract previously entered into by the parties, also identified as County of Ventura Contract No. 6092, on July 1, 2022, amended by Amendment #1 and #2 effective July 1, 2023, amended by Amendment #3 effective January 1, 2024 is further amended, effective July 1, 2024, as follows:

1. Section 1. SERVICES TO BE PERFORMED BY CONTRACTOR. The first sentence is deleted and replaced with the following: “In consideration of the payments hereinafter set forth, Contractor will perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibits A, A1, A2, B, B1, B2, B3, C, C1, C2 and D (collectively, the “Exhibits”), attached hereto and incorporated by reference.”
2. Section 2. PAYMENTS. The first sentence is deleted and replaced with the following: “In consideration of the services rendered in accordance with all applicable terms, conditions and specifications, County will make payment to Contractor in the manner specified in Exhibit A (Scope of Work), Exhibit A1 (Scope of Work for Fiscal Year 2023-2024) and Exhibit A2 (Scope of Work for Fiscal Year 2024-2025) and in accordance with the approved budget for this Contract herein included as Exhibit B (Budget), Exhibit B1, B2 (Budget for Fiscal Year 2023-2024) and in Exhibit B3 (Budget for Fiscal Year 2024-2025) . Any remaining funds from one Fiscal Year may not be carried into the subsequent Fiscal Year.”
3. Section 5. TERM. The first sentence is deleted and replaced with the following: “The term of this Contract is from July 1, 2022 – June 30, 2025, subject to all terms and conditions set forth herein and subject to the appropriation of funds by the Board of Supervisors.”
4. Exhibit A2-Scope of Work (for Fiscal Year 2024-25), attached hereto and incorporated by reference, is added to this Contract.
5. Exhibit B3 Budget (for Fiscal Year 2024-25), attached hereto and incorporated by reference, is added to this Contract.
6. Exhibit C2-Quarterly Performance Report (for Fiscal Year 2024-2025), attached hereto and incorporated by reference, is added to this Contract.
7. All other terms and conditions of the Contract remain the same.

COUNTY OF VENTURA

COMPASS FAMILY ENTERPRISES, DBA CHANNEL ISLANDS SOCIAL SERVICES

Authorized Signature

Authorized Signature

Melissa Livingston

Sharon Francis

Director, Human Services Agency

President and CEO

Date

Date

COMPASS FAMILY ENTERPRISES, DBA CHANNEL ISLANDS SOCIAL SERVICES

Authorized Signature

Printed Name

Title

Date

* If a corporation, this Contract must be signed by two specific corporate officers.

The first signature must be either the (1) Chief Executive Officer, (2) Chairman of the Board, (3) President, or any (4) Vice President.

The second signature must be the (a) Secretary, an (b) Assistant Secretary, the (c) Chief Financial Officer, or any (d) Assistant Treasurer.

In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signature to bind the company.

EXHIBIT A2
FY 2024-2025
Channel Islands Social Services – Foster & Kinship Respite Care

I. Contractor Responsibilities:

- A. Provide services to families in the Family Preservation program.
- B. Providing in-home respite care to County Emergency Shelter Care providers with placement of a Ventura County dependent child or youth ages newborn through seventeen (17). Emergency Shelter Care providers may utilize up to thirty (30) hours of respite care per month with the conditions that unused respite care hours may not be saved or carried over from month to month and that more than thirty (30) hours per month may only be used by an Emergency Shelter Care provider on a case-by-case basis upon prior review and written approval from the COUNTY liaison or appointed COUNTY staff.
- C. In addition to 6,502 respite care hours, provide a total of 60 community childcare hours for the contract term of twelve (12) months. Community childcare is provided for RFA family networking meetings and other County-sponsored events. Community childcare must be approved by COUNTY liaison.
- D. In addition to 6,502 respite care hours, provide a total of 200 CFTM, Icebreaker, and Pre-Service Training childcare hours for the entire term of the Contract.
- E. Accept referrals from RFA relative families for potential respite caregivers and, if the potential respite caregivers meet all employment qualifications, hire up to ten (10) such referred respite caregivers per year to be assigned to the families who referred them. More than ten (10) referred respite caregivers may be hired after review and agreement by CONTRACTOR and COUNTY.
- F. Provide respite care due to special circumstances as determined on a case-by-case basis and upon prior review and written approval from the COUNTY liaison or appointed COUNTY staff. Details on the level of care needed for the child or youth to be discussed with the COUNTY, including but not limited to, the placement team, assigned social worker, supervisor, or manager, and CONTRACTOR prior to approval.
- G. Pay respite caregivers a wage consistent with the CONTRACTOR's Human Resources policies and procedures in alignment with wages paid for similar work on non-contract funded positions.
- H. Utilize the Agency Placement Agreement as proof of foster placement and/or verify Family Preservation eligibility with designated COUNTY staff.
- I. Receive referrals from COUNTY for RFA foster and kinship families and Family Preservation families.
- J. Conduct an annual satisfaction survey for all registered Ventura County families to evaluate program, use of services, respite care needs, and evaluate suggested improvements. Provide results of the survey to COUNTY.
- K. CONTRACTOR shall adhere to the additional CONTRACTOR responsibilities:
 - 1. CONTRACTOR may subcontract any of the duties and responsibilities to a third party, provided that such subcontractor is an eligible service provider and is held to the same policies, procedures, conditions and mandates to which CONTRACTOR is held under this contract. In all cases, CONTRACTOR shall be liable for all actions of any subcontractor in the operation of this project, and CONTRACTOR shall monitor performance and compliance with all aspects of said subcontract and report all findings and corrective actions to COUNTY. All

subcontracts need to be submitted and approved by COUNTY prior to implementation.

2. Equipment purchased with funds paid or provided to CONTRACTOR under this contract is the property of the COUNTY of Ventura. COUNTY retains the right to have all such property returned upon conclusion of the contract period.

II. COUNTY RESPONSIBILITIES:

- A. COUNTY shall provide the following services in the operation of this contract:
- B. Assign staff to provide technical assistance; resolve issues; assist in developing program policies, procedures, forms; and ensure ongoing collaboration and coordination of program services with CONTRACTOR, as necessary.
- C. Coordinate with CONTRACTOR in the development of reports, satisfaction surveys, and other information as necessary to evaluate CONTRACTOR's performance under this contract.
- D. Review claims and pay CONTRACTOR for services rendered in accordance with the terms and conditions of this contract.
- E. Process all related contract modifications, invoices and administrative requirements.
- F. Conduct CWS/CMS database search, Live Scan background check, and/or other background clearance as needed of potential respite caregivers prior to employment.
- G. Refer eligible families to CONTRACTOR.

III. PERFORMANCE MEASURES

- A. CONTRACTOR shall submit cumulative performance reports to the COUNTY on a quarterly basis.
- B. Reports shall detail all work performed as identified in Exhibit C and any obstacles to achieving the expected outcomes. Reports are due within 15 days after the end of each quarter.

IV. COMPENSATION & PAYMENT SCHEDULE

- A. CONTRACTOR and COUNTY acknowledge and agree that this is a cost reimbursement contract. The total compensation amount of this contract shall not exceed \$250,000. CONTRACTOR shall be paid in arrears for all costs incurred and paid in support of this contract. CONTRACTOR shall submit an invoice monthly for all expenses incurred and paid for the previous month no later than the tenth calendar day of the subsequent month to Human Services Agency-Fiscal Division.
- B. CONTRACTOR shall include staff training sign in sheets and respite usage report (or equivalent) with the monthly invoice.
- C. Subcontractor invoices for services shall be paid by CONTRACTOR first with such amounts included in CONTRACTOR'S regular invoice to COUNTY for reimbursement.
- D. In accordance with the approved budget, included herein as Exhibit B, COUNTY shall reimburse to the CONTRACTOR the approved costs within 30 days of the receipt of an approved invoice.

V. MONITORING

- A. COUNTY may monitor and evaluate CONTRACTOR to ensure compliance with the terms of this Agreement.
- B. CONTRACTOR's failure to resolve a COUNTY-identified deficiency within 90 days of the monitoring and noticing by COUNTY may be sufficient cause for the COUNTY to withhold funds under this Contract to CONTRACTOR.
- C. Monitoring reports will be used to evaluate requests for proposals for new contracts and for making program improvements should this contract be renewed.

		Exhibit B3	
1. CONTRACTOR NAME: Channel Islands Social Services			
2. PROGRAM ACTIVITY/PROJECT NAME:			
3. PERFORMANCE PERIOD		4. EFFECTIVE DATES	
FROM: 7/1/2024	TO: 6/30/2025	INITIAL CONTRACT EFFECTIVE DATE: 7/1/2022	
CONTRACT #: 6092		AMENDMENT #: 4	
		AMENDMENT EFFECTIVE DATE: 7/1/2024	

BUDGET SUMMARY			
I. DIRECT PROGRAM EXPENSES	BUDGET SUMMARY	LEVERAGED COSTS	LEVERAGE TYPE (In-Kind or Cash)
A. Staff Salaries	\$ 177,430		
B. Staff Fringe Benefits	\$ 26,171		
C. Program Operating Expenses	\$ 21,807		
D. Contractual Services	\$ -		
E. Client/Participant Direct Costs	\$ -		
F. Other	\$ 1,865		
SUBTOTAL SECTION I -DIRECT PROGRAM EXPENSES	\$ 227,273	\$ -	
II. INDIRECT COSTS	\$ 22,727	\$ -	
TOTAL NOT TO EXCEED CONTRACT AMOUNT	\$ 250,000	\$ -	

BUDGET DETAIL				
I. DIRECT PROGRAM EXPENSES				
A. Staff Salaries (List Position/Title)	Monthly Salary	FTE(S)	# of Months	Total
Family Services Support Specialist	\$3,035	1	12	\$ 36,420
Respite Caregivers	\$2,600	4.17	12	\$ 130,050
Respite Caregivers- Childcare	\$2,600	0.04	12	\$ 1,200
Respite Caregivers - CFT Meetings	\$2,600	0.13	12	\$ 4,000
Respite Caregivers - Training	\$2,600	0.18	12	\$ 5,760
				\$ -
				\$ -
				\$ -
				\$ -
A. Subtotal Staff Salaries				\$ 177,430

B. Staff Fringe Benefits	Rate (%)	Total
Payroll Taxes (Social security, Medicare, etc.)	11.00%	\$ 19,517
Health Benefits	0.40%	\$ 710
Retirement Contributions	1.00%	\$ 1,774
Other (please describe):	2.35%	\$ 4,170
Other (please describe):		\$ -
B. Subtotal Staff Fringe Benefits		\$ 26,171

C. Program Operating Expenses <i>(Must be verifiable and cannot also be treated as an Indirect Cost.)</i>	Budget Justification & Calculation Details	TOTAL
Staff Travel, Facility Lease/Mortgage, Telephone/Utilities, Insurance Related to the Program, Office Supplies & Equipment*, Program Outreach, Other Program Costs	Use the percentage of program payroll amounts to determine.	\$ -
Staff Travel	250 Miles per week @ .67/mile for 52 weeks	\$ 8,710
Facility Lease/Mortgage	7031 sq/ft @1.80 per sq/ft for 12 months at 4% use	\$ 6,075
Telephone/Utilities	4% use of total telephone/utilities cost for 12 months	\$ 1,429
Insurance Related to the Program	Workers Comp at \$2.95 rate	\$ 5,233
Office Supplies & Equipment*	\$15/month for 12 months	\$ 180
Program Outreach		\$ -
Other Program Costs	Childcare supplies at \$15/month for 12 months	\$ 180
		\$ -
C. Subtotal Direct Program Operating Expenses		\$ 21,807

(*Note: For equipment items over \$5,000 and a useful life of more than one year, additional approval is needed. Please list all such items individually with the per-unit costs.)

		Exhibit B3
1. CONTRACTOR NAME: Channel Islands Social Services		
2. PROGRAM ACTIVITY/PROJECT NAME:		
3. PERFORMANCE PERIOD FROM: 7/1/2024 TO: 6/30/2025		4. EFFECTIVE DATES INITIAL CONTRACT EFFECTIVE DATE: 7/1/2022 AMENDMENT #: 4 AMENDMENT EFFECTIVE DATE: 7/1/2024
CONTRACT #: 6092		

D. CONTRACTUAL SERVICES (List legal entity name for each)	Contract Description & Cost Details	Vendor (V) (to follow 2 CFR)	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<i>D. Subtotal Contractual Services</i>			\$ -

E. CLIENT/PARTICIPANT DIRECT COSTS				TOTAL
Vocational Training Costs	Avg. Cost Per Participant	# of Participants		
	\$ -	0		\$ -
On-the-Job Training	Avg. Rate Per Hour	Avg. Hours Per Month	Avg. # of Months	
Participant Wages				\$ -
Participant Benefits	Avg. Benefit Rate (%):			\$ -
Supportive Services (WIOA contract only)	Add Budget Justification & Calculation Details Below			\$ -
Family Stabilization Support Funds (CFS contracts only, when permitted)	Add Budget Justification & Calculation Details Below			
				\$ -
<i>E. Subtotal Client/Participant Direct Costs</i>				\$ -

F. OTHER (Please Describe)	Budget Justification & Calculation Details		
Health Screening - TB Skin Testing	2 new employees @ \$42 per employee		\$ 84
Health Screening - TB Chest X-ray Testing	1 new employee @ \$87 per employee		\$ 87
Employment Screenings	3 new employees @ \$12 per employee		\$ 36
CPR/First Aid & ProAct Training Fees	16 employees @ \$55 per employee		\$ 880
Crisis Intervention Training Subscription Fee	7 Learners @ \$54.00		\$ 378
Speakers and Supplies for Semi-Annual Trainings	2 Trainings @ \$200 per Training		\$ 400
<i>F. Subtotal Other</i>			\$ 1,865

DIRECT PROGRAM COSTS TOTAL	\$ 227,273
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II. INDIRECT COSTS* (Use one of the options below.)				
	Rate (%)	Cost Base Rate Applied to (Amount)	Cost Base (Type)	Total
1. Federally Negotiated Indirect Cost Rate (Must attach your approved ICRA)				\$ -
2. De Minimis 10%	10%	\$ 227,273	MTDC	\$ 22,727
3. Other Program Special Rate (May be referenced in RFP, provide details)				\$ -
INDIRECT COSTS TOTAL				\$ 22,727

*Please note that items cannot be charged as both Direct Program Expenses and Indirect Costs. See 2 CFR §200.412-§200.415.
Please list the general items classified by your agency as Indirect Costs:

Channel Islands Social Services Foster & Kinship Respite Services Exhibit C2 FY 2024-2025

AGENCY/PROGRAM NAME: CHANNEL ISLANDS SOCIAL SERVICES-FOSTER & KINSHIP RESPITE PROGRAM

Outcome/Indicator	Plan (Goal)	Quarter 1 7/1/24 - 9/30/25		Quarter 2 10/1/24 - 12/31/25		Quarter 3 1/1/25 - 3/31/25		Quarter 4 4/1/25 - 6/30/25		Year to Date		Notes	
		Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent		
Process Measures													
1	Total number of new Resource Families added in the quarter	8 new families/ quarter	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
	a) # of community homes		0	NA	0	NA	0	NA	0	NA	0	NA	
	b) # of Kinship/NREFMs		0	NA	0	NA	0	NA	0	NA	0	NA	
	c) # of FFA families		0	NA	0	NA	0	NA	0	NA	0	NA	
	d) # of Preservation families		0	NA	0	NA	0	NA	0	NA	0	NA	
2	Resource Families and children registered in the program (family count)	88 families per fiscal year	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
	a) # of community families		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
	b) # of Kinship/NREFMs families		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
	c) # of FFA families		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
	d) # of Preservation families		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
3	Resource Families and children actively using respite hours (family count)	88 families with 85% utilization	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
	a) # of community families		0	NA	0	NA	0	NA	0	NA	0	NA	
	b) # of Kinship/NREFMs families		0	NA	0	NA	0	NA	0	NA	0	NA	
	c) # of FFA families		0	NA	0	NA	0	NA	0	NA	0	NA	
	d) # of Preservation families		0	NA	0	NA	0	NA	0	NA	0	NA	
4	List # of respite care hours provided for twelve months (12 hrs/mo. per family; 60 hrs mo. per FFA)	6,502 total hours per fiscal year	0.00	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
	a) # of hours provided for community families		0.00	NA	0	NA	0.00	NA	0	NA	0	NA	
	b) # or hours provided for Kinship/NREFM families		0.00	NA	0	NA	0	NA	0	NA	0	NA	
	c) # of hours provided for FFA families		0.00	NA	0	NA	0	NA	0	NA	0	NA	
	d) # of Preservation families		0	NA	0	NA	0	NA	0	NA	0	NA	
5	Community child care hours provided for twelve months	60 hrs per fiscal year (15 hours per quarter)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	Care provided for Pre-Service Trainings in home of RFA caregiver and at the Raising Hope event.
	a) List number of community events		0	NA	0	NA	0	NA	0	N/A	0	N/A	
6	Child & Family Team Meeting/ Icebreaker child care hours provided for twelve months	200 per fiscal year	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	CFT requests are beginning to come in.
7	List # of families who have requested specialized respite services for children with medical, behavioral and/or emotional challenges	-	0	NA	0	NA	0	NA	0	NA	0	NA	*Does not count family preservation cases
	a). List # of specialized respite hours provided for children with medical, behavioral and/or emotional challenges		0	NA	0	NA	0	NA	0	NA	0	NA	
8	List # of referrals received from Kinship/NREFM families for family specific Respite Caregivers	10 referrals per fiscal year (from different families)	0	NA	0	NA	0	NA	0	NA	0	NA	No referrals from families this quarter
	a). List # of referred individuals who met all employment qualifications and hired by CISS		0	NA	0	NA	0	NA	0	NA	0	NA	
9	List # of emergency child care requests	-	0	NA	0	NA	0	NA	0	NA	0	NA	Received initial inquiries but referrals did not follow through.
	a. List # of emergency child care hours provided		0	NA	0	NA	0	NA	0	NA	0	NA	
10	List number of annual training hours completed per Respite Caregiver		0	NA	0	NA	0	NA	0	NA	0	NA	
	a) # of trainings provided to Respite Caregivers	# of trainings	0	NA	0	NA	0	NA	0	NA	0	NA	
	b) # of training hours provided to Respite Caregivers	# of training hrs	0	NA	0	NA	0	NA	0	NA	0	NA	
	c) # and percentage of Respite Caregivers that completed 8 hrs annual training	# and percentage of caregivers that completed annual training	0	#DIV/0!	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
	d) # and percentage of Respite Caregivers that have completed the Crisis Intervention Response training	-	0	#DIV/0!	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	
11	Total # of Respite Caregivers at the end of the quarter		0		0		0		0		0	N/A	
	a) Total # of English speaking Respite Caregivers at the end of the quarter	# and linguistic	0	#DIV/0!	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	

b) Total # of bilingual (English/Spanish) or monolingual (Spanish) Respite Caregivers at the end of the quarter	capabilities of Respite Caregivers	0	#DIV/0!	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	
c) Total # of Respite Caregivers that speak other languages and/or dialects (i.e. ASL, Mixteco)		0	#DIV/0!	0	0.0%	0	0.0%	0	0.0%	0	#DIV/0!	No current staff but recruitment is continous. For temporary needs we have contracted interpreters/translators.
Outcome Measures												
12 Percentage of response to emergency child care Requests within (3) three hours of initial request	100%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
13 Conduct a client satisfaction evaluation of all RFA, Kinship/NREFM, and FFA families annually	90% satisfaction rate of those responding (Survey takes place in June of each year). - Please see survey summary for details. Survey result was 92% satisfaction.											
Additional Comments:												