SECOND AMENDMENT TO AGREEMENT

THIS SECOND AMENDMENT TO THE AGREEMENT FOR SERVICES FOR OCTOBER 1, 2017 TO JUNE 30, 2020 (hereinafter referred to as “Amendment”) by and between Sutter-Yuba Behavioral Health, a Joint Powers Agency operated by the counties of Sutter and Yuba (hereinafter referred to as “Behavioral Health”), and Youth for Change (hereinafter, referred to as “Contractor”), modifies the Agreement between Behavioral Health and the Contractor which became effective October 1, 2017 (hereinafter referred to as “Agreement”). A copy of the Agreement is attached as Exhibit 1 and incorporated by reference.

For valuable consideration, including their mutual promises, receipt of which is hereby acknowledged, the parties agree to the following:

SECTION 5. COMPENSATION FOR SERVICES of the Agreement is deleted in its entirety and replaced with the following effective July 1, 2018:

5. COMPENSATION FOR SERVICES: Behavioral Health shall make payment to Contractor based upon the services provided by Contractor that are entered into Behavioral Health’s EHR and void of errors. No later than the 15th of each month Behavioral Health will create a report of Medi-Cal eligible services and will issue payment at the contracted interim rate for said services to Contractor. A detailed listing of services will be provided to Contractor for reconciliation purposes. Behavioral Health shall pay Contractor at the following interim rates for Treatment Services:

| Mental Health Services: | $3.00 per minute |
| Med Support:            | $7.63 per minute |

Direct client costs are not to exceed $110,700 for FISCAL YEAR 2017-2018 and $147,600.00 for FISCAL YEARS 2018-2019 and 2019-2020.

Start-up costs are not to exceed $169,100.00 for the term of this Agreement.

The total compensation payable to Contractor during the term of this Agreement shall not exceed:

FISCAL YEAR 2017-2018
THREE MILLION TWO HUNDRED SIXTY-NINE THOUSAND FOUR HUNDRED EIGHTEEN DOLLARS
($3,269,418.00)

FISCAL YEAR 2018-2019
FOUR MILLION ONE HUNDRED TWENTY-SEVEN THOUSAND EIGHT HUNDRED SIXTY-FOUR DOLLARS
($4,127,864.00)

FISCAL YEAR 2019-2020
FOUR MILLION ONE HUNDRED TWENTY-SEVEN THOUSAND EIGHT HUNDRED SIXTY-FOUR DOLLARS
($4,127,864.00)
EXHIBIT A SCOPE OF WORK of the Agreement is deleted in its entirety and replaced with the following effective July 1, 2018:

EXHIBIT A
SCOPE OF WORK

Youth for Change will provide services for up to 262 children/youth throughout the programs detailed below during Fiscal Years 2018-2019 and 2019-2020.

1. COMMUNITY BASED EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) EPSDT MENTAL HEALTH SERVICES

DESCRIPTION

Community Based Mental Health Services are to be provided at schools, homes and in the community or provider site for full scope Medi-Cal beneficiary children and youth at any given time, who are under the age of twenty-one and meet medical necessity, in order to reduce involvement with the juvenile justice system, reduce out-of-home placements, increase school success and facilitate the transition to adulthood.

Services are to be provided at the family’s convenience and consumer’s needs which includes during traditional office hours, between 5 p.m. and 8 a.m., and/or weekends and holidays as appropriate. Community Based Services are tailored to meet each consumer and their family’s needs and may include: support in transitioning out of Short Term Residential Treatment Programs (STRTPs), hospital discharge support, and assistance to youth transitioning to adulthood. Specialty Mental Health Services (SMHS) including assessment, plan development, individual and group therapy, individual and group rehab, medication support services (if applicable), targeted case management and collateral are among the array of services expected to be provided to address the safety and therapeutic needs of children, youth and families.

In addition to the services listed above, Bidders should describe their ability and plan to provide Intensive Care Coordination (ICC) to consumers who meet medical necessity and are approved for this service. ICC is a targeted case management (TCM) service that facilitates assessment of, care planning for and coordination of services, including urgent services for beneficiaries with intensive needs.

TARGET POPULATION

Children/youth must meet all criteria outlined in a. through d. below:
   a. Full Scope Medi-Cal/EPSDT eligible;
   b. Must meet EPSDT mental health medical necessity criteria and need mental health services;
   c. Must meet Seriously Emotionally Disturbed Children and Youth (Welfare and Institutions Code 5600.3) criteria; and
   d. Must be referred by Sutter-Yuba Behavioral Health.

OUTCOMES
The selected Contractor(s) will also be required to utilize the CALOCUS/LOCUS and the Child Behavior Checklist (CBCL) to determine the appropriate level of care and track client outcomes, in addition to any additional outcome measure tools used by a specific Evidence Based Program or by the agency as a whole.

2. **INTENSIVE HOME-BASED SERVICES (IHBS)**

**DESCRIPTION**

Intensive Home-Based Services (IHBS) are to be provided for children/youth who meet medical necessity and are approved for this service. Intensive Home-Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth’s functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth’s family/caregiver’s ability to help the child/youth successfully function in the home and community.

**TARGET POPULATION**

Children/youth must meet all criteria outlined in a. through e. below:

- a. Full Scope Medi-Cal/EPSDT eligible;
- b. Must meet EPSDT mental health medical necessity criteria and need mental health services;
- c. Must meet Seriously Emotionally Disturbed Children and Youth (Welfare and Institutions Code 5600.3) criteria;
- d. Must be receiving Specialty Mental Health Services, including Intensive Care Coordination (ICC) concurrently; and
- e. Must be referred by Sutter-Yuba Behavioral Health.

**OUTCOMES**

The selected Contractor(s) will be required to utilize the CALOCUS/LOCUS and the Child Behavior Checklist (CBCL) to determine the appropriate level of care and track client outcomes, in addition to any outcome measure tools used by a specific Evidence Based Program or by the agency as a whole.

**0-5 FULL SERVICE PARTNERSHIP (FSP) SERVICES**

**DESCRIPTION**

FSP Services will be provided to children ages zero to five (0-5), and their families at any given time, who are unserved, underserved or inappropriately served and who otherwise lack access to mental health treatment services. Services and treatment will be strength based, family centered, community based and patterned upon best practice based models of treatment incorporating principles of resiliency and recovery. All proposed services must meet the MHSA criteria of focusing on incorporating concepts of wellness, recovery and resiliency, with attention to the importance of client-driven services. In
addition to individual mental health interventions for the child, services are also provided to meet the needs of parents regarding their own mental health, substance abuse and domestic violence issues which impacts the family's/child's stabilization. A staff person known to the child/family must be available to respond to client needs 24 hours a day, 7 days a week.

TARGET POPULATION

Children zero to five-years-old (0-5) that meet EPSDT mental health medical necessity criteria and need mental health services and meet one or more of the criteria outlined in a. through e. below:

a. Child with serious emotional disturbance (SED) who is at high risk of expulsion from preschool;

b. Child is involved with or at high risk of being detained by Child Welfare Services (CWS); and/or

c. Child has a parent/caregiver with SED or severe and persistent mental illness, or who has a substance abuse disorder or co-occurring disorders; and

d. Is unserved, underserved or inappropriately served; and

e. Must be referred by Sutter-Yuba Behavioral Health.

OUTCOMES

Sutter-Yuba Behavioral Health collects data and measures outcomes throughout the continuum of care. The County will work with the selected Contractor(s) to develop and implement program evaluation of the 0-5 FSP program supported by MHSA and California Department of Health Care Services (DHCS) outcomes.

The selected Contractor(s) will be required to utilize and collect data using a standard set of outcome assessment forms as developed by the California Department of Health Care Services (DHCS): Partnership Assessment Form (PAF) that collects baseline and current data when clients first enter FSP services; Quarterly Assessment Form (3M) that updates the data from the PAF and is done every three (3) months for each client as long as they are receiving FSP services; and the Key Event Tracking Form (KET) that is completed each time a key event occurs.

The selected Contractor(s) will also be required to utilize the CALOCUS/LOCUS and the Child Behavior Checklist (CBCL) to determine the appropriate level of care and track client outcomes, in addition to any additional outcome measure tools used by a specific Evidence Based Program or by the agency as a whole.

3. CHILDREN’S FULL-SERVICE PARTNERSHIP (FSP) SERVICES

DESCRIPTION

Children’s FSP Services will be provided to children/youth ages six to fifteen (6-15) and their families at any given time, who are unserved, underserved or inappropriately served
and who otherwise lack access to mental health treatment services. Services and treatment will be strength based, family centered, community based and patterned upon best practice based models of treatment incorporating principles of resiliency and recovery. All proposed services must meet the MHSA criteria of focusing on incorporating concepts of wellness, recovery and resiliency, with attention to the importance of client-driven services. In addition to individual mental health interventions for the child/youth, services are also provided to meet the needs of parents regarding their own mental health, substance abuse and domestic violence issues which impacts the family’s/child’s stabilization. A staff person known to the child/family must be available to respond to client needs 24 hours a day, 7 days a week.

TARGET POPULATION

Children six to fifteen-years-old (6-15) that meet EPSDT mental health medical necessity criteria and need mental health services and meet one or more of the criteria outlined in a. through e. below:

a. Child/youth with serious emotional disturbance (SED) who has been removed or is at risk of removal from their home by Child Welfare Services (CWS) and/or is in transition to a less restrictive placement; and/or

b. Child/youth with SED who is experiencing the following at school: suspension or expulsion, violent behaviors, drug possession or use, and/or suicidal and/or homicidal ideation; and/or

c. Child/youth with SED who is involved with Probation, is on psychotropic medication, and is transitioning back into a less structured home/community setting; and

d. Is unserved, underserved or inappropriately served; and

e. Must be referred by Sutter-Yuba Behavioral Health.

OUTCOMES

Sutter-Yuba Behavioral Health collects data and measures outcomes throughout the continuum of care. The County will work with the selected Contractor(s) to develop and implement program evaluation of the Children’s FSP program supported by MHSA and California Department of Health Care Services (DHCS) outcomes.

The selected Contractor(s) will be required to utilize and collect data using a standard set of outcome assessment forms as developed by the California Department of Health Care Services (DHCS): Partnership Assessment Form (PAF) that collects baseline and current data when clients first enter FSP services; Quarterly Assessment Form (3M) that updates the data from the PAF and is done every three (3) months for each clients as long as they are receiving FSP services; and the Key Event Tracking Form (KET) that is completed each time a key event occurs.

The selected Contractor(s) will also be required to utilize the CALOCUS/LOCUS and the Child Behavior Checklist (CBCL) to determine the appropriate level of care and track client outcomes, in addition to any additional outcome measure tools used by a specific Evidence Based Program or by the agency as a whole.
4. **THERAPEUTIC BEHAVIORAL SERVICES (TBS)**

**DESCRIPTION**

Therapeutic Behavioral Services (TBS) will be provided to up to children/youth and their families/caregivers at any given time. TBS is an intensive, short-term, one-to-one behavioral coaching service available to children/youth up to 21 years old, with moderate to severe emotional and/or behavioral challenges, and their families or caregivers. TBS uses a wide variety of behavioral interventions to support ongoing Medi-Cal therapeutic services and is only offered if a child/youth is receiving other Specialty Mental Health Services from a County behavioral health provider.

**TARGET POPULATION**

Children/youth must meet all criteria outlined in a. through e. below:

a. Full Scope Medi-Cal/EPSDT eligible;

b. Must meet EPSDT mental health medical necessity criteria necessity (or have a qualifying mental health diagnosis);

c. Must be a member of a certified class by meeting one of the following criteria:
   
   i. Currently placed in a group home facility RCL (Rate Classification Level) 12 or above (STRTP beginning January 1, 2017) and/or a locked treatment facility;
   
   ii. Is being considered by the County for placement in a facility RCL 12 or above (STRTP beginning January 1, 2017), and/or a locked treatment facility;
   
   iii. Has undergone at least one emergency psychiatric hospitalization related to current presenting disability within the preceding 24 months;
   
   iv. Has previously received TBS while a member of a certified class; or
   
   v. Is at risk of requiring psychiatric hospitalization

d. Must be receiving other Specialty Mental Health Services through an MHP; and

e. Must be referred by Sutter-Yuba Behavioral Health.

**OUTCOMES**

Due to the intensive and short-term nature of TBS services, the successful Contractor(s) is expected to frequently and consistently monitor individual client progress toward identified benchmarks as described in the TBS plan.

All other terms and conditions of the Agreement shall remain in full force and effect.
In the event of any conflict or inconsistency between the provisions of this Amendment and the Agreement, it shall be resolved such that the provisions of this Amendment shall control in all respects.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates of their signatures.

Sutter County Health and Human Services

By__________________________________ Date: ______________
Nancy O’Hara, Director

Youth for Change, Inc.

By__________________________________ Date: ______________
George Siler, Executive Director

SUTTER COUNTY BOARD OF SUPERVISORS

By__________________________________ Date: ______________
Chairman

ATTEST

By: _________________________________ By: _________________________________
Clerk Sutter County Counsel

APPROVED AS TO FORM