



RESOLUTION No. 19-076

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING EXECUTION OF AMENDMENT NO. 1 TO THE PERSONAL SERVICES CONTRACT WITH SHELEE ANN SEPKO, LMFT, D/B/A WHAT'S UP? WELLNESS CHECKUPS FOR FISCAL YEAR 2018/19 (RES. 18-256)

WHEREAS, contract services are funded by Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding, which is intended to support strategies to help identify and increase prevention efforts and responses to early signs of emotional and behavioral health problems among specific at-risk populations; and

WHEREAS, the Contractor shall establish a Project Team that will coordinate efforts to offer program screening to students in participating Nevada County Schools that can help link students identified as high-risk to needed services; and

WHEREAS, the parties desire to amend their agreement to: 1) revise Exhibit "A" Schedule of Services to reflect a change in performance measures, 2) increase the Maximum Contract Price from \$106,150, to \$110,650; and 3) amend Exhibit "B", "Schedule of Charges and Payments", to reflect the increase in the maximum contract price.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that Amendment No. 1 to the Personal Services Contract by and between the County and Shellee Ann Sepko, LMFT, d/b/a What's Up? Wellness Checkups related to the provision of mental health screening services for high school students in Eastern and Western Nevada County in the maximum amount of \$110,650 (an increase of \$4,500) for the contract term of July 1, 2018 through June 30, 2019, revising Exhibit "A" Schedule of Services to reflect a change in performance measures, and revising Exhibit "B" Schedule of Charges and Payments to reflect the increase in the maximum contract price, be and hereby is approved in substantially the form attached hereto, and that the Chair of the Board of Supervisors be and is hereby authorized to execute the Amendment on behalf of the County of Nevada.

Funds to be disbursed from account: 1589-40110-493-8201/521520

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 26th day of February, 2019, by the following vote of said Board:

Ayes: Supervisors Dan Miller, Susan K. Hoek,
and Richard Anderson

Noes: None.

Absent: Supervisors Heidi Hall and Edward Scofield

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 



Richard Anderson, Chair

2/26/19 cc: BH*
AC* (Hold)

5/7/2019 cc: BH*
AC*(release)
SAS

**AMENDMENT #1 TO CONTRACT WITH
SHELLEE ANN SEPKO, LMFT D/B/A WHAT'S UP?
WELLNESS CHECKUPS (RES 18-256)**


THIS AMENDMENT is dated this 26th day of February, 2019 by and between SHELLEE ANN SEPKO, LMFT D/B/A WHAT'S UP? WELLNESS CHECKUPS and COUNTY OF NEVADA. Said Amendment will amend the prior agreement between the parties entitled Personal Services Contract executed on June 19, 2018 by Resolution No. 18-256.

WHEREAS, the parties desire to amend their agreement to 1) increase the total maximum amount from \$106,150 to \$110,650 (an increase of \$4,500); 2) amend Exhibit "A" to reflect a change in performance measures; and 3) amend Exhibit "B" to reflect the change in the total maximum amount.

NOW, THEREFORE, the parties hereto agree as follows:

1. This amendment shall be effective as of December 5, 2018.
2. That Section (§2) Maximum Contract Price, shall be changed to the following: \$110,650.
3. That Exhibit "A", Schedule of Services, shall be revised to the amended Exhibit "A" attached hereto and incorporated herein
4. That Exhibit "B", Schedule of Charges and Payments, shall be revised to the amended Exhibit "B" attached hereto and incorporated herein.
5. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA

By: 
Chair of the Board of Supervisors

CONTRACTOR:

By: 
Shellee Ann Sepko, LMFT

ATTEST:


By: 
Julie Patterson Hunter
Clerk of the Board of Supervisors

EXHIBIT "A"

SCHEDULE OF SERVICES SHELLEE ANN SEPKO, LMFT d/b/a WHAT'S UP? WELLNESS CHECKUPS

Shellee Ann Sepko, LMFT, herein referred to as "Contractor", shall provide What's Up? Wellness Checkups as an Access and Linkage component of the County's Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan for the County of Nevada, Department of Behavioral Health, herein referred to as "County".

BACKGROUND:

What's Up? Wellness Checkups

Every community and school hopes to develop a roadmap for success of all students, and it has become evident that schools cannot focus solely on the academic success of young people. Both the physical and mental well-being of a young person has direct implications for that child's ability to be productive as a student and as a member of the school and community. Embracing the concept of the whole child has led schools and communities to integrate systems that address the academic, social, and emotional needs of teens.

Teen Screen Schools and Communities is a national mental health and suicide risk screening program for young people, ages 11-18. Nearly one million teens have been offered a mental health checkup through more than 550 schools and community sites implementing Teen Screen across the country. Teen Screen was developed by Columbia University's Division of Child and Adolescent Psychiatry in response to research revealing that 90 percent of youth who die by suicide suffered from a diagnosable mental illness and that 63 percent experience symptoms for at least a year prior to their deaths. This study was among the first to shatter the myth that suicide is a random and unpredictable event in youth. It also highlighted the fact that there is ample time to intervene with at-risk youth and connect them with the mental health services that can save their lives. Research revealed that Columbia Teen Screen effectively identified at-risk youth. It also showed that most of the youth identified through the screening were not previously known to have had problems.

Nevada County Behavioral Health has set the goal of adapting the Teen Screen model to make voluntary mental health checkups available to all of Nevada County's ninth graders and any other high school student that the schools and/or parents refer.

DESCRIPTION OF SERVICES:

Contractor shall establish a Project Team, which will include the following core positions: a Program Director and a Community Resource Coordinator (with job duties described below).

In addition, Contractor will engage Translation/Interpretation Services to create opportunities for outreach in the Hispanic communities in Grass Valley and Truckee on an as-needed basis. Contractor will also engage Bookkeeping Services for fiscal support duties including budgeting, invoicing, and tracking receivables and payables on an as-needed basis. Contractor will also engage Group Facilitation Services for on-campus prevention groups including recruitment,

coordinating services through student assistance programs, facilitating groups, and evaluation of group effectiveness.

Contractor will offer screenings to all ninth grade students in the Nevada Joint High School District (NJUHSD) and the Tahoe Truckee Unified School District (TTUSD). Other Nevada County High Schools shall be offered screening upon consideration of program availability.

CONTRACTOR SHALL:

STAFFING:

1) Program Director shall:

Oversee the administrative and fiscal duties associated with contracted services, including contract management, assuring that any and all subcontractors have and maintain the appropriate level of insurance coverage, including for performance of professional services by a licensed professional (malpractice) insurance of not less than \$1,000,000 per occurrence, fiscal accounting, ensuring that project team members are properly trained, meeting reporting and quality assurance requirements, and program evaluation.

- Visit school sites and coordinate with school officials to gain program buy-in and approval.
- Obtain parental consent, obtain assent from screening participants, receive student referrals for school officials, and administer the screening tool.
- Provide clinical interviews with students who score positive on the screening questionnaire. Determine whether the youth would benefit from a referral for further evaluation.
- Inform families of referral recommendations and provide assistance to parents with obtaining a complete post-screening evaluation.
- Connect families with appropriate mental health referrals and health insurance, ensuring they are provided access to resources related to their child's mental health.
- Provide educational materials regarding mental health issues to parents.
- Provide supervision to Community Resource Coordinator and Volunteers involved in the screening process.

2) Community Resource Coordinator shall:

- Conduct community outreach.
- Obtain parental consent, obtain assent from screening participants, receive student referrals from school officials, and administer the screening tool.
- Provide clinical interviews with students who score positive on the screening tool. Determine whether the youth would benefit from a referral for further evaluation.



- Inform families of referral recommendations and provide assistance to parents with obtaining a complete post-screening evaluation.
- Connect families with appropriate mental health referrals and health insurance, ensuring they are provided access to resources related to their child's mental health.
- Provide educational materials regarding mental health issues to parents.
- Provide Field Placement Instruction for Social Work student interns.

Staff whom administers the clinical interview process must be licensed professionals of the healing arts with at least two years of post-licensure experience or a registered intern with the California Board of Behavioral Sciences and supervised by a licensed professional of the healing arts. Staff will conduct the screening by obtaining parent and participant assent, administering and scoring the screening questionnaires, debriefing youth who score negative and providing interviews (by Program Director) for those who score positive. Screening will take place on a regular basis throughout the year by the Program Director and Community Resource Coordinator. A vital component of the screening is the important role of talking to families about screening results, helping to connect identified teens to local mental health services and tracking referral follow-up appointments.

Contractor shall screen youth on portable laptops, owned by the Contractor. These laptops shall be password protected.

TEEN SCREEN PROGRAM PRINCIPLES:

Contractor shall assure that they have read the Columbia Teen Screen "Development Guide" to inform their practice. Contractor will be responsible for ongoing communication with Columbia Teen Screen (and/or its successor) and updating the electronic information Columbia Teen Screen (and/or its successor) needs. Contractor must complete the online training course and use all of the Teen Screen forms when screening.

THE SCREENING PROCESS INVOLVES THE FOLLOWING STAGES:

1. Parent Consent
2. Participant Assent
3. Screening Questionnaire
4. Clinical/Debriefing Interview
5. Parent Notification

In preparation to implement, Contractor will work closely with Nevada County Behavioral Health and will build community support for What's Up? Wellness Checkups in Eastern and Western Nevada County. Staff will draw on the support of existing community-based committees such as the Suicide Prevention Task Force and MHSA Steering Committee to gain input on the implementation of the program.

Contractor and subcontractors must submit or have submitted their fingerprint live scan to DOJ for clearance. Contractor must certify that any individual who has more than limited contact with students have no arrests pending or convictions of a violent or serious felony pursuant to Penal Code §667.5 and 1192.7.

Contractor must comply with any regulations specific to providing services while on school site premise(s).

Contractor shall ultimately be responsible for the overall implementation and success of the screening effort. The contractor will be the public face of the screening program and should be capable of seeing the “big picture” related to community relations and longer-term program expansion. Contractor will be responsible for increasing the percentage of parents who allow for their children to be screened. Contractor will consistently do creative outreach and engagement with the school community, parents and youth. Contractor will work closely with the county on this outreach and will turn in Mid-year and Annual Progress Reports outlining their efforts toward increasing the percentage of screened youth.

IMPLEMENTATION: by following the steps below.

- 1.1 Obtain written approval from the principal/the superintendent of the school where the program will be implemented
- 1.2 Inform the faculty and the school’s parent group (PTA, PTO) of the screening plan. It is important that parents and the school community are aware of the program.
- 1.3 Partner with local mental health and health service providers, and compile a list of those that are willing to accept referrals from the screening program. Contractor will create a referral packet on mental health resource manual to share with families that participate in screenings.
- 1.4 Develop a written plan for managing crisis situations and reporting cases of abuse. Make sure that the plan is consistent with the protocols of the school in which you will be screening. Distribute and review the plan with the screening team and school administrators/organization leadership so that everyone knows what to do in the event of an emergency and when abuse is revealed.

Record Keeping: Contractor shall follow all Family Educational Rights and Privacy Act FERPA and Teen Screen guidelines.

Contractor shall assure compliance with all Teen Screen Program Principles.

OUTREACH TO INCREASE PARENT CONSENT: In all the interactions with the schools, youth, parents, and broader community, Contractor will emphasize the benefits of prevention and early intervention. Contractor will develop communication strategies to help reduce stigma, promote wellness, increase social support, and encourage parental consent.

Contractor will perform a program evaluation following MHSA guidance and report evaluation results mid-year and annually to the Behavioral Health Program Manager and the MHSA Coordinator.

Contractor or a staff member will attend MHSA Steering Committee Meetings.

Outcome Data Elements:

1. Demographics
2. Number of Screenings
3. Number of positive screenings
4. Number of referrals to treatment, kind of treatment to which person was referred
5. Number of persons who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the program to which the person was referred
6. Duration of untreated mental illness
 - a. Duration of untreated mental illness shall be measured for persons who are referred to treatment and who have not previously received treatment as follows:
 - i. The time between the self-reported and/or parent-or-family reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.
 - b. The interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred
7. Number of Support Groups facilitated and the number of participants
8. Provide information on how the Support Groups reduced prolonged suffering, decreased risk factors and/or increased protective factors.

Performance Measures:

1. A minimum of 350 high school students will be screened in Nevada County
2. A minimum of 50 ninth and tenth grade Tahoe Truckee Unified School District (TTUSD) students will be screened.
 3. All students who screen positive will receive in-depth clinical interviews to assess need for further evaluation/treatment.
 4. A minimum of 2/3 of those students who receive clinical interviews will receive referrals/ What's Up? Wellness Checkups case management services if needed.
 5. A minimum of 20 Prevention Group meetings will be conducted at participating high schools.
 6. As a result of the Prevention Group 80% of the participants will report a decrease in suffering related to mental illness and/or an 80% increase in protective factors.
 7. One hundred percent of individuals who receive a referral and accept Case Management services will receive them until they see the mental health service provider at least once.

8. Once the students and parents' consent is in place, one hundred percent of individuals who have untreated mental health symptoms will be referred to a mental health service provider in the community.

9. One hundred percent of individuals that are referred to mental health services in the community that receive a service will be tracked and reported.

10. One hundred percent of the individuals referred for untreated mental health symptoms will have their duration of untreated mental health tracked and reported.

11. One hundred percent of individuals who are referred to and engage in treatment will have the interval between referral and engagement in treatment tracked and reported.

Additionally, Contractor shall be responsible for providing:

1. Standard evaluation data forms by the 10th of each month to the MHSA Evaluation contractor/staff member.
2. A Mid-year Progress Report within 30 days of the end of the second quarter (Q2 ends 12/31; report due 2/1);
3. An Annual Progress Report within 30 days of the end of the fiscal year (fiscal year ends 6/30; report due 8/1);
4. Any MHSA Progress or Evaluation Report that is required, and or as may be requested by the County. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this Agreement as may be necessary for the County to conform to MHSA PEI reporting guidelines.

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EXHIBIT "B"
SCHEDULE OF CHARGES AND PAYMENTS
SHELLEE ANN SEPKO, LMFT d/b/a WHAT'S UP? WELLNESS CHECKUPS

County shall pay to Contractor a maximum not to exceed \$106,150 for satisfactory performance of services in accordance with Exhibit "A" for the contract term.

As compensation for services rendered to County, Contractor shall be reimbursed for actual project costs incurred in carrying out the terms of the contract. Contractor shall bill County monthly, and each invoice shall state the amount of service hours and reimbursement expenses being claimed.

Contractor agrees to be responsible for the validity of all invoices. The project maximum is based on the following estimated project costs:

Position	Hourly Rate	Hours Per Month	
Program Director	\$50.00	99	\$59,400
Community Resource Coordinator	\$40.00	66	\$31,680
Program Director – Truckee Program	\$50.00	12 (total)	\$600.00
Screening Counselor – Truckee	\$31.00	113 (total)	\$3,503.00
Total Staff Costs			\$95,183
Other Direct Costs		Unit Cost Per Month	
Local Mileage (including Truckee) not to exceed current IRS approved rate			\$3,322
Translation/Interpretation Services		100	\$1,000
Volunteer Group Support Stipend			\$3,000
Volunteer Screening Support Stipend			\$4,890
Total ODC			\$12,212
Indirect Costs			
Bookkeeping Services			\$675

Office Expenses (supplies, printing & duplicating, room rental costs, communications)			\$2,580
Total IDC			\$3,255
Total Project Costs			\$110,650

Should modification or changes to the budget line items be needed, a written request for modification shall be submitted for approval to the Director and or his/her designee. The Behavioral Health Department at its sole discretion shall determine if the change will continue to meet the contractual objectives and approve or deny the request.

County shall review the billing and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire claim pending resolution of the cost(s). Payments of approved billing shall be made within thirty (30) days of receipt of a complete, correct, and approved billing and reporting. Final yearly invoice will not be paid until Mid-year and Annual Progress Reports are received.

To expedite payment, Contractor shall reference the Resolution Number assigned to the Contract on each invoice.

Contractor shall submit invoices for services to:

HHSA Administration
 Attn: BH Fiscal
 950 Maidu Avenue
 Nevada City, CA 95959