

**AMENDMENT #1 TO THE AGREEMENT WITH  
VICTOR COMMUNITY SUPPORT SERVICES (RES 20-430)**

**THIS AMENDMENT** is executed this \_\_\_\_\_ by and between Victor Community Support Services, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County.” Said Amendment will amend the prior Agreement between the parties entitled Personal Services Agreement, executed on October 13, 2020 per Resolution 20-430; and

**WHEREAS**, the contractor provides services of a Rapid Response Team (RRT) Pilot Program to serve children who are court dependents, non-dependents and wards providing support and stabilization in order to remain in their current homes/placements and avoid further Child Welfare Services (CWS), Probation, or court intervention, and

**WHEREAS**, the Family Urgent Response System (FURS) provides current and former foster youth and their caregivers with immediate, trauma-informed support for purpose of preserving the relationship of the caregiver and the child or youth, providing developmentally appropriate relationship conflict management and resolution skills, stabilizing the living situation, and mitigating the distress of the caregiver or child or youth; and

**WHEREAS**, the parties desire to amend their Agreement increasing the maximum contract amount from \$844,324 to \$1,244,903, revising Exhibit “A” Schedule of Services to reflect a change in service requirements, and revising Exhibit “B” Schedule of Charges and Payments to reflect the increase in the maximum Contract price for the term of October 13, 2020 through June 30, 2022.

**NOW, THEREFORE**, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of .
2. That the maximum Agreement price will be increased from \$844,324 to \$1,244,903 (an increase of \$400,579).
3. That Exhibit "A", "Schedule of Services", shall be revised to the amended Exhibit "A" as attached hereto and incorporated herein.
4. That Exhibit "B", "Schedule of Charges and Payments", shall be revised to the amended Exhibit "B" as 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:

CONTRACTOR:

By: \_\_\_\_\_

By: \_\_\_\_\_

Chair, Board of Supervisors  
County of Nevada

Victor Community Support Services  
1360 East Lassen Avenue  
Chico, CA 95973

**EXHIBIT “A”**  
**SCHEDULE OF SERVICES**  
**VICTOR COMMUNITY SUPPORT SERVICES**

Victor Community Support Services (VCSS) hereinafter referred to as “Contractor”, provide services related to a Rapid Response Team (RRT) Pilot Program and the Family Urgent Response System (FURS) for the County of Nevada, Department of Social Services, hereinafter referred to as “County”.

**Program Overview:**

Child Welfare Services (CWS) is required to offer Preventative and Early Intervention strategies that not only provide for the safety and permanency of children but also for services that target the overall well-being of families, and meet the critical safety needs of all children and families referred into the Child Welfare System.

VCSS is a community based agency which delivers mental health and family support services in the homes, schools and communities in which people live. VCSS delivers programs ranging from prevention and early intervention to highly intensive home-based services designed to prevent residential and other institutional placements. VCSS is focused on empowering people of all ages to build upon their strengths and capacities to address the problems and needs they have within their lives.

**Population RRT:**

The population to be served by RRT program be those who are court dependents, non-dependents and wards that are not immediately at-risk of an out-of-home placement, and therefore do not meet the criteria for wraparound services. These families may be in need of support and stabilization in order to remain in their current homes/placements and avoid further CWS, Probation, or court intervention.

**Scope of Services RRT:**

**Contractor to provide the following services:**

1. A rapid response team (RRT) which is a community based service that utilizes a strength based approach to support and empower families in accessing their natural supports and achieving individualized goals. This is done with the use of a team approach that quickly “wraps” the family with support and services in order to assist them in achieving stability and success across multiple life domains.
2. The RRT send a team member to the CWS’ Review Evaluate Decide (RED) Team which reviews all referrals to assist in determining which referrals would benefit from a joint CWS and RRT response.
  - a. An RRT member be present at all RED Teams to assess and consult on referrals.
  - b. An RRT member may not be necessary if there are no referrals to assess or referrals clearly do not meet the need for a rapid response which be determined by the Emergency Response Supervisor, who then notify the RRT member.

3. During a CWS investigation a rapid response facilitator conduct an assessment alongside the CWS caseworker to determine the level of intervention required and appropriate brokering of services.
4. Rapid response staff collaborate with referring workers to assist in developing natural and additional supportive services, focused on reducing the likelihood of the youth/family experiencing formal court proceedings, subsequent CWS referrals, contact with Law Enforcement, Probation, or court involvement.
5. An assessment process conducted by RRT be utilized to determine the need for full preventative wraparound services or immediate, short-term case management to connect families to existing resources and natural supports.
6. Preventive case management services be provided and designed to ensure that children remain safe, healthy, at home, in school, and out of danger and to prevent children from entering foster care, or re-entering foster care or the juvenile justice system.
7. RRT services address individual family needs, utilizing the Wrap principles/philosophy as a foundation with a CFT approach to mobilize, organize and facilitate the necessary elements for the family to become self-sufficient and independent from formalized services.

**Process:**

1. Process include a: Safety Plan, Connection Map, Strength Assessment, CANS and a Safety related domain goal which address home and community needs.
2. Weekly Child and Family (CFTs) Meetings to occur at the family home or as needed.
  - a. The Facilitator conduct weekly CFTs with focus on celebrating achievements, evaluating progress on goals, collaborating on strategies to meet weekly needs and delegating tasks to formal/ informal and natural supports.
  - b. Weekly and as-needed in-home Family Partner support to parent/caregivers in order to bridge the gap between families and existing resources.
  - c. Weekly community and school support to identified child via Family Support Counselor in efforts of linking youth to community supports and provide mentorship/guidance and concrete skills. The Family Support Counselor ensures child's voice is heard throughout the process.
  - d. Mental Health linkage be provided by the team in order to maximize the family's use of appropriate existing services.
  - e. All service plans to be written in conjunction with referring caseworker and family and within the context of the Child and Family Team.
  - f. Rapid response services be provided for a maximum of approximately 5-6 months with the ability to graduate early or extend the time if the CFT agrees it benefit the youth and family.
  - g. A 24/7 emergency on-call supervisor be provided to families in order to further their stabilization and safety goals and reduce reliance on formalized services.

**Contractor RRT Performance Measures:**

Goal	Objective
1. To prevent and reduce out-of-home placements and placement disruptions to higher levels of care.	75% of children and youth served be stabilized at home or in foster care.
2. Caregivers strengthen their parenting skills.	At least 80% of parents report an increase in their parenting skills as evidenced by the Child and Adolescent Needs and Strengths (CANS) Assessment.
3. Every child establishes, reestablishes, or reinforces a lifelong relationship with a caring adult.	At least 65% of children served be able to identify at least one lifelong contact as evidenced by the Connection Map.
4. Caregivers improve connections to the community.	At least 80% of caregivers report maintaining or increasing connection to natural supports as evidenced by the Connection Map.

**County RRT Performance Measures:**

Goal	Objective
1. Youth be out of legal trouble	At least 70% of youth have no new legal involvement (arrests/violations of probation/citations).
2. To reduce the amount of involvement with CWS and Probation.	70% of families who graduate having met their treatment goals not have a referral to CWS or Probation in the 12 months following RRT case closure.

**Population FURS:**

The population served by the FURS program includes current and former foster youth and their caregivers with immediate, trauma-informed support when needed. FURS shall provide community-based, on-call stabilization services as well as follow-up care to identified youth and/or their caregivers in order to:

- Prevent placement disruptions and preserve the relationship between the child or youth and their caregiver;
- Prevent the need for a 911 call or law enforcement involvement and avoid the criminalization of traumatized youth;
- Prevent psychiatric hospitalization and placement into congregate care;
- Promote healing as a family;
- Establish a CFT or connect families to their existing CFT to promote sustainability.

## **Scope of Work FURS:**

The FURS staff shall adhere to the following guiding principles in their service delivery:

- Family voice and choice shall be honored. Each family member shall have a voice in identifying their current needs, and the family shall be the ultimate decision-makers regarding strategies suggested to de-escalate their crisis.
- Services shall be team-based. Staff shall work with families to identify a team of support to promote ongoing stabilization beyond the initial crisis.
- Natural supports shall be utilized as part of the team-based approach and family's existing networks shall be drawn upon for assistance.
- Services shall be collaborative among family members, natural supports, and paid providers to ensure that an appropriate and sustainable plan is implemented to reduce the likelihood and intensity of future crisis situations.
- Services shall be community-based and shall take place in the family's home or at other central locations agreed upon by all parties.
- Suggested interventions shall take family's individual cultures and practices into consideration, and each family's crisis shall be treated through a culturally-informed lens.
- Service approaches shall be individualized to each family's unique needs and shall be tailored to be situation-specific.
- Client's and family's existing strengths shall be leveraged to alleviate the immediate crisis and in planning for sustainable stability.
- Staff shall be persistent in their efforts to engage families and shall utilize creative approaches to alleviate immediate crisis and for ongoing safety planning.
- Services shall be outcomes-based; staff shall set goals for safety with each family and services shall be targeted at meeting individual goals.

## **Program Procedures:**

### **The Team:**

The FURS Team shall be comprised of a group of Clinicians and Family Advocates (Parent Partners, Youth Partners, and/or Family Support Counselors) who shall be available on a rotating basis. At least (1) Clinician shall be on-call at all times to ensure that clinical assessment is available, should it be required. The FURS Team Lead shall be the Supervisor who also oversees the RRT.

In addition, there will be (1) full-time employed FURS Parent Partner who will participate in the on-call rotation and provide the majority of linkage and follow-up care for FURS clients. The FURS Parent Partner will be co-located at Child Welfare offices and will perform duties as requested by both Victor and CWS, including but not limited to: participation in county committees, providing consumer input on policy, and direct client contact as indicated by CWS. Training, supervision, and management of this position will be held by Victor.

## Roles:

- The *Supervisor* shall serve team leader and shall assist in triaging crisis calls as they are received from the FURS state hotline staff. The supervisor shall identify appropriate team members for initial response and ensure fidelity to the service model throughout the course of services.
- The *Clinician* shall participate in the initial crisis response in situations in which it is determined that clinical assessment of the youth or caregiver is required in order to maintain immediate safety. They shall serve as the hub of treatment for any follow-up and shall guide the CFT in the identification and completion of goals aimed at safety and sustainability.
- The *Family Advocate* may participate in initial crisis response when indicated. They shall serve as a “bridge” between the family and service providers to address any barriers to treatment and shall serve as a resource and linkage expert. They shall provide in-vivo behavioral support and coaching to the youth and/or caregiver as necessary.
- The *FURS Parent Partner* may participate in initial crisis response when indicated and will serve as a “bridge” between the family and service providers to address any barriers to treatment and will serve as a resource and linkage expert. They will provide in-vivo behavioral support and coaching to the youth and/or caregiver as necessary.

## Essential Duties:

The FURS Team shall be based primarily in Western Nevada County; however, staff shall respond to needs in both Eastern and Western County. FURS staff shall maintain an on-call rotation in which 1 Clinician and 1 Family Advocate are available 24 hours per day/ 7 days per week to respond to immediate needs identified by state hotline workers. Staff shall respond to immediate crises in the timeframes determined in collaboration with the state hotline workers. Staff shall provide follow-up to families within 72 hours following the immediate crisis and shall provide up to 30 days of linkage and support services specific to each family’s needs.

## **Treatment Process:**

### Phase 1: De-Escalation of Immediate Crisis & Safety Plan Development

- The FURS Team shall be contacted by the state hotline worker in order to provide an in-person response to crisis.
- The FURS Team shall work with the state hotline worker to determine the type of in-person response:
  - “Urgent” means an immediate, in-person, face-to-face response within one hour, but not to exceed three hours in extenuating circumstances. All FURSs shall be considered urgent unless a child, youth, or caregiver requests to schedule a same-day response at a specific time or window of time.
  - “Non-urgent” means an in-person, same-day response within 24 hours. When a child, youth, or caregiver requests to schedule a same-day response at a specific time or window of time outside the required three-hour timeframe, the response would be considered non-urgent.

- The Supervisor shall assist in triaging the situation to determine appropriate staff response.
  - Responding team shall generally include (2) team members in order to provide individual support to both the youth and caregiver simultaneously.
  - The Clinician shall be specifically deployed if the content of the call includes a mental health crisis, escalating behaviors, suicidal ideation, prolonged isolation, extreme mood changes or threats of self-harm.
- Responding staff shall meet the family at their home (or at a mutually agreed upon neutral location) to provide immediate services in order stabilize the situation and maintain safety. Services include but are not limited to:
  - Assessment of the factors that led to the crisis,
  - De-escalation of the immediate crisis,
  - Mediation surrounding identified conflict,
  - Comprehensive safety planning to address the immediate need,
  - Supportive and trauma-informed linkage to 911 emergency services if required,
  - Coaching of sustainable solutions to prevent future conflict or crisis, and
  - Identification of formal and informal supports for the family via the completion of a Connection Map.
- The identified Safety Plan shall include but is not limited to:
  - Assessment of triggers and antecedents to the crisis for the youth and caregiver,
  - Detailing of the “escalation curve” to assist in identification of pre-crisis behaviors, and
  - Identification of coping strategies, alternative behaviors, and systems of support to be utilized at every stage of the escalation curve.
- The FURS Team shall follow protocols identified in collaboration with the state hotline, Child Welfare, or Probation immediately following the incident to notify these parties of outcome and next steps to ensure appropriate communication across systems.

Phase 2: Initial Follow-Up (occurs within 72 hours of the initial crisis)

- The FURS Team shall follow-up with the family via phone or in-person to ensure that stability is maintained and that immediate concerns are alleviated.
- The Clinician shall initiate contact with formal supports already present in the family’s life (such a mental health therapist, SUD counselor or Wraparound team) to schedule a Child and Family Team (CFT) meeting.
  - If the family already has a CFT in place, the Clinician may defer to the CFT to schedule this meeting.
  - If no formal supports are currently present, identification of necessary referrals shall be a primary target of treatment.
  - CWS, Probation, and/or Behavioral Health shall be included in the CFT process as indicated.

- In the event that formal supports are *already in place*, efforts shall be made by the Family Advocate during this phase and throughout the course of treatment to understand and remove barriers to the family making initial contact with their existing service providers during times of crisis.
- The Clinician shall include identified natural/informal supports in the CFT process as well.
- A CFT Meeting shall occur within 72 hours of the incident in which the identified Safety Plan shall be presented and team members shall collaborate to identify short-term goals for the family to ensure sustainability of the Safety Plan. Recommendations for follow-up care could include but are not limited to:
  - Linkage support to necessary identified resources to be accomplished by the Family Advocate,
  - Brief, short-term behavioral support in the home or community,
  - Engagement of new or ongoing support services to create increased sustainability and reduce likelihood of recurrence of crisis, and
  - Engagement of identified natural supports to assist in future crisis.

#### Phase 3: Monitoring (1-3 weeks)

- After the initial CFT Meeting, the Clinician shall follow-up regularly with the family and identified team members to ensure completion of action steps related to follow-up care.
  - Barriers to completion shall be addressed via the assistance of the Family Advocate.
- Identified referrals for ongoing services shall be made and the FURS Team shall help ensure family engagement in identified services.
- Additional CFT Meetings may be scheduled during this time to jointly monitor progress and/or address barriers to goal attainment.
- Members of the FURS Team shall have contact with the family at minimum 1 time per week during this phase, with more frequent contact to be provided when indicated.
- The identified Safety Plan shall continue to be monitored and revised as needed.

#### Phase 4: Transition

- Transition shall be determined at the time that the family has achieved the goals identified by the CFT and demonstrated increased use of their Safety Plan during instances of crisis, or when they have seen an overall reduction in the frequency and severity of crisis situations.
- The Clinician shall conduct a final CFT Meeting that shall include a review of the identified Safety Plan, and finalize any steps related to a warm hand-off with ongoing service providers.



**Contractor FURS Performance Measures:**

<b>Goal</b>	<b>Objective</b>
1. To prevent and reduce out-of-home placements and placement disruptions to higher levels of care.	75% of children and youth served be stabilized at home or in foster care.
2. Caregivers strengthen their parenting skills.	At least 80% of parents report an increase in their parenting skills as evidenced by the Child and Adolescent Needs and Strengths (CANS) Caregiver Domain score.
3. Every child establishes, reestablishes, or reinforces a lifelong relationship with a caring adult.	At least 65% of children served be able to identify at least one lifelong contact as evidenced by the CANS Strengths Domain score.
4. Caregivers improve connections to the community.	At least 80% of caregivers report maintaining or increasing connection to natural supports as evidenced by the CANS Strengths Domain score.
5. FURS timeframes shall be observed.	90% of FURS in-person responses shall be made in accordance to response timeframe decisions made by the state hotline worker and the FURS supervisor for Urgent (within 1-3 hours) and Non-Urgent (within 24 hours) in-person responses.

**Contractor agrees to provide the following:**

1. Contractor, at all times, maintain communication and coordination with the County's CWS Program Manager or his/her designee regarding services or for problem solving discussions.
2. Respect and keep confidential information given about the client and their family.
3. Ensure services are culturally competent and culturally responsive.
4. Collaboration and cooperation with, mental health, public health, child welfare, social services, justice system, substance abuse providers, attorneys, drug courts, social services, and other agencies or providers that may be involved with the client.
5. Develop an understanding of the responsibilities, objectives, and requirements of the County in regard to the client and work collaboratively in planning for the client.
6. Contractor shall cooperate with the County for the purposes of providing statistical information regarding client-based data collection and outcomes relating to services rendered under this Agreement including:
  - a. Age and ethnicity demographics on all clients.
  - b. Monthly contact summary for all clients referred to include:
    - i. Engagement of the client with the RRT or FURS team.
    - ii. Amount of RRT or FURS team time spent with the client including dates.
    - iii. Details of RRT or FURS services provided.
    - iv. Referrals to community based services and any warm hand-offs provided.
    - v. Client's engagement in referred services.

- vi. Written evaluations of the client's progress to the County.
    - vii. Monthly reports due the 10<sup>th</sup> of the following month.
  - c. Case closure summaries for all cases.
- 7. Contractor shall attend meetings with Children's Behavioral Health, Child Welfare and Probation to discuss program progress and determine necessity of full Medi-Cal Wraparound Services for referred clients.

**EXHIBIT “B”**  
**SCHEDULE OF CHARGES AND PAYMENTS**  
**VICTOR COMMUNITY SUPPORT SERVICES**

County agrees to reimburse Contractor for satisfactory delivery of services pursuant to this Agreement, a maximum amount not to exceed One Million Two Hundred Forty-Four Thousand Nine Hundred Three Dollars (\$1,244,903) for the entire contract term of October 1, 2020 through June 30, 2022. The contract amount not exceed Four Hundred Forty-One Thousand Nine Hundred Sixty-Nine Dollars (\$441,969) for fiscal year 2020/21 and Eight Hundred Two Thousand Nine Hundred Thirty-Four Dollars (\$802,934) for fiscal year 2021/22.

<b>DESCRIPTION</b>	<b>FY 2020-21</b>	<b>FY 21-22</b>
<b>TOTAL PERSONNEL EXPENSES</b>	<b>\$281,964</b>	<b>\$460,151</b>
<b>TOTAL OPERATING EXPENSES</b>	<b>\$79,169</b>	<b>\$122,826</b>
<b>ADMINISTRATIVE SUPPORT</b>	<b>\$43,336</b>	<b>\$69,957</b>
<b>FURS CRISIS SUPPORT SERVICES</b>	<b>\$37,500</b>	<b>\$150,000</b>
<b>TOTAL CONTRACT EXPENSES</b>	<b>\$441,969</b>	<b>\$802,934</b>

Should the categories budgeted above change by more than ten percent (10%); a budget modification be submitted for approval. The Department of Social Services at its sole discretion determine if the change in the operating budget shall continue to meet the outcomes of the Agreement.

**CONTINGENCY**

Contract maximum is contingent and dependent upon the County’s annual receipt of anticipated State/Federal Funds for contract services.

**BILLING AND PAYMENT**

Contractor submit an invoice to County by the 20<sup>th</sup> of each month following the month services were rendered. Each invoice to include:

- Dates/Month/hours of services rendered
- Cost of services rendered – identifying total direct costs
- Billing period covered
- Contract Number assigned to the approved contract
- Unique invoice number for each invoice submitted
- Supporting documentation

Invoices are to be submitted to:

Nevada County Department of Social Services  
Attention: Nicholas Ready  
988 McCourtney Rd #104  
Grass Valley, California 95949

County review each billing for supporting documentation, dates of services, and costs of services as detailed previously. Should there be a discrepancy on the invoice, said invoice be returned to Contractor for correction and/or additional supporting documentation. Payments be made in accordance with County processes once an invoice has been approved by the Department.

**BILLING AND PAYMENT EXCEPTION**

By the tenth of June each year, Contractor provide an invoice for services rendered for the month of May. An invoice of services provided for the month of June be provided no later than the tenth of July.