

**AMENDMENT #1 TO THE CONTRACT WITH
SHELLEE ANN SEPKO, LMFT D/B/A WHAT'S UP?
WELLNESS CHECKUPS (RES 21-249)**

THIS AMENDMENT is executed this January 25, 2022 by and between SHELLEE ANN SEPKO, LMFT D/B/A WHAT'S UP? WELLNESS CHECKUPS, 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 Professional Services Contract, executed on June 22, 2021 per Resolution 21-249; and

WHEREAS, the Contractor provides Mental Health Screening Services for High School Students; and

WHEREAS, the parties desire to amend their Agreement to increase the contract price from \$105,856 to \$155,856 (an increase of \$50,000), revise Exhibit "A" Schedule of Services to incorporate expanded services and amend Exhibit "B" Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of 1/1/22.
2. That Maximum Contract Price, shall be amended to the following:
\$155,856
3. That the Schedule of Services, Exhibit "A" is amended to the revised Exhibit "A" attached hereto and incorporated herein.
4. That the Schedule of Charges and Payments, Exhibit "B" is amended to the revised 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:

CONTRACTOR:

By: _____

By: _____

Chair of the Board of Supervisors

What's Up? Wellness Checkups
PO Box 431
Nevada City, CA 95959

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

What's Up Wellness Checkups was established in 2012 out of a grassroots effort to address youth suicide in Nevada County and the need for a universal mental health prevention program in local schools. The Suicide Prevention Task Force, in collaboration with Nevada County Behavioral Health, identified Columbia Teen Screen as the most relevant evidence-based mental health screening program for our community.

Teen Screen Schools and Communities, now housed by Stanford University, is a national mental health and suicide risk screening program for young people ages 11-18. 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 previously undiagnosed mental illness and that 63 percent experienced symptoms for at least a year prior to their deaths. This study was among the first to shatter the myth that suicide is an unpredictable event in youth and highlight the fact that there is time to intervene with at-risk youth, successfully connecting them with mental health services.

In 2012, What's Up Wellness Checkups was granted Mental Health Services Act (MHSA) funding to adapt Teen Screen protocols to our rural community. In 2013 the program began offering universal, no cost mental health screenings to high school students in both Eastern and Western Nevada County. The program began its collaboration with TTUSD and NJUHSD administrations, staff and teachers in order to integrate mental health screenings into campuses and high school culture. In 2013, the program began case management services with the goal of increasing connections to youth and family services by working with school staff, local agencies, and treatment providers.

DESCRIPTION OF SERVICES:

Contractor shall establish a Project Team, which will include the following core positions: a Program Director, Assistant Program Director, Screening Counselors, and Prevention Group Facilitators (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 offer screenings to all ninth grade students in the Nevada County Joint High School District (NJUHSD) and the Tahoe Truckee Unified School District (TTUSD). Other additional Nevada County High Schools shall be offered screening upon consideration of program availability. Contractor may also provide screenings at local youth serving agencies, which may include organizations that serve youth outside of school sites or on HIPAA protected web based platforms.

CONTRACTOR SHALL:

- 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.
- Coordinate confidential screening spaces either in person or with HIPAA protected web platforms and protocols for each site
- Partner with local mental health and health service providers, compiling a shareable resource list of providers accepting referrals from screenings and other resources.
- Provide clinical interviews with students who score positive on the screening questionnaire. Determine whether the youth would benefit from a referral for further evaluation.
- Develop a written plan for managing crisis situations and reporting cases of abuse to be distributed and reviewed with the screening team, school administrators/staff in the event of reported abuse or crisis.
- 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 individual student meetings to follow up on status and success of referrals, meetings with parents to increase access to services, discuss status of referrals, resources, releases of information, connecting parents to support services, parenting classes, and other resources.
- Provide Prevention Groups that shall:
 - Teach youth effective coping strategies to improve emotional health and prevent mental illness using evidence-based strategies and curriculum with psychoeducation and mindfulness tools to increase resiliency and coping mechanisms
 - Provide weekly groups on participating campuses (up to 8 weekly sessions/group)
 - Provide services to students whose mental health screenings show low-to-moderate symptoms, who request practical tools to manage stress but face significant barriers due to mental health stigma or inability within the family to access traditional forms of mental health treatment

STAFFING:

Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Though we have made many strides toward racial equity, policies, practices, and implicit bias have created and still create disparate results. Through partnerships with the community, Nevada County Behavioral Health strives to address these inequities and continue progress in moving forward.

Contractor is encouraged to have a diverse and inclusive workforce that includes representation from the disparate communities served by our county. Contractor is expected to think holistically

about creating services, program sites and an employee culture that is welcoming and inclusive. Contractor should track metrics on Diversity, Equity, and Inclusion outcomes within their service delivery. Additional efforts should be made to identify and highlight growth opportunities for equitable outcomes, access to services, and other opportunities. Contractor shall consult with County contract manager about proposed metrics to track.

Services should be designed to meet clients' diverse needs. Contractor will be expected to participate in the NCBH Cultural Competency program, participate in trainings and tailor outreach efforts and marketing materials to engage a diverse population of community members. Given that Spanish is a threshold language in Nevada County, a special emphasis should be placed on engaging Latinx communities and providing services in Spanish.

1) Program Director shall:

Oversee program administrative duties, fiscal management, contract requirements, staff management, school coordination, clinical coordination, crisis trainings, outreach, as well as providing student screenings and family case management services.

2) Assistant Program Director shall:

Provide program outreach, field placement instruction for MSW students, staff support, prevention group coordination, site coordination, student screenings and family case management services

3) Screening Counselors shall:

Provide student screenings, site coordination support, family case management services as well as other program and outreach support as needed.

4) Prevention Group Facilitators shall:

- Provide on-campus and virtual as needed prevention groups including student recruitment, coordinating services through student assistance programs, facilitating groups, and evaluation of group effectiveness

5) Case Manager shall:

Coordinate with the screening team, serve as a liaison within school systems, coordinate with LGBTQ+ community providers for youth and families, and find teen mental health agencies/providers with openings.

Staff whom administers the clinical interview process will be provided clinical oversight by Program Director and must be licensed professionals of the healing arts with at least two years of post-licensure experience, a registered intern with the California Board of Behavioral Sciences and supervised by a licensed professional of the healing arts, or be a Masters of Arts professional with comparable clinical experience. 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 for those who score positive. Screening will take place on a regular basis throughout the year by the Program Director, Assistant Program Director, and Screening Counselors. 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. Other HIPAA protected web-based screening tools and protocols shall be utilized as necessary.

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 Stanford University now housing Columbia Teen Screen and receive updates and make changes as requested via Stanford University Teen Screen management staff.

IMPLEMENTATION OF THE SCREENING:

In its implementation, 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 be active members of and 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 Annual Progress Reports outlining their efforts toward increasing the percentage of screened youth.

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: Contractor shall conduct broad outreach to schools, families, youth and the wider community to increase awareness and ensure program success. Through public and virtual presentations, stigma reduction trainings and professional panels, Contractor shall emphasize the benefits of prevention and early intervention for suicide risk and teen mental health. Contractor shall utilize media outreach through newspaper, radio, program website and social media presence to reach a diverse audience.

Contractor shall consistently engage schools, parents and youth to reach annual program capacity for youth screenings. Successful strategies include the incorporation of parent consent forms into district enrollment packets to increase rates of parent consent and student participation. Collaborating with teachers on incorporating mental health screenings as part of classroom learning shall continue to be utilized as needed. Presenting to parent teacher association groups and partnering with schools on mental health awareness projects shall be an ongoing priority. 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 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. Count & Demographics:
 - a. PEI Demographic Information (9 CCR § 3560.010); template to be provided by County.
2. Referrals:
 - a. Number of individuals referred to county mental health programs, and the kind of treatment to which the individual was referred.
 - b. For referrals to county mental health, the average duration of untreated mental illness.
 - c. Number of individuals referred to non-county mental health treatment and the kind of treatment to which the individual was referred.
 - d. Number of individuals referred to other key services and the kind of services to which the individual was referred.
 - e. Number of individuals who followed through on referral and engaged in treatment.
 - f. Average interval between referral and participation in treatment (at least one participation).
3. Number of Screenings
4. Number of positive screenings
5. Number of Support Groups facilitated and the number of participants
6. Provide information on how the Support Groups reduced prolonged suffering, decreased risk factors and/or increased protective factors.
7. Provide information on the collaborative efforts between Contractor and Sierra Community House to increase completed consents and better promote trust and engagement with Latino families.

Performance Measures:

Contractor shall provide performance measures for Western Nevada County students and Eastern Placer/Nevada County students separately.

1. A minimum of 350 high school students will be screened in Nevada County
2. 100% of students who screen positive will receive in-depth clinical interviews to assess need for further evaluation or treatment.
3. For those who receive clinical interviews, 100% of all students who need support will be offered case management services.
4. A minimum of 10 Prevention Group meetings will be conducted at participating high schools.
5. As a result of the Prevention Group meetings, at least 70% of the participants will report a decrease in suffering related to mental illness and/or a 70% increase in protective factors.
6. One hundred percent of individuals who receive a referral and accept case management services will receive follow-up services until they see the referred mental health service provider at least once or until services are no longer requested.
7. 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.

Additionally, Contractor shall be responsible for providing:

1. Contractor shall provide summary PEI outcomes, demographics and referral data quarterly, within 30 days of the end of the fiscal quarter via secure upload.
2. An Annual Progress Report is due within 31 days of the end of the fiscal year (fiscal year ends 6/30; report due 8/1). This includes, but is not limited to, validated annual reporting data and performance outcomes, an updated description of the program(s), progress towards goals, and any explanations of differences in the data from the previous year(s).
3. For Eastern program activities:
 - a. Contractor shall ensure all required data has been collected, entered and validated in either the applicable County Electronic Health Records System or County MHSA Data Portal, by the 20th of each month for the previous month. The County will generate reports on the validated data.
 - b. All summary PEI outcome data not available for reporting through the MHSA Data Portal are due quarterly within 30 days of the end of the fiscal quarter via secure upload.
4. A Three-Year Program and Evaluation Report is due every three years to the county. For example, a Three-Year Evaluation Report due August 1, 2018 for fiscal years 2015-2016, 2016-2017 and 2017-2018 combined. The Three-Year Program Report is due no later than August 1st every three years thereafter (due 8/1/21, 8/1/24, 8/1/27...) and should report on the evaluations for the three fiscal years prior to the due date for those services rendered by the Contractor.
5. Any MHSA Progress or Evaluation report that is required, and/or may be requested by the County; including any backup data to verify reported information. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this contract as may be necessary for the County to conform to MHSA PEI regulations pertaining to data reporting.

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 \$155,856 for satisfactory performance of services in accordance with Exhibit "A" for the contract term. The maximum obligation of this Contract is contingent and dependent upon final approval of State budget and County receipt of anticipated funding to support program expenses.

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:

Program Personnel Costs	Hourly Rate	Total # of Hrs/Qty	Total Budget FY 21-22
Program Director	\$50.00	91/mo	\$54,600.00
Assistant Program Director	\$40.00	60/mo	\$28,800.00
Screening Counselors	\$35.00	1,136	\$38,885.00
Case Management	\$30.00	667	\$20,000.00
Group Facilitators	\$55.00	10	\$1,430.00
Translation/Interpretation Services	\$25.00	42	\$1,050.00
Total Personnel Costs			\$144,765.00
Non-Personnel Program Costs			
Mileage	\$0.560	2,352	\$1,317.00
Program Supplies	\$135/mo	12	\$1,620.00
Total Non-Personnel Program Costs			\$2,937.00
Evaluation Costs			
Program Director	\$50.00	65	\$3,250.00
Assistant Program Director	\$40.00	20	\$800.00
Total Evaluation Costs			\$4,050.00
Administrative Costs			
Bookkeeping Services	\$25.00	30	\$750.00
Office Supplies, Rent, & Services	\$279/mo	12	\$3,354.00
Total Administrative Costs			\$4,104.00
Total Project Costs			\$155,856.00

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

Contractor shall submit invoices for services to:

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