

**AMENDMENT #1 TO THE RENEWAL CONTRACT WITH  
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT (RESO 18-450)**

**THIS AMENDMENT** is dated this 23rd day of April, 2019 by and between TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT, 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 Contract, as approved on September 11, 2018, per Resolution No. 18-450.

**WHEREAS**, services through the Wellness Program as a Prevention component of the County’s Mental Health Services Act (MHSA) Prevention and Early Intervention Plan for the Nevada County Behavioral Health Department for the contract term of July 1, 2018 through June 30, 2019; and

**WHEREAS**, the parties desire to amend their agreement to: 1) increase the Maximum Contract Price from \$55,000 to \$67,400 (an increase of \$12,400) to reflect the change in added services; 2) revise Exhibit “A”, “Schedule of Services”, to include additional services provided; and 3) revise 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 March 26, 2019.
2. That Section (§2) Maximum Contract Price, shall be changed to the following: \$67,400.
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.

COUNTY OF NEVADA:

By: \_\_\_\_\_  
Honorable Richard Anderson  
Chair of the Board of Supervisors

District

ATTEST:

By: \_\_\_\_\_  
Julie Patterson-Hunter  
Clerk of the Board of Supervisors

CONTRACTOR:

By: \_\_\_\_\_  
Dr. Robert Leri  
Superintendent Chief Learning Officer  
Tahoe Truckee Unified School

11603 Donner Pass Road  
Truckee, California 96161

**EXHIBIT " A "**  
**SCHEDULE OF SERVICES**  
**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT**

Tahoe Truckee Unified School District (TTUSD), herein referred to as "Contractor", agrees to provide services through the Wellness Program as a Prevention component of the County's Mental Health Services Act (MHSA) Prevention and Early Intervention Plan for the Nevada County Behavioral Health Department, herein referred to as "County".

**Project Background:**

The Tahoe-Truckee community experienced a series of tragic teen suicides 4 years ago. In 2012, the California Healthy Kids Survey reported that 36% of TTUSD 9th graders felt so sad or hopeless for 2+ weeks in a row that they stopped doing usual activities. It was a 12% increase from the 2010 data and well above the state average. Even more concerning was that in the spring of 2012, 28% of Truckee High 9<sup>th</sup> graders reported seriously considering attempting suicide and 20% had a planned method of suicide. It was known that these youth were struggling; yet very few were talking about it and even fewer were engaging in services voluntarily. Students expressed a desire to have more support services available to them at their school sites. In order to best support youth, services needed to go to where youth were, build relationships and ask what's important to them. By providing Wellness Centers at the school sites, TTUSD has been able to connect with youth who need someone to listen to them and connect them to the help they need. Since opening the Wellness Centers 5 years ago, the number of 9<sup>th</sup> graders who reported feeling sad or hopeless dropped to 31% and the number of 9<sup>th</sup> graders who reported considering suicide dropped to 13%. The Wellness Centers have proven to be a successful prevention strategy in the schools.

**Project Detail:**

The Tahoe Truckee Unified School District (TTUSD) Wellness Program is a collaborative project between the TTUSD, Placer and Nevada County, Community Collaborative of Tahoe Truckee partners and youth designed to help high school students build protective factors, reduce risk factors/behaviors and increase access to a broad spectrum of mental health services. The program is financially supported by both Nevada County and Placer County and is comprised of Wellness Centers at Truckee High and North Tahoe High and individualized wellness programming at Sierra High. The Centers serve as hubs for high school students to talk with caring adults, connect to community resources and learn new skills to develop sustainable wellness practices.

**Contractor's Responsibilities:**

Under this Agreement, Contractor agrees to operate Wellness Centers at Truckee High and North Tahoe High and programming at Sierra High, Community School, North Tahoe Middle School and Alder Creek Middle School by offering youth programs and community partnership development. The Wellness Centers shall provide a single entry point for students to connect to supportive adults and access wellness services at the school. Contractor shall partner with staff from local community organizations who will be available to talk and listen to students, and link them to community resources.

Contractor agrees that funds provided under this Agreement will be used to help support:

- TTUSD's Wellness Coordinator's time to develop, implement and maintain wellness programming materials, manage the budget and supervise staff and volunteers;
- Wellness Center Liaison's time to coordinate on-site Wellness Services at North Tahoe and Truckee High;
- TTUSD's contracted services with Gateway Mountain Center to provide support for Sierra High and the Community School's Wellness Programming, including: retreats, wellness workshops, support groups, core gifts;
- The suicide prevention activities in the TTUSD which may include, but is not limited to:
  - o staff,
  - o meeting space,
  - o coordinating the nomination and recruiting process and implementation of student Peer Leaders,
  - o creating and implementing a referral process for Peer Leaders,
  - o schedule, plan and implement Peer Leader trainings,
  - o schedule, plan, support and implement suicide prevention trainings and activities with Peer Leaders, and
  - o support ongoing links between youth and other trusted adults in the school,
- Resource Materials and operating supplies including desks, chairs, lamps and bookcases;
- Food and supplies to host youth, parents and community meetings;
- Expenses incurred to send Wellness Center Staff and youth to training events and bring trainers to local training events.
- Additionally, Contractor shall be responsible for providing:
  1. Standard evaluation data forms by the 10<sup>th</sup> 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 is due 8/1);
  4. Any MHSA Progress or Evaluation Report that is required, and as may be requested by the County. The Contractor shall cooperate with the County for compilation of any data or information for services rendered under this Agreement as may be necessary for the County to conform to MHSA reporting guidelines.
  5. A staff member to attend MHSA Steering Committee Meetings

**Project Objectives:**

Traditionally, youth in Tahoe-Truckee Area have been both an unserved and underserved population. Service providers have struggled with how to reach and serve this adolescent population. Many youth in the community are experiencing or at risk for suffering from mental and emotional stress. The project seeks to empower youth by giving them a voice in decisions around creating their own well-being and developing sustainable wellness practices for life. By making youth our peers in shaping Wellness Programming, we are teaching them self-

determination and valuing them as part of their communities by listening to their concerns and responding accordingly. The Wellness Centers provide a safe place for youth to talk, learn relevant skills for improving well-being as they define it, and understand how to navigate and access community resources.

The TTUSD Wellness Program utilizes a peer support model that trains and empowers students to provide support and mentoring to their peers. Trained Peer Leaders change the norms of students throughout their schools regarding the acceptability of suicide, enables help-seeking and youth-adult communication by conducting a set of well-defined messaging activities with ongoing adult support. We offer the following Peer Mentor Programs: SOS, Link Crew and WEB in the TTUSD middle school and high schools.

## **GOALS, OUTCOMES AND DATA**

**Contractor will track goals and outcomes as indicated in their Evaluation Plan which may include, but is not limited to:**

### **GOAL #1 - YOUTH:**

At least 50 youth will be trained in peer mentor and leadership skills to better support themselves and their peers, as well as have authentic voices in shaping school and community initiatives.

#### **OBJECTIVES:**

1. Train 50 youth in the Peer Mentor Program.
2. Provide opportunities for at least 30 youth to participate in leadership opportunities and Community Collaborative Leadership Meetings.

#### **OUTCOME:**

At least 30 students and 60% of students participating in the Peer Mentor Program will report that they learned new mentor skills, were able to better support their friends and feel empowered to be leaders.

- Tools: Number of trained Peer Mentors, SEARS Peer Mentor Survey

### **GOAL #2 - SUPPORT:**

At least 50 youth will receive support from Wellness Center Staff and Volunteers to improve their social, emotional and mental health and will have opportunities to access community resources.

#### **OBJECTIVES:**

1. Train 10 volunteers from partner agencies in skills to help them better support and connect youth to community health resources.
2. Create a safe space for youth to talk, seek support and get connected to outside community resources by offering Wellness Center Drop-In hours five days a week/approximately six (6) hours a day.

**OUTCOME:**

At least 30 students and 60% of students utilizing the Wellness Centers will report satisfaction with the quality and usefulness of services.

All students that are referred to mental health treatment are supported until they have connected to the service provider and have been encouraged to participate in the services at least once.

Tools: Wellness Center Student Visits, Retrospective Wellness Center Survey, and Referral Tracking documents.

(1) Number of referrals to treatment, and kind of treatment to which person was referred.

(2) 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.

(3) 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:

1. 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.

(4) The interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred.

**GOAL #3 - EDUCATION:**

At least 200 youth will learn practical tools to improve their overall health and well-being.

**OBJECTIVES:**

1. Provide at least 20 Wellness Workshops to a variety of students which may include the following topics: Healthy Ways to Deal with Stress, Mindfulness, Heart Math, Know the Signs, Nutrition/Access to the Health Care System, Mental Health Stigma, Understanding Gender and Sexual Identity.

**OUTCOME:**

At least 100 students and 50% of students participating in Wellness Workshops will report increased knowledge and skills of healthy wellness practices.

- Tools: Number of students participating in workshops, Survey to measure skills or knowledge learned.

Other goals, outcomes and data may be part of the Evaluation Plan that indicate the reduction of prolonged suffering from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. Data collection may include, but is not limited to:

- Demographic information
- Pre and post test
- Evidence based practices evaluation tools
- Surveys
- Community feedback
- Sign-in sheets

## **SUICIDE PREVENTION PROGRAM**

### **Project Objectives:**

Contractor will implement suicide prevention programming in the Tahoe-Truckee region in close partnership and collaboration with the Tahoe Truckee Suicide Prevention Coalition. Activities may include:

- Coalition Development and Planning: work with a consultant to develop a plan for suicide prevention coalition structure, sustainability, and function
- Suicide Prevention Training:
  - Suicide Prevention Cultural Competency: cultural competency around suicide prevention, resource linking and development, building individual capacity through Know the Signs, fielding difficult questions, responsible/response outreach to social media, and individual coaching
  - On the Verge Leadership Program: develop leadership capacity of program management staff who provide oversight and direct services to individuals in mental health crisis
  - This may include supplies necessary for coordinating and hosting trainings, including but not limited to food purchases, room reservations, etc.

### **Goals, Outcomes and Data:**

Contractor will track goals and outcomes as indicated in their Evaluation Plan which may include, but is not limited to:

- Coalition Development and Planning:
  - Share results of coalition development and planning with County
  - Sign-in sheets for coalition development meetings
- Suicide Prevention Training:
  - Number of individuals who receive training
  - Demographics of individuals trained, utilizing provided MHSA PEI form
  - Number of trainings held

**MHSA PEI: PREVENTION PROGRAM REGULATIONS:**

Section 3720. Prevention Program

(a) “Prevention Program” means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

(b) “Risk factors for mental illness” means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental.

(1) Examples of risk factors include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

(c) Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.

(d) Prevention Programs may include universal prevention if there is evidence to suggest that the universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average.

(e) The County shall include all of the Strategies in each Prevention Program as referenced in Section 3735.

#### Section 3735. Prevention and Early Intervention Strategies

(a) The County shall include all of the following Strategies as part of each Prevention Program:

(1) Be designed and implemented to help create Access and Linkage to Treatment.

(A) “Access and Linkage to Treatment” means connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

(2) Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.

(A) “Improving Timely Access to Services for Underserved Populations” means to increase the extent to which an individual or family from an underserved population as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

(B) Services shall be provided in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.

(C) In addition to offering the required Improve Timely Access to Services for Underserved Populations Strategy, the County may also offer Improve Timely Access to Services for Underserved Populations as a Program.

(3) Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory



(A) “Strategies that are Non-Stigmatizing and Non-Discriminatory” means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.

(B) Non-Stigmatizing and Non-Discriminatory approaches include, but are not limited to, using positive, factual messages and approaches with a focus on recovery, wellness, and resilience; use of culturally appropriate language, practices, and concepts; efforts to acknowledge and combat multiple social stigmas that affect attitudes about mental illness and/or about seeking mental health services, including but not limited to race and sexual orientation; co-locating mental health services with other life resources; promoting positive attitudes and understanding of recovery among mental health providers; inclusion and welcoming of family members; and employment of peers in a range of roles.

#### Section 3750. Prevention Component Evaluation.

- (a) For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.
- (b) For each Prevention Program that the County designates as intended to reduce any of the other Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness, the County shall select, define, and measure appropriate indicators that the County selects that are applicable to the Program.

For each Strategy or Program to provide Access and Linkage to Treatment the County shall track:

- (1) Number of referrals to treatment, and kind of treatment to which person was referred.
- (2) 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.
- (3) 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:

1. 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.

(4) The interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred.

**EXHIBIT "B"**  
**SCHEDULE OF CHARGES AND PAYMENTS**  
**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT**

County shall pay to Contractor a maximum not to exceed \$67,400 for satisfactory performance of services in accordance with Exhibit "A" for the term of this contract.

The County's maximum obligation is based on the project budget which is hereto attached as Attachment "A".

As compensation for services rendered to County, Contractor shall be reimbursed for actual salary/ benefits and costs incurred in carrying out the terms of the contract. Contractor shall bill County each month, and each invoice shall state the amount of personnel hours/benefits and expenses being billed. Contractor agrees to be responsible for the validity of all invoices.

**BILLING AND PAYMENT:**

Line items within the budget may be increased or decreased by using funds from other line items by no more than 10% of their original amounts. Contractor shall have prior approval of the department for any adjustments. County reserves the right to deny any such change on any line item.

Payment shall be approved after approval by County's Program Manager of invoice and any required reports for that period. The last invoice will not be paid until all Mid-year and Annual Progress Reports are provided to the County.

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 either removing the questioned cost or 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 required MHSA reports.

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

Contractor shall submit invoices for services to:

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

Attachment "A"

<b>TTUSD WELLNESS PROGRAM BUDGET FY 20/18/19</b>				
	<b>PLACER</b>	<b>NEVADA</b>	<b>TOTAL</b>	<b>PURPOSE</b>
<b>REVENUE</b>	\$74,778	\$55,000	\$129,778	
<b>EXPENSES</b>				
<i>Personnel Costs</i>				
Wellness Coordinator (.9 FTE)	\$22,473	\$16,591	\$39,064	.9 FTE Wellness Coordinator to oversee the Wellness Centers; develop new wellness programming, manage the budget and supervise staff and volunteers.
➤ Wellness Coordinator Benefits	\$5,378	\$3,975	\$9,353	21.322% payroll liability w/ no health
Wellness Center Liaisons	\$21,244	\$15,689	\$36,933	Wellness Center Liaisons to coordinate on-site Wellness Services at North Tahoe High and Truckee High. Paid per contract.
➤ Wellness Center Liaisons Benefits	\$11,869	\$8,764	\$20,633	21.322% payroll liability
Sierra High/Community School Support (Gateway Mountain Center Contract)	\$4,500	\$3,000	\$7,500	Contract with Gateway Mountain Center to provide support for Sierra High Wellness Programming: Retreats, Core Gift Interviews
<i>Personnel Total:</i>	\$65,464	\$48,019	\$113,483	
<i>Operating Costs</i>				
Resources	\$1,512	\$1,600	\$3,112	Resource materials, programs, speakers and instructors
Office Supplies	\$1,000		\$1,000	Paper, notebooks, pens, ink cartridges, etc.
Office Equipment	\$600		\$600	Desks, chairs, lamps, bookshelves, computer, etc.
Hosting(Includes SoS funding for SoS activities)	\$1,250	\$2,000	\$3,250	Food and supplies to host youth, parent, SOS and community meetings/activities.
Travel/Training	\$1,500	\$769	\$2,342	Cost to send Wellness Center staff and youth to training events and bring trainers for local training. Also covers staff mileage reimbursements
Suicide Prevention; Coalition Capacity Building		\$3,500	\$3,500	Work with a consultant to develop a plan for suicide prevention coalition structure, sustainability and function
Suicide Prevention: Cultural Competency Training		\$2,500	\$2,500	Cultural competency around suicide postvention, resource linking and development, building individual capacity through know the signs, fielding difficult questions, responsible/response outreach to social media, individual coaching
Suicide Prevention: On the Verge Leadership Training		\$5,000	\$5,000	Develop leadership capacity of program management staff who provide oversight and direct services to individuals

				in mental health crisis
Suicide Prevention: Associated Training Facilitation Costs/Supplies		\$526	\$526	Supplies necessary for coordinating and hosting trainings, including but not limited to food purchases, room reservations, etc.
<b>Suicide Prevention Admin: 4.75%</b>		\$874	\$874	
<b>TTUSD Admin 5%</b>	\$3,452	\$2,612	\$5,991	5% of total budget amount – Fiscal oversight and Indirect Costs
<b>SUICIDE PREVENTION SUBTOTAL</b>		<b>\$12,400</b>	<b>\$12,400</b>	
<b>TTUSD WELLNESS SUBTOTAL</b>	<b>\$74,778</b>	<b>\$55,000</b>	<b>\$129,778</b>	
<b>TOTAL</b>	<b>\$74,778</b>	<b>\$67,400</b>	<b>\$142,178</b>	

Any furnishings, equipment, etc. purchased with funds provided under this Agreement, shall remain the property of the Contractor.