

**AMENDMENT #1 TO THE RENEWAL CONTRACT WITH
CRISIS INTERVENTION SERVICES (RES. 19-540)**

THIS AMENDMENT is dated this 12th day of May 2020 by and between CRISIS INTERVENTION 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 Contract, as approved on October 8, 2019, per Resolution No. 19-540.

WHEREAS, the County has contracted with Contractor to provide Latino Outreach Services as a component of the County’s Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) and Innovation (INN) Plan for the contract term of July 1, 2019 through June 30, 2020; and

WHEREAS, the parties desire to amend their agreement to: 1) increase the Maximum Contract Price from \$41,115 to \$61,115 (an increase of \$20,000); 2) revise Exhibit “A”, “Schedule of Services”, to include additional language regarding adding a part-time Suicide Prevention Coordinator to support the Tahoe Truckee Suicide Prevention Coalition 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 1, 2020.
2. That Section (§2) Maximum Contract Price, shall be changed to the following: \$61,115.
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 Heidi Hall
Chair of the Board of Supervisors

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

CONTRACTOR:

By: _____
Paul Bancroft
Executive Director
P.O. Box 1232
Kings Beach, California 96143

EXHIBIT “A”
SCHEDULE OF SERVICES
CRISIS INTERVENTION SERVICES

Crisis Intervention Services, herein referred to as “Contractor”, agrees to provide Latino Outreach and Linkage Services to decrease stigma and discrimination in receiving and accessing mental health services as a component of the County’s Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan for the Department of Behavioral Health, herein referred to as “County”. In addition, Crisis Intervention Services will provide bilingual and bicultural mental health support services to Latino community members to improve service delivery to this population as a component of the County’s MHSA Innovations plan.

In Nevada County the Latino population is growing. Truckee's Latino population is also growing. Between the year 2000 and 2014, the Latino population increased by 54% from 1,773 to 2,731 (American Community Survey). According to the 2011 Tahoe Forest Hospital District Community Health Needs Assessment, the Latino population faces significant disparities in many health indicators, including experiencing more days with poor physical and mental health than the rest of the population. With respect to mental health, in particular, Crisis Intervention Services has identified a great deal of stigma and fear among Latinos about reaching out for help with mental health issues. This population is underserved in accessing Spanish speaking resources, especially mental health services. In addition, the local population is impacted by confusing county lines which create barriers to easy access of services.

Crisis Intervention Services has been serving the Latino population in Truckee since 2001. Crisis Intervention Services has a Promotoras Program who hires paraprofessionals to help Latino families connect to health resources and to offer health education. Crisis Intervention Services has developed a cadre of three Promotoras over the last three years who have developed Mental Health outreach and engagement groups to decrease stigma in accessing and receiving mental health services in the Latino Community. Crisis Intervention Services will also create a Family Advocate position who will work with community members identified by the Promotoras, Truckee Case Manager, and Truckee Homeless Outreach Worker as needing more significant mental health services. The Family Advocate will provide linkage and access to services regardless of which county the community member lives in.

Also, during this period Promotoras shall recruit a minimum of **twenty-five new participants** to attend **four mental health groups consisting of six sessions of psycho-education** workshops “talleres”. This psycho-education group shall

educate individuals about mental health, attempt to decrease stigma and increase the number of Latinos seeking mental health treatment. Childcare shall be offered. In addition, the Family Advocate will work with a minimum of ten community members one-on-one to connect them to other needed resources to support their mental health.

Currently the Promotoras meet with the Supervisor to revise goals and objectives for each taller, with session agenda, structured learning experiences and theoretical concept displayed in visual formats. The Promotoras shall provide ten hours per week, two hours for educational sessions to be conducted in the residential offices of the communities served, two hours for supervision, and eight hours for outreach, follow up, documentation and other available training. The Promotoras will identify to the Family Advocate any community members needing more extensive support. The Family Advocate will participate in trainings around engagement strategies for hard to reach populations and will build relationships with critical community services so that she/he can link community members to needed resources. In addition, the Family Advocate will meet regularly with relevant community partners to identify barriers and inefficiencies in the regional mental health system for Latinos.

Evaluation shall be conducted in the same participatory manner with excerpts of personal histories of change and a more accurate counting of responses to lessons learned.

The Tahoe Truckee Suicide Prevention Coalition came together out of concern for the mental health and safety of the youth in our community. Since the Coalitions established 4 years ago, the focus of Suicide Prevention efforts in the community has expanded to include community members of all ages. The goal of the coalition is to provide education, outreach, and strategies that will mobilize the community to provide postvention support after a death by suicide and prevent future suicides.

The Suicide Prevention Coalition is a collaborative project that includes Placer and Nevada County in addition to local community partner agencies. Due to the growing needs of Suicide Prevention efforts in the Tahoe Truckee region, the Suicide Prevention Coordinator position will be increased to 20 hours/week and will be responsible for outreach, community events, education and other related duties as prioritized by the Tahoe Truckee Suicide Prevention Coalition.

Crisis Intervention Services shall:

- Recruit a minimum of twenty-five new participants to attend four mental health groups.

- Conduct, in Spanish, four workshops consisting of six sessions of psycho-education workshops “talleres” yearly at Affordable Housing in Truckee & Crisis Intervention Services.
- Conduct outreach to Latino population
- Reduce stigma about reaching out for help with mental health issues in the Latino community.
- Provide childcare for the Psycho-educational Groups.
- Provide one-on-one support to at least ten community members through the Family Advocate
- Refer clients to a Nevada County Behavioral Health bi-lingual therapist or Sierra Mental Wellness Group therapist or case manager as needed.
- If necessary, accompany and provide transportation for clients to their first appointment with the mental health provider.
- Attend MHSA Steering Committee Meetings
- Send staff to relevant training to enhance service to community members. Training may include Wellness Recovery Action Plan (WRAP), trauma-informed care; motivational interviewing, Mental Health First Aid, Know the Signs and/or other relevant training.
- Meet regularly with Nevada/Placer County staff, contracted Behavioral Health Case Manager, Crisis Intervention Services Homeless Outreach Coordinator and regional Promotoras de Salud, to understand the mental health needs of Latino community members, provide bilingual and bicultural support and identify barriers to service and inefficiencies.
- Meet as needed with representatives from other partner agencies, such as Tahoe Truckee Unified School District, Tahoe Forest Hospital District, Truckee Healthy Babies, Sierra Senior Services, Gateway Mountain Center and Tahoe SAFE Alliance to promote and facilitate integration of services for Latino community members.
- Hire and retain a part-time Suicide Prevention Coordinator

The Behavioral Health Department will provide to Crisis Intervention Services:

- Training on mental health issues;
- Updates on mental health services and programs in the region;
- Provide therapy as appropriate to participants participating in the psycho-educational groups.

Outcome Data Elements: Contractor shall track outcome data that shall include, but is not limited to:

- Number of groups offered and number of attendees
- Number of community members served in one-on-one settings
- Demographic information on all people served including individual services tracking forms

- Results from surveys, pre and post-tests, group conversations and/or other culturally competent methods which measure the reduction of negative feelings, attitudes, beliefs', perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or in seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.
- Client survey results
- Promotora survey results
- Number of referrals to mental health treatment and the kind of treatment to which the person was referred.
- Number of persons who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least one in the treatment to which the person was referred.
- Duration of untreated mental illness shall be measured for individuals that are referred to treatment and who have not received treatment in the past. Track time between the self-report 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.
- Items outlined in the evaluation plan developed with the MHSA Evaluation staff/contractor
- Trainings completed by Crisis Intervention Services staff
- Successes and challenges related to service delivery system
- Recommendations for improvements to the delivery system
- Number of Suicide Prevention Coalition meetings facilitated, including participation details (such as demographics, sign-in sheets, number attended)
- Number of outreach and awareness events facilitated including Know the Signs and other related Suicide Prevention trainings

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. An Annual Progress Report within 30 days of receiving year-end data from the Program Evaluation Team, and no later than 12/1.
3. A Three-Year Program and Evaluation Report is due every three years to the county, starting in 2018 for fiscal years 2015-2016, 2016-2017 and 2017-2018 combined. The Three-Year Program Report is due every three years thereafter and should report on the evaluation(s) for the three fiscal years prior to the due date for those services rendered by the Contractor.
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 and Innovation reporting guidelines.

Performance Measures: The outcomes to be achieved by the Latino Outreach program shall include, but is not limited to:

- Twenty-five individuals will receive education on mental health issues per year.
- Eighty percent of individuals will demonstrate an improvement in attitudes, knowledge, and/or behavioral change related to mental illness that is applicable to the activity.
- Eighty percent of individuals will demonstrate an improvement in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the activity.
- Eighty percent of individuals that self-identify or are identified by a Promotora as having a mental health need will be referred to a mental health provider and offered a warm handoff.
- Ten individuals will receive one-on-one support and consultation from the Family Advocate
- Sixty percent of individuals that are referred to mental health services will engage at least once with the referred mental health service provider.

EXHIBIT “B”
SCHEDULE OF CHARGES AND PAYMENTS
CRISIS INTERVENTION SERVICES

County shall pay to Contractor a maximum not to exceed \$61,115 for satisfactory performance of services in accordance with Exhibit “A” for the contract term.

Contract Maximum is based on reimbursement for actual salary/benefits of Contractor’s assigned staff, and program expenses not to exceed \$61,115 for the term of this contract. 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 monthly, and each invoice shall state the amount of personnel hours/benefits and reimbursement expenses being claimed. Contractor agrees to be responsible for the validity of all invoices.

The project maximum is based on the following project budget:

Description	Promotora - PEI	Suicide Prevention Coordinator	Family Advocate - Innovation	Total
Supervision Salary	\$3,500	\$0	\$0	\$3,500
Staff Salary	\$17,750	\$18,000	\$9,740	\$45,490
Other costs: training, travel, mileage, materials, supplies, childcare, etc.	\$3,500	\$500	\$1,300	\$5,300
Administration	\$4,125	\$1,500	\$1,200	\$6,825
TOTAL	\$28,875	\$20,000	\$12,240	\$61,115

Mileage reimbursement rate may not exceed the current IRS allowable rate.

BILLING AND PAYMENT:

Should modification to 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. County at its sole discretion shall determine if the change will continue to meet the contract objectives and approve or deny the request.

Payment shall be approved after approval by County’s PEI and Innovation Program Manager of invoice and any required reports for that period.

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 reports. The final yearly invoice will not be paid until all of the Mid-Year and Annual Progress Reports are provided.

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

Contractor shall submit invoices for services to:

Nevada County Behavioral Health Department
Attn: Fiscal Staff
500 Crown Point Circle, Suite 120
Grass Valley, CA 95945