



Contract Number

19-729 A-1

SAP Number

4400013053

Children and Family Services

Department Contract Representative	Lydia Bell
Telephone Number	(909) 386-8395
Contractor	Uplift Family Services
Contractor Representative	Debbie Davis
Telephone Number	(408) 379-3790
Contract Term	November 6, 2019 through June 30, 2021
Original Contract Amount	\$500,000
Amendment Amount	\$112,500
Total Contract Amount	\$612,500
Cost Center	5019121000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1:

It is hereby agreed amend Contract No. 19-729, effective May 20, 2020, as follows:

SECTION I. DEFINITIONS

Amend Paragraph A, to read as follows:

- A. Active Supportive Intervention Services for Transition (ASIST) Program - The ASIST program supplements, but does not supplant existing Wraparound programs or other intensive supportive transition programs. Instead, ASIST augments existing funding to provide extensive services, resources, and activities required to support youth and families that the State has identified as eligible to benefit from the ASIST program.

SECTION II. BACKGROUND

Amend Section to read as follows:

The Active Supportive Intervention Services for Transition (ASIST) Program is a short-term, time-limited funding for fiscal year 2019-20 and 2020-21 to support the transition of children, youth, and Non-Minor Dependents (NMDs) from residential placements (group homes) to home-based settings (or alternative supportive placements) as determined by the county Multi-Disciplinary Team (MDT). The ASIST program utilizes a collaborative and integrated high fidelity Wraparound service delivery model to engage and support identified youth and families in a respectful and trauma-informed manner to promote placement sustainability and success.

The ASIST program funding does not change the existing case planning and service obligations of the county Wraparound funded services. The availability and provision of Wraparound Specialty Mental Health Services (SMHS) for eligible youth must be included in services, planning, and delivery.

The ASIST program utilizes a high-fidelity Wraparound service delivery process:

1. To promote the successful transition of children, youth or NMDs from group homes to home-based settings (or an alternative supportive placement as determined by the Child and Family Team (CFT),
2. To maintain youth at risk of placement in residential care in a home-based setting,
3. To provide supportive services to youth that the State has identified as eligible to participate in the ASIST program, and
4. To ensure family/caregivers/parents and youth have a system and supports in place to promote placement success after the program ends.

SECTION V. COUNTY RESPONSIBILITIES

Amend Paragraph B, to read as follows:

- B Refer children, youth and NMDs in current residential settings (group-homes) who have not transitioned to a STRTP or those at risk of residential placement or to a lower level of care for enrollment into the ASIST program.

SECTION VI. FISCAL PROVISIONS

Amend Paragraph A to read as follows:

- A. The maximum amount of reimbursement under this Contract shall not exceed \$500,000 in Fiscal Year (FY) 2019-20 and \$112,500 in FY 2020-21, for a total contract amount not to exceed \$612,500, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Amend Paragraph B to read as follows:

- B. County shall reimburse Contractor for services in the following areas:
1. Staff time spent providing services to clients shall be billed based on the actual salary and benefits paid to the staff member, prorated by the number of hours spent providing services to the client.
 2. The cost for support items (including but not limited to training books and materials provided to client, travel costs incurred by staff on behalf of a client, outside trainers, etc.) shall be billed based on the actual cost paid for these items, prorated by client in instances where multiple clients are benefiting from the item.
 3. The cost for direct items for clients (including but not limited to respite care, childcare, enrichment activities, client travel costs, or other items identified by the State as allowable) shall be billed based on the actual cost of the item provided.
 4. The cost for support items such as staff training, including the cost to attend trainings and convenings and other items that the State determines to be billable to the ASIST program.

Paragraph E is deleted in its entirety.

SECTION IX. TERM:

Amend Section to read as follows:

This Contract is effective as of November 6, 2019 and is extended from its expiration date of June 30, 2020, to expire on June 30, 2021, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

SECTION XII. CONCLUSION

Add Paragraph D to read as follows:

- D. This Contract may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

All other terms and conditions of Contract No. 19-729 remain in full force and effect.

COUNTY OF SAN BERNARDINO

▶

Curt Hagman, Chairman, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

By _____
Deputy

Uplift Family Services

(Print or type name of corporation, company, contractor, etc.)

By ▶ _____
(Authorized signature - sign in blue ink)

Name Gordon Richardson

(Print or type name of person signing contract)

Title VP, Clinical Administration

(Print or Type)

Dated: _____

Address 251 Llewellyn Avenue

Campbell, CA 95008

FOR COUNTY USE ONLY

Approved as to Legal Form

▶
Michael Markel, Principal Assistant County Counsel
Date _____

Reviewed for Contract Compliance

▶
Jennifer Mulhall-Daudel, HS Contracts Unit
Date _____

Reviewed/Approved by Department

▶
Marlene Hagen, Director
Date _____